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Senate

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

PRAYER

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

Let us pray.

O, God of light shining in darkness, O, God of hope lifting from despair, we turn our thoughts to what You have done in our lives, what You are doing, and what You promised to do in the days to come. Let our gratitude for Your grace rise up in joy and praise to Your throne.

Lord, use the talents of our law-makers for Your purposes. Inspire them to dedicate their abilities to You to be used in faithful service. Show them how to maximize their opportunities to bring justice, equality, and peace to our Nation and world. Empower them to enable justice to prevail over injustice, reconciliation to replace conflict, and caring to replace apathy. Lord, give them a sense of destiny and a deep dependence on Your guidance. Strengthen their desire to have congruity between beliefs and behavior as they seek to live worthy of their privilege.

We pray in the Redeemer's Name. Amen.

PLEDGE OF ALLEGIANCE

The Honorable MARK L. PRYOR 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 legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, October 8, 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 L. PRYOR, a Senator from the State of Arkansas, to perform the duties of the Chair.

ROBERT C. BYRD,
President pro tempore.

Mr. PRYOR 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, the Senate will proceed to a period of morning business for 1 hour, with Senators permitted to speak for up to 10 minutes each. The Republicans will control the first 30 minutes. The majority will control the second 30 minutes.

Following morning business, the Senate will resume consideration of the Commerce, Justice, Science Appropriations Act. We hope to reach short time agreements on available conference reports. Senators will be notified when any votes are scheduled during today's session of the Senate. Senators SHELBY and MIKULSKI feel we can finish the bill that we are working on today.

FINANCE COMMITTEE CBO REPORT

The Finance Committee report came out yesterday from CBO. It was outstanding, \$81 billion, bending the curve. That bill will be voted on by the Finance Committee on Tuesday morning. It will be reported to the Senate.

Since Harry Truman was President, Democrats have fought to make it

more affordable to live a healthy life in America. Every day we come closer to achieving that goal. Yesterday was a landmark occasion. Yesterday the non-partisan Congressional Budget Office confirmed that the Finance Committee plan, which is one of the five plans in Congress to reform the way health insurance companies treat people in this country, will reduce the deficit.

It did not say it will keep the deficit the same. It did not say it will increase it, not even by one penny. It said, in black and white, that the Finance Committee's bill will reduce our deficit, not just in the short term but over the long term as well.

That is something progressives, conservatives, and Independents, everyone in between, can be thankful for and can applaud. Today we stand closer than ever to fulfilling that fundamental promise, the one for which we have fought more than 60 years. We stand closer than ever to fulfilling the cause of Senator Ted Kennedy.

But as anyone who has even superficially followed the debate knows, the route to realizing Senator Kennedy's dream is far from smooth sailing. There are still those who will not rest until the American people are denied the change they demanded, those who will not be happy unless the status quo is sustained. There are those who still want to pick fights against us, even though we are interested only in fighting for hardworking American families. There are those who consider this a zero sum game and will only declare victory if President Obama concedes defeat. So let me be very clear. Just as Democrats believe in ensuring quality, affordable health care for every American citizen, we believe equally as strongly that this country has no place for those who wish for its leaders to fail.

Just as yesterday brought us another step closer to real reform, it also brought us another round of Republican excuses, from the Republican

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



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leadership on down. The other side remains trapped in its strategy of distortion, distraction, and deception. Yesterday on the Senate floor, the Republican leader asked rhetorically: What happens to Medicare under our plan? Well, let me answer that question. Under our plan, seniors pay less for their medicine. Under our plan, seniors pay nothing for their annual checkup. Under our plan, seniors pay nothing for preventive care. And, under our plan, doctors who treat seniors get a raise.

But the other side is not letting those facts get in the way of a good sound bite. Instead, yesterday on the Senate floor, the Republican leader said: Our plan will cut Medicare. What he did not bother to say is that the only thing we are cutting is the waste rampant in that system, waste that you as a taxpayer pay in every paycheck.

Yesterday on the Senate floor, the Republican leader said: "Republicans have tried to protect Medicare throughout the debate."

Listen to that one: "Republicans have tried to protect Medicare throughout the debate."

What he did not bother to say is that this debate is also the first time in history Republicans ever found such an interest. The fact is that ever since Senate Republicans opposed the creation of Medicare, they have spent the past 40 years on the wrong side of history when it comes to helping seniors.

In the past 10 years, Republicans have voted against protecting and strengthening Medicare 59 times. When President Bush vetoed the Medicare Improvement Act last year, the only Senators who supported that disastrous veto were his fellow Republicans here in the Senate. So the American people can be excused for not buying the Republicans' eleventh-hour claim that they are the true guardians of seniors' health care.

It is telling that after weeks of negotiations, months of debate, and decades of national movements for health insurance reform, this is the best they can come up with. It is telling that one of their most oft-repeated arguments protests not the contents of the bill but now the number of the pages of the bill. How is that for criticism: The bill has too many pages.

Let's not forget the Republicans only offer arguments in response to our plan to make health care more stable and more secure. We have yet to hear any Republican arguments in support of their own health care ideas. Why? Because there are not any. They do not exist.

The Republican plan is nothing more than the status quo. Under the Republican plan, insurance companies can continue to deny a person coverage when they need it the most. Under the Republican plan, insurance companies can deny you coverage because you have high cholesterol or hay fever or even heart disease.

They can raise your rates because you are getting older, because your dad

had prostate cancer, or simply because you are a woman. Under the Republican plan, if you have health insurance, your family has to pay at least \$1,000 a year more to cover all of the other families who have none.

Republicans in Congress are the only ones who support that plan. The rest of the country knows we need to act and we need to act now. Here is a list of those who support our plan to improve our health insurance in the short term and the long term alike: doctors; hospitals; the pharmaceutical industry; a bipartisan group of Governors; President Obama, who has made fixing health care his top priority; Democrats in Congress who are committed to getting it done this year; and, at the top of that list, the American people, 9 of 10 of whom say high health care costs are hurting their families, crushing their families.

In recent days, prominent, courageous, independent-minded Republicans throughout this country have added their names to that list of people who are crying for health care reform. Arnold Schwarzenegger, the Governor of a State with 38 million people, the most populous State in the Union; Michael Bloomberg, the mayor of the most populous city in the country; Bobby Jindal, the Governor of Louisiana—Republicans asked him to provide their party's response to President Obama's first ever address to Congress—Tommy Thompson, former Governor of Wisconsin, former Secretary of Health and Human Services under President Bush; Mark McClellan, former head of the Centers for Medicare and Medicaid Services under President Bush; Bill Frist, former Senate majority leader and a physician who said last week, if he were still in the Senate, he would vote for health insurance reform; and, Bob Dole, today, announced that he supports something being done. This former majority leader and Republican nominee for President this week encouraged his party to drop their "just say no" strategy. He was even stronger in his statements today.

Here is a list of those who think things are just fine the way they are: Republican leaders in Congress. That is it. That is the list. And that is the real match-up in this health care debate. It is clear to see who is listening to the American people, who has tuned them out.

Democrats are willing to listen not only to the American people, we are also more than willing to listen to congressional Republican ideas, if they offer any, to move this debate forward. We would be happy to end up with a bill that does not rely on 60 Senators but one that can earn a lot more.

But until that happens, until Republicans in Congress show they want to be productive partners rather than partisan protesters, we will continue to do what the vast majority of the American people demand that we do; that is, continue moving forward to improve a badly broken system.

I agree with President Obama who told Congress last month: We have no patience for those who seek more of the same failed ideas. We have no patience for those who contribute only criticism and not constructive input. We have no patience for those who mischaracterize our plan or mislead the people, and will call them out when they do.

That is what the speech was all about. We believe this because we believe the American people deserve to be told the truth. We believe hard-working families already have enough real problems to worry about without having their time wasted with fake problems. We believe this country is no place for those who hope for failure, failure of their leaders.

RECOGNITION OF THE MINORITY LEADER

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

HEALTH CARE: WEEK XII, DAY II

Mr. MCCONNELL. Mr. President, yesterday morning, our friends across the aisle came to the floor to defend the health care plan that they and their colleagues are pushing through Congress—a plan that has as its foundation a trillion dollars in spending, half a trillion dollars in cuts to Medicare, higher premiums, higher taxes on just about everyone at a time of near double-digit unemployment, and limits on the health care choices that millions of Americans now enjoy. Later in the day, we got a cost estimate. It is irrelevant. The bill it is referring to will never see the light of day.

What matters is that the final bill will cost about a trillion dollars, vastly expand the role of government in people's health care decisions, increase premiums, and limit choice.

For months, Republicans have taken every opportunity to talk about the kinds of commonsense reforms we need and that Americans actually want. Personally, I have spoken just about every day we have been on the floor since June about step-by-step reforms to lower costs, commonsense ideas that we should all agree on like malpractice reform, equalizing the tax treatment for businesses and individuals, and prevention and wellness programs—all of which would get right at the heart of our health care problems.

We have talked about these things because they address the problems we have, problems of cost and access, without limiting the choices Americans now enjoy. We have talked about these things because these are the reforms Americans want.

I have spoken about reform 43 times on the Senate floor. Yet some don't seem to be listening. And this is precisely the problem Americans have identified with some of the advocates of the Democrats' health care plans.

They are not listening to our commonsense proposals any more than they are listening to the concerns of the American people.

In fact, listening to the proponents of these plans, one gets the sense they are more concerned about their legacies than what the American people actually want. "This is the moment" . . . "Be a part of history . . ." These are the kinds of things they say to each other about health care reform. Here is an idea: How about asking the American people what they want instead?

Everyone wants reform. I have said so almost every day on the floor for months. But a 1,000-page, trillion-dollar bill that cuts Medicare by half a trillion dollars, raises taxes on virtually everyone, raises premiums, and limits the health care choices Americans now enjoy is not the kind of reform Americans want. And what matters more than that?

The views of the American people are relevant in a debate about legislation that will have a profound and lasting effect on their lives. And these same Americans overwhelmingly oppose the 1,000-page, trillion-dollar plans they have seen from the administration and Congress. They have been saying so for months.

Take the issue of cost. One of the things Americans are concerned about is how much this legislation will cost. They are asking the question. They are not getting a straight answer.

We have seen a lot of numbers thrown around. As I have already noted, yesterday we got another one from the CBO. It doesn't tell the whole story. The fact is, the bill it is referring to will never see the light of day. That is because the real bill will soon be cobbled together in a secret conference room somewhere in the Capitol by a handful of Democratic Senators and White House officials.

The other numbers we have seen are intended to explain how much this bill will cost over 10 years. What most people do not realize is that the new plans would not go into effect for another 4½ years. So what is being sold as a 10-year cost is really a 5½ year cost. That means you can take the numbers you are getting and nearly double them.

Here is what we know about the true cost of the three bills we have seen so far: The Budget Committee has determined that the Finance Committee Bill, as introduced, will cost \$1.8 trillion over 10 years, and we do not expect it to get any better from here on out. The HELP Committee bill will cost \$2.2 trillion over 10 years. And the House bill will cost \$2.4 trillion over 10 years. So the average cost of these bills, when fully implemented, is more than \$2 trillion.

Americans are concerned about all this spending. They want straight answers. Advocates of the administration's health care proposal seem to think that the bigger the proposal, the more complicated, the more expensive, the better. That is not what the Amer-

ican people think. They are making it clear. It is about time we listen.

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, the Senate will proceed to a period of morning business for up to 1 hour, 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 Republicans controlling the first half and the majority controlling the final half.

The Senator from Tennessee.

Mr. ALEXANDER. Mr. President, would the Chair please advise when I have consumed 9 minutes.

The ACTING PRESIDENT pro tempore. The Chair will so advise.

HEALTH CARE REFORM

Mr. ALEXANDER. Mr. President, I congratulate the Republican leader for his comments. If it weren't so serious, he and I and the Senator from Texas would probably all be amused to hear the Democratic leader come here day after day and say the Republicans don't have a health care plan and then attack our plan. That is typical of the kind of talk we are getting about health care reform from the Democratic side. We are getting double-talk.

It reminds me, a few years after I was Governor of Tennessee—it must have been the early 1990s—I was driving along in Nashville as a private citizen. I had the radio on. It might have been an Arkansas radio station, but I think it was a Nashville station. The announcer said: Big news. The Tennessee legislature has passed a new law creating a Medicaid program called TennCare. Here is what it will do. It will cover twice as many people for the same amount of money.

Everybody was happy about that. Nobody had to raise taxes. Nobody had to pay any more money. Twice as many people get health care. I remember what went through my mind: I bet that doesn't happen. That sounds too good to be true.

The same idea went through my mind when I picked up a paper this morning and read: The Senate Finance Committee has finished its work. We are going to give 29 million more Americans health care. It is going to cost hundreds of billions of dollars more, and it is going to reduce the Federal deficit all at once. What went through my mind was: That sounds too good to be true. It sounds like the TennCare story.

Let's remind ourselves what the Republican leader said a minute ago. The

focus is reducing cost. We all know there are people who don't have health care and who need it. We would like to extend it to them. But we can't afford to do that until we reduce the cost of the health care we have. It is going to bankrupt us as individuals if we don't reduce the cost of our health care premiums. It is going to bankrupt our government if we don't stop the growth of health care. Our first goal is reducing cost, which is why the Republican plan for health care is to take several commonsense steps in the right direction—reducing cost—that will get us where we want to go. We have said those on the floor time after time after time.

They include allowing small businesses to pool their resources so they can offer insurance to more of their employees. They include taking steps to stop junk lawsuits against doctors, which are driving up malpractice premiums and causing problems for patients. For example, many women who are pregnant in rural West Tennessee counties have to drive all the way to Memphis to see a doctor because doctors would not practice there anymore because of the high cost of medical malpractice premiums, which is driving up the cost of health care. We could create exchanges in each State so people could shop for individual insurance. We could allow people to buy their insurance across State lines. We all believe that if we did a better job of encouraging technology, we could reduce cost and reduce paperwork. All doctors and nurses and medical assistants know that.

Those are five steps we could take together to reduce cost, and we could begin to add to our rolls the 11 or 12 million people who are already eligible for programs we have today. That would make a big difference.

Instead, what our friends on the other side want to do is transform the system at a cost of closer to \$1.6 to \$1.8 trillion, when fully implemented. The question will be, Will it reduce our costs? That is why we want to read the bill. We want to know what it costs. This is not a bill. This is some pages of concepts. This is not a formal, complete estimate of its cost. That only comes when we have a bill.

We have had 8 Democratic Senators who have written to the majority leader and said what all 40 Republicans have said. The legislative text and the complete budget scores from the Congressional Budget Office that are going to be considered should be available on a Web site for 72 hours prior to the first vote. Democrats voted that down in the Finance Committee. They voted down the idea of allowing 72 hours to read a 1,000-page bill and to find out what it costs. Apparently, some Democrats are coming to their senses and saying: No, we would like to have the bill. We would like to read it. We would like to have a formal, complete score—their words—of what it costs, and then we will start voting. This is not a bill. These are concepts.

Then the majority leader is going to put this all together into another bill or create a bill. Then it will take a couple weeks to find out what that costs. We have some questions to ask in the meantime. First, we would like the Democrats to join us in step-by-step solutions to reduce cost. Next, we want to know whether it is going to reduce the cost to government and whether it will reduce the cost to each of us who is buying health insurance. As I look at the outlines, I think it might not. For example, as the Republican leader said, we know it is going to cost about twice as much as the \$800 billion advertised because it doesn't start taking effect for a few years. The taxes start right away, but the benefits don't start for a few years. That is the first thing.

The second thing is, it is going to put 14 million more people into the Medicaid Program—not Medicare, this is the Medicaid Program. This is the program States operate that is paid for two-thirds by the Federal Government and a third by the States, about which all the Governors have said: If Washington is going to expand the Medicaid Program, Washington ought to pay for it. I suspect when we start asking questions, we will find Medicaid Program costs are underestimated. All the Governors think so. We had one of the most painful letters I have ever read from the Democratic Governor of Tennessee. Senator CORKER put it in the RECORD. He talked about how Tennessee's condition was similar to the condition of most States.

He said: For example, by 2013, we expect to return to our 2008 levels of revenue. We will already have cut programs dramatically. We will have to start digging out. We haven't given raises to State employees or teachers for 5 years. Our pension plans will need shoring up. Our rainy day fund will have been depleted. We would not have made any substantial investments in years. There will be major cuts to areas such as children's services.

We are going to expand a program that is already causing the State of Tennessee and most other States to go toward bankruptcy. That is the way we are going to achieve reform. That is half the reform. Most Governors who have had anything to do with the Medicaid Program say that dumping low-income Americans into the Medicaid Program, where 40 percent of the doctors would not see them, is not health care reform. Medicaid costs are underestimated.

Also, I don't think the Congressional Budget Office estimate of these concepts we saw includes what we inelegantly call the doc fix. Every year the system we have reduces payments to doctors who work on Medicare patients. So we come back and raise the amount of money. If we only pay doctors 10 years from today what we are paying them today to serve Medicare patients, it will cost \$285 billion, and that is not in this bill. When we ask our questions and read the bill and find

out what it costs, we will find it doesn't reduce the deficit. Even if it did, it is going to cost \$1.6 or \$1.8 trillion. Who is going to pay for it? Half of it is going to come from cuts in Medicare, which serves seniors. Instead of putting any savings in Medicare to strengthen that program, which is going bankrupt in 2015–2017, we are going to spend it on a new program. Eight hundred billion will come in new taxes. Our insurance premiums are likely to go up instead of down because we will all be buying new government-approved programs.

If Speaker PELOSI is successful in adding the government-run option into the bill before it finally gets through, millions of Americans will be losing their insurance because employers will be paying a fine, instead of the insurance, because their employees can go to the government program. We are going to be paying for it. If you are a Medicare beneficiary, if you pay taxes, if you are a State taxpayer, if you buy insurance, you are going to be paying for this program. So it is important for the next 3 to 4 weeks that as we debate this, we ask these questions.

Mr. President, I see the Senator from Texas on the floor, and I wonder, as I conclude my remarks, whether he has thought a little bit about whether it is going to be possible to ensure 29 million more people, spend hundreds of billions of dollars, and still reduce the deficit and reduce costs to the American people who are trying to afford their insurance premiums today.

The ACTING PRESIDENT pro tempore. The Senator from Texas.

Mr. CORNYN. Mr. President, I would respond to the distinguished Senator from Tennessee, of course not. The American people are smart. They can understand that these numbers are not going to add up. As our Republican leader said this morning, this bill that was reported in the newspaper and scored by the Congressional Budget Office yesterday will never see the light of day. So this is a work in progress.

We are committed, I think on a bipartisan basis, to reform our health care system. But the goal—and we need to keep our eye on the goal—is to bring down the cost and to cover people who currently are not covered. This bill, unfortunately, does not accomplish those goals. But we are going to keep working with our colleagues, if they will be open to our suggestions. But I have to tell you, as a member of the Finance Committee, virtually every suggestion Republicans made during the amendment process to this bill was voted down on a party-line basis.

I came to the floor to talk about one of those amendments the Senator from Tennessee mentioned, where we asked merely that the bill—once it is reduced to legislative language and the cost is determined—be put on the Internet for 72 hours. That was voted down along a party-line vote. But I thank the Acting President pro tempore and other folks on the other side of the aisle, eight of

whom have written to the majority leader saying that makes sense to them. So I hope we will build a bipartisan consensus for more transparency in the debate.

I have also come to the floor to talk about how it makes no sense to cut Medicare benefits for 11 million Medicare beneficiaries who happen to be engaged in the Medicare Advantage Program in order to pay for this bill. Why would you take \$½ trillion from Medicare, which is on a pathway to bankruptcy by 2017, in order to create a new government program? It can only make sense inside the beltway and if you voluntarily suspend your powers of disbelief. It does not make sense across the country. That is why it is so important to have these discussions, ask these questions, have transparency.

Today I wish to ask another question: Will the health care proposals, such as the Finance Committee proposal and others, break the President's promise of not raising taxes on families making less than \$250,000 a year? Unfortunately, the Finance Committee bill does, in fact, raise taxes on families making less than \$250,000 a year. So the President cannot keep his promise if we pass this particular legislation.

For example, this bill imposes a penalty on individuals who do not meet the Washington-imposed mandate that will be enforced by the Internal Revenue Service. The Internal Revenue Service is going to impose a penalty on you if you do not have health insurance that meets the Washington-imposed mandate.

According to the Joint Tax Committee, the penalty initially included in the bill would especially hit middle-class families hard. They found that at least 71 percent of the penalty would come from people earning less than \$250,000 a year.

The bill also increases the penalty from 10 percent to 20 percent for Americans who use a portion of their health savings account for purposes other than qualified medical expenses. It seems to me we ought to be encouraging more people to use their health savings accounts rather than less. But as I discussed yesterday on the telephone with the CEO of Whole Foods, John Mackey, he said the health savings accounts—they call them wellness accounts, which are overwhelmingly successful and voted on every year with the satisfaction rate of some 85 percent or more by the employees of Whole Foods, headquartered in Austin, TX—will be an illegal plan under this mandate. Insurance premiums, of course, will go up in the process.

This bill also raises the floor on deductions of medical expenses to 10 percent from its current level of 7.5 percent. So you will be able to deduct less of your medical expenses if you have serious health care expenses, which means your taxes will go up. If you can deduct less, your taxes will go up.

The committee did, I would point out, consider an amendment that was

intended to bring the bill in line with the President's promise not to raise taxes on people making less than \$250,000 a year, and it was voted down along party lines. Republicans were for it and Democrats were against it. This amendment would have protected families who earn less than \$250,000. But, as I say, it was voted down.

In addition to imposing taxes on people the President promised not to impose taxes on, this also imposes additional so-called industry fees, which experts have said will ultimately be passed down to consumers in higher insurance costs. So instead of making insurance more affordable, this bill would actually make it less affordable and head in the wrong direction. The nonpartisan Congressional Budget Office and the Joint Tax Committee both confirmed these fees would be passed along to consumers and ultimately raise insurance premiums.

So my question for today is: Will these proposed health care reforms break the President's promise not to raise taxes on those making \$250,000 or less? Unfortunately, the Finance Committee proposal, which we will now apparently vote on on Tuesday of next week, does break the President's promise.

But Republicans stand ready to work with our friends on the other side if they will accept some ideas on how to do this to bring down costs and to cover more people to make health coverage more affordable. But so far all those suggestions have been rejected along party-line votes.

Mr. President, I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Utah.

Mr. BENNETT. Mr. President, along with my colleague, I noticed, with great interest, the headline in this morning's paper that said the Congressional Budget Office has said the health plan that is coming out of the Finance Committee will not increase the deficit. I thought: That is a little bit hard to believe. Then I looked at the details, and all of this reminded me of a scene out of an old movie. The movie is not worth talking about, but the scene is worth talking about to describe what is happening.

It was a circumstance where a spendthrift husband comes home to a frugal wife with a new car. The wife takes one look at the new car and says: Why in the world are we doing this? We can't afford a new car.

He said: No. Remember, we got that windfall. There was an inheritance that came through. We got some extra money. We can afford the new car, and it will not add—to use the terms of politicians—a dime to the deficit because we have this windfall coming in and we can spend it on the new car.

She said: Are you kidding? The roof is leaking. The college fund for the kids is empty. Our house payments are in arrears. We got that windfall. We could take care of some of these other problems. We don't need a new car.

Well, he said: We got the money and I have already spent it on the car and there is nothing you can do about it now.

As it turned out in the movie, the new car got repossessed later on because he had only made a downpayment on it, and they could not afford the payments to keep the car.

Why do I say the health care debate reminds me of this scene from the movie? The Federal debt is rising. The deficits from the regular appropriations bills are enormous. We are wallowing in red ink in the Federal Government. But this bill is not going to add to the deficit because we found \$1 trillion as a way to pay for it. We found \$1 trillion someplace else we can use to pay for this bill. We can buy this new car, and, OK, the roof is leaking, the college fund is gone, the house payments are in arrears, but somehow we have a trillion extra dollars that we think is best spent on the new car.

If the new car is that much better than the old car, maybe the case could be made that we should take this \$1 trillion and spend it on the new car. What do we get for \$1 trillion from the Baucus bill? The \$1 trillion, which, if it is available to make this thing deficit-neutral, could very well be spent in balancing other budgetary problems and paying down the national debt and doing other things with it.

If we do have \$1 trillion to spend here, what are we getting for it when we are spending it entirely on the Baucus bill? Well, we are getting a continuation of defensive medicine because there is no significant malpractice reform, tort reform in this bill.

In his speech to the Congress, President Obama said:

I don't believe malpractice reform is a silver bullet, but I have talked to enough doctors to know that defensive medicine may be contributing to unnecessary costs.

I do not want to argue with the President that much because I was delighted when he said that, and I was on my feet applauding with others for that particular statement. I would say, defensive medicine not "may be" contributing to unnecessary costs; defensive medicine "clearly is" contributing to unnecessary costs. But we are not dealing with that in the Baucus bill. We are raising \$1 trillion somewhere else so we can continue business as usual with respect to defensive medicine and malpractice awards within our present system. So the new car is no better than the old car. It is costing us a lot more money, but it is no better than the old car.

Are we getting coverage of the 47 million Americans whom we hear about over and over again in the debate, when they say: Well, the whole purpose we have to undertake this is because we have 47 million Americans who do not have health care coverage. Are we getting them taken care of? Do we have room for them in the new car? Well, not really.

According to the paper this morning, we are going to get 29 million of the 47 million taken care of, which means roughly 20 million left out. We can go into the details of who the 47 million are. As we do, we find out it is a very mixed bag of people who are just passing through that category, people who deliberately choose not to be there. If we are spending \$1 trillion just to get to 29 million out of the 47 million, we are not getting a very good new car. We are not getting an improvement over what we have already.

Again, that \$1 trillion could be spent in a much better and wiser way. If, indeed, we have an extra \$1 trillion we can spend on health care—if, indeed, we do have an opportunity to buy a new car—this is the kind of thing we could get for the \$1 trillion, if we said: All right, we have an extra \$1 trillion lying around, let's put it in health care. We could double cancer research funding; we could provide treatment for every American whose diabetes or heart disease is going unmanaged; we could create a global immunization campaign to save millions of children's lives; and we would still have enough money left over to keep doing these programs for at least a decade and probably more.

That is what we could get for a new car in the form of health care reform, if we were willing to spend the trillion dollars on trying to improve people's health. Instead of trying to improve people's health, we are simply trying, through this bill, to keep the present system as it is.

I have heard my friends from the other side of the aisle say repeatedly: The present system is broken. The present system is not an acceptable alternative. The present system must be changed. I say: Hooray. I agree. I just wish the Baucus bill would deal with the present system. I just wish the Baucus bill would give us, in fact, a new car rather than simply replacing the old car with a duplicate of the old car that happens to cost an extra \$1 trillion.

So I am hoping that as we move things forward, we can make some significant changes in it because at the present time what we have here is a program that would spend Federal cash for a clunker.

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

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Ms. MIKULSKI. What is the pending order, Mr. President?

The ACTING PRESIDENT pro tempore. The Senate is in morning business for another 27 minutes.

HEALTH CARE REFORM

Ms. MIKULSKI. Thank you very much, Mr. President.

As the dean of the Democratic Women in the Senate, we wish to tell our colleagues and the American people that we want to join together as women of the Senate today to talk about the compelling issues facing the American people in terms of the need for health care reform. We are going to be speaking out and speaking up about the need for reform. I will be the wrap-up speaker.

In order to kick it off, I am going to yield—how much time does the Senator from Minnesota need?

Ms. KLOBUCHAR. I would say 5 minutes.

Ms. MIKULSKI. We have nine speakers.

Ms. KLOBUCHAR. I will need 3 minutes.

Ms. MIKULSKI. I yield 3 minutes to the Senator from Minnesota.

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

Ms. KLOBUCHAR. Mr. President, I rise today to talk about the importance of health care reform to the women of this country.

Let me tell my colleagues how I got interested in this issue. When my daughter was born, she was very sick. She couldn't swallow. She was in intensive care. They thought she had a tumor. It was a horrendous moment for our family. I was up all night in labor, up all day trying to figure out what was wrong with her, and they literally kicked me out of the hospital—my husband wheeled me out in a wheelchair after 24 hours—because at that point in our country's history, they had a rule; it was called driveby births. When a mom gave birth, she had to get kicked out of the hospital in 24 hours.

Well, I went to the legislature with a number of other moms and we said: Enough is enough. We got one of the first laws passed in the country, in the State of Minnesota, guaranteeing new moms and their babies a 48-hour hospital stay. My favorite moment of this was at the conference committee when there were a number of people who were trying to get the implementation of this bill delayed so it wouldn't take effect. I went there with six pregnant friends of mine. When the legislature said, when should this bill take effect, the pregnant women all raised their hands and said, "now." That is what happened. That is what the women of America are saying today. They are saying, "Now." They cannot keep having these escalating health care costs that are making it harder and harder for them to afford health care.

I always tell the people in my State to remember three numbers: 6, 12, and 24. About 10 years ago, the average family was paying \$6,000 for their health insurance. Now they are paying something like \$12,000, a lot of them paying even more; small businesses, even more. Ten years from now, they

are going to be paying \$24,000, if we don't do something to bend this cost curve.

Medicare is something that is so important for women in this country. It is going to go in the red by 2017.

One of the things that really bothers me about the current situation is this preexisting condition issue. I couldn't believe what I found out last week: In nine States and the District of Columbia, women who are victims of domestic abuse or who have been victims of domestic abuse can be denied health care coverage because domestic abuse can be considered a preexisting condition. So they get abused and then they can't even get the health care coverage to help them. Maternity, being pregnant—these things can all be preexisting conditions, and that is something we need to stop.

That is why I am so glad one of the major proposals in this reform is to do something about preexisting conditions. We also need to make sure preventive care—so important to women—things such as mammograms are covered in our health care plan.

Finally, one of the things I know the Senator from Maryland has been such a leader on is aging parents. People such as myself, we have kids of our own and then we also have aging parents. We are caught in what they call the sandwich generation: taking care of our own kids and making sure our parents get care at the same time. Predominantly, a lot of women are in this situation. That is why the CLASS Act, which Senator Kennedy proposed and which is in one of the health care proposals, which allows Americans to use pretax dollars to pay for their health insurance and their long-term care insurance is so important.

So I am glad for American women that we are moving forward on this health care reform.

Thank you very much, Mr. President. I yield the floor.

Ms. MIKULSKI. Mr. President, we thank the Senator for her advocacy to end this driveby delivery and other punitive practices.

I yield 3 minutes to the Senator from North Carolina.

The ACTING PRESIDENT pro tempore. The Senator from North Carolina.

Mrs. HAGAN. Mr. President, I am joining my colleagues on the floor today to talk about how health care reform will improve women's access to care.

I recently received an e-mail from a woman in Raleigh that truly underscores why women need health care reform in America. Julie wrote to me about her sister who was uninsured and waited years for a mammogram because she literally couldn't afford to pay for one. Then she found a lump in her breast. By the time the lump became a mass, Julie's sister finally got a mammogram and had to pay for it with cash. The mammogram confirmed what she suspected: She had breast cancer. But now that she had the diag-

nosis, she had no way to pay for the treatment. Julie's sister lost her battle with breast cancer this March. Like thousands of women across America, perhaps Julie's sister could have beaten this cancer if she had had access to affordable, preventive care and, after her diagnosis, access to either insurance or medical care to cover her cancer treatment. In this heartbreaking situation, Julie's sister was sick and stuck.

Unfortunately, I hear about such cases far too often. Inefficiencies and discriminatory practices in our health care system disproportionately affect women. In all but 12 States, insurance companies are allowed to charge women more than they charge men for coverage. The great irony here is that mothers, the people who care for us when we are sick, are penalized under our current system.

My daughter Carrie recently graduated from college and had to purchase her own health insurance. For no other reason than her gender, her insurance policies cost more than they do for my son Tilden.

Yesterday, a 23-year-old staffer in my office, a female from Fayetteville, shopped for health insurance on the individual market for the most basic, bestselling plan. It would cost her \$235 a month; for a man of the same age, \$88. That is 2½ times more expensive, close to \$1,800 more per year.

Many women who have health insurance are still stuck. Insurance companies don't often cover key preventive services such as mammograms and pap smears. Often, the copays for these critical services can be out of reach for many women when they range as high as \$60 a visit. More than half of all women, like Julie's sister, have reported delaying preventive screenings. Without insurance, mammograms cost well over \$100.

In many cases, the difference between life and death is early detection. The Affordable Health Choices Act—which I worked with my colleagues on the Health, Education, Labor and Pensions Committee to craft—makes preventive care possible for women across America. It eliminates all copays and deductibles for recommended preventive services.

We are also stopping insurance companies from charging women more than men or using preexisting conditions as a reason to deny anyone health insurance.

The PRESIDING OFFICER (Mr. KIRK). The Senator's time has expired. Mrs. HAGAN. I thank the Chair and yield the floor.

Ms. MIKULSKI. Mr. President, I now yield 3 minutes to the Senator from Michigan.

Ms. STABENOW. Mr. President, I thank the dean of the women in this Senate, Senator MIKULSKI, for bringing us all together on the Senate floor, and I join with my great colleagues from California and North Carolina and other colleagues who will be joining us

as well, to talk about the importance of health care reform for women.

Women are the majority of the population. We have the ability to benefit from this reform that holds insurance companies accountable and creates more opportunity for coverage. We will see a great benefit to come from all of this, and I want to speak to just one piece of it. We know the majority of people today—men and women, families—have insurance, and there are a multitude of bad insurance company practices that are occurring today stopping people from getting coverage because they have a preexisting condition.

By the way, we found out just last week, from an article in the Washington Post, that some insurance companies treat pregnancy, or the intention to adopt, as a reason to reject someone for a preexisting condition. I mean that is pretty shocking to me. In fact, the same report said that being pregnant or being an expectant father, with some companies, was grounds for automatic rejection—automatic rejection—when it comes to being able to get a health insurance policy.

So this reform is about making sure everyone benefits; that women who have insurance, as well as women who don't currently have access to health insurance, can see protections and changes that stop the discrimination and create better access to health care because that is what this is all about, being able to find affordable health care and health care that meets our needs. All women across the country certainly are desperately concerned about that. We have 62 million American women right now who are in their childbearing years, and I was quite shocked to learn that right now, according to the Women's Law Center, nearly 60 percent of the individual insurance plans that are out there in the marketplace—if you are not getting insurance through your employer, but you are going out yourself to find an insurance policy for you and for your family—nearly 60 percent don't provide any coverage for maternity care or even an option of supplemental insurance for an additional cost.

So for the women in these plans who are attempting to get insurance, no amount of money can buy the maternity care that they need. So this bill is about changing that and making sure the women of this country have the care they need.

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

Ms. STABENOW. I thank the Chair.

Ms. MIKULSKI. I now yield 3 minutes to the Senator from California, Mrs. BOXER.

Mrs. BOXER. I thank Senator MIKULSKI for her leadership. Everyone in America has a stake in health care reform, even if they are happy with their insurance at the moment. The main reason is that costs are exploding and health care insurance companies are walking away without any penalty. They come up with a reason, and then we all are paying for those who have no

insurance and wind up in the emergency room.

Women have even more at stake. Why? Because they are discriminated against by insurance companies, and that must stop, and it will stop when we pass insurance reform.

Now, how are women discriminated against? If they have been victims of domestic violence, that is considered to be a preexisting condition and, therefore, they are told they can't get insurance, and that happens in eight States and the District of Columbia. It is a tragedy, and it will change when we pass health insurance reform.

If a woman is pregnant, only 14 States in America require insurance companies to cover maternity care. Imagine, a country that puts family values first and yet only 14 States will cover maternity. That will change.

Everyone is faced with huge increases in cost, but women 18 to 55 are charged nearly 40 percent more than men for similar coverage in my home State, and that happens in most States, and health reform will stop that.

Because of discrimination, women are at risk under the current system. More than 52 percent of women reported delaying needed care or avoiding it completely because of cost compared to 39 percent of men. Now, 39 percent is terrible, but 52 percent is deplorable. People are walking around sick because they can't afford to go to the doctor. Health insurance reform will stop it. There will be no more gender rating.

Women earn less than men, and that is why it is an impossible situation. In my home State, over the past 9 years, premiums have risen more than four times as fast as earnings. We spend more than twice as much as any other industrialized Nation on health care. You would think we would have greater outcomes, Mr. President, but we rank 29 out of 30 industrialized nations in infant mortality. It isn't surprising, when so many women are not getting prenatal care.

Medicare: More than half of those on Medicare are women. If we do nothing, Medicare goes broke in 2017. So when politicians try to scare our seniors, it is despicable because it is the status quo that is dangerous. When we fix Medicare—and we will in health reform—women will get free preventive care, mammograms, and annual physicals.

So in summary, women, children, and men need us to act on health reform. We must make our voices heard.

I thank my colleagues, my women colleagues, for coming to the floor of the Senate today to wake up this Nation.

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

Ms. MIKULSKI. Mr. President, I now yield 3 minutes to the Senator from Louisiana.

Ms. LANDRIEU. Mr. President, I thank our leader, the Senator from Maryland, BARBARA MIKULSKI, for organizing this effort on the Senate floor this morning. I am pleased to join my

sisters and colleagues in the Senate this morning to raise some specific and important issues relative to this reform debate that is moving forward. They are important facts as we press forward with our reforms.

I would like to begin, just briefly, with reminding all of us that we began—as the President called for us to do—to focus on health care reform and to reduce cost—cost to our Nation, cost to our States, cost to individual businesses as they continue to see these premiums skyrocketing beyond their ability to either afford or to control, and cost to individuals.

The Baucus mark in the Senate Finance Committee, which is pending, goes a significant step forward in terms of the cost issue. That is very encouraging to those of us who believe that health care reform is essential for several reasons. But one of the important reasons is to get cost under control and to begin to help balance the Federal budget and get us back on a sure financial footing, which—as has been stated by many experts, Mr. President—is impossible without fundamental insurance reform. So that is point 1.

Point 2, the benefit of moving forward with reform will significantly improve outcomes for women, as the Senator from California, Mrs. BOXER, stated. It is going to help all Americans, but it is going to be particularly helpful for women of childbearing age, who are often discriminated against with insurance rates because they have to see doctors more often just by the very nature of pregnancy and the care they require. Because they have to see their doctors more often, their insurance is sometimes significantly higher.

In fact, the records show that the cost of an insurance plan for a 40-year-old woman can be up to 38 percent more than a 40-year-old man in the same circumstance—same health, same geographic location. Our reform efforts will eliminate that bias and make health care more affordable for everyone but particularly for women.

I wanted to take my last minute to talk about a letter I received from Denelle Walker, a 25-year-old woman living in Baton Rouge, who just graduated from school and went on to get a job.

Mr. President, 20 percent of Denelle's modest paycheck—20 percent—is going toward insurance. This bill will help young women such as Denelle, middle-aged women, and older women on the issue of affordability.

Ms. MIKULSKI. Mr. President, I now yield 3 minutes to the Senator from New Hampshire.

The PRESIDING OFFICER. The Senator from New Hampshire is recognized.

Mrs. SHAHEEN. Mr. President, I am very pleased to join my women colleagues in the Senate today to talk about the importance of passing health

care reform for all the women in this country, and I want to thank Senator MIKULSKI for her leadership on this issue.

Plainly and simply, the status quo is not working. Today's health system is simply not meeting the needs of women. For too many women and their families today, quality, affordable health care is out of their reach.

It should surprise no one that women and men have different health care needs. Despite this difference, it is unacceptable that women are not treated fairly by the system and do not always receive the care they require and deserve. In cases where women can find coverage that is affordable, often it is woefully inadequate.

A recent survey by the National Women's Law Center found that the vast majority of individual market health insurance policies did not cover maternity care, and only a few insurers sell a separate maternity rider. That isn't that surprising when you consider, as we have heard, that only 14 States require maternity coverage and insurance companies are all about their bottom line. Defending the practice, one insurance spokesman called pregnancy "a matter of choice." To make matters worse, many insurance companies consider C-sections a "pre-existing condition." One insurer simply rejects women who have had C-sections. This is unbelievable.

What is most shocking to me is that insurance companies can deny coverage to a woman for having been a victim of domestic violence. Domestic violence—something no woman plans for or wishes upon herself or anyone else—can be used to deny insurance coverage. Mr. President, this cannot be allowed to continue.

Without a doubt, the current private health insurance framework leaves too many women uncovered. For those who are covered, care often falls short. It is time to end the insurance discrimination that women face. I am pleased that both Senate bills which have come out of committee ban discrimination based on preexisting conditions, and I also applaud the Finance and the HELP Committees for putting an end to gender discrimination in pricing insurance and ensuring that women and men pay the same price for the same coverage.

We must come together to pass comprehensive health reform to help all the women of our Nation who are facing high insurance costs just because they are women. I applaud the women on the HELP and the Finance Committees for the work they have done and reiterate that any legislation we consider must level the playing field and make health care accessible and affordable for all.

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

Mrs. SHAHEEN. I thank the Chair, and I yield the floor.

Ms. MIKULSKI. Mr. President, how much time is remaining in morning business?

The PRESIDING OFFICER. There is 5½ minutes remaining.

ORDER OF PROCEEDINGS

Ms. MIKULSKI. Mr. President, I ask unanimous consent that morning business be extended for another 15 minutes.

The PRESIDING OFFICER. Is there objection?

Ms. MIKULSKI. I withhold that unanimous consent request. I ask unanimous consent for 15 minutes and that it be equally divided. I ask unanimous consent that morning business on our side be extended for 15 minutes and that 15 minutes also be added to the Republican side.

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

Ms. MIKULSKI. Mr. President, I assure my colleagues on the other side that all time will be protected. I think there is a little confusion. I have not been briefed on the order. I can assure everyone's time agreement will be protected at the time they were assured they could speak.

I now yield 3 minutes to the Senator from New York.

The PRESIDING OFFICER. The Senator from New York.

Mrs. GILLIBRAND. Mr. President, I rise today to speak in support of health care reform on behalf of greater access to health care for women. I am very grateful to Senator MIKULSKI for her extraordinary leadership on this health care debate.

There are few Americans who are not hurt by the rising cost of health care. However, it is shocking to think that in today's America, over half of this country could be discriminated against in one of their most basic life needs. Women must shoulder the worst of the health care crisis, including outrageous discriminatory practices in care and coverage.

According to the data compiled by the National Women's Law Center, under the current system, a 25-year-old woman pays up to 45 percent more for the same or identical coverage.

Some of the most essential services required by women are not covered by many insurance plans, such as childbearing, Pap smears, or mammograms. As a mother of two young children, I cannot imagine how awful it would be for a woman who does not have these basic needs covered. That is exactly what millions of women and young mothers face because of the costs of childbirth.

A standard in-hospital delivery costs between \$5,000 and \$10,000 and much more if there are complications. In the current system, pregnant women can be turned down for health care coverage because insurance companies would rather evade those costs. Pregnancy should never be a preexisting condition. Such discrimination is unacceptable and is contrary to our core American values of equality and equal rights.

As we address the inadequacies of our current system, we must safeguard the

women's health clinics that are an essential point of care for millions across this country. Their work is being politicized as part of this debate. Politicizing health care delivery endangers young women, putting them at risk for teen pregnancy, STDs, cervical, or breast cancer. Women's health clinics provide critical services to women every day.

In my own State, over 400,000 New Yorkers receive health care from Planned Parenthood each year. About 50 percent are working adults whose jobs do not include health benefits. Our strategy for reform must protect these critical services that clinics provide and expand upon their success.

The health care crisis is a life-and-death issue for so many Americans—one that disproportionately affects women in this country. We must reform our broken health care system and disparities among race and gender and make quality, affordable health care available for every single American.

Ms. MIKULSKI. Mr. President, I now yield 4 minutes to the Senator from Washington State.

Mrs. MURRAY. Mr. President, I thank my colleague, Senator MIKULSKI, and all of the women who are out on the floor today to talk about this critical issue because the rising cost of health insurance is hurting women and it is hurting our country.

For the millions of women across this country who open the mail each month to see their premiums rising dramatically, who cannot get preventive care, such as mammograms, because the copays are too much or they work part time or for a small business that does not provide insurance for them and their families, who cannot get covered for prenatal care or who are forced to stay in an abusive relationship because if they leave, their sick kids will lose their health care coverage, we are their voice.

I remember a similar debate such as this on this floor almost 16 years ago. Senators in this Chamber were debating legislation that would allow 35 million Americans to stay home to take care of a newborn or sick child, a parent or spouse, without fear of losing their jobs. I came to the floor then and I told the story about a woman I knew whose child was sick at the time and who was not allowed to take time off from work to care for him as he was dying because she would lose her income and the health insurance that covered him.

At the time, as a new Member of the Senate, I spoke passionately about that. I told the story. As I was walking off the floor, one of our colleagues came up to me and said: You know, here in the Senate, we don't tell personal stories. I remember well what I said to him: I came here to tell the stories of the people I represent. They deserve a voice in the Senate.

Those stories impacted that debate, and we passed the family and medical leave law.

I am back today to tell the story of a woman whose child was sick. I want to tell every one about the story of this little boy, Marcelas Owens. I met him at a health care rally in Seattle. He was 10 years old and his two sisters who we see in this picture as well have been through a lot. Two years ago their mother Tiffany, who is not in this picture—that is his grandmother—lost her life because she was uninsured, 27 years old.

How did that happen? Tiffany was a single mom who felt strongly about working to support her family. She worked as an assistant manager at a fast food restaurant. She had health care coverage for her family. But in September of 2006, she got sick and missed some work. Her employer gave her an ultimatum: Make up the lost time or lose your job. Because she was so sick, she physically could not make up the time, and she did lose her job.

When she lost her job, she lost her health insurance. Without the coverage and care she needed, in June of 2007, Tiffany lost her life, and Marcelas and his sisters lost their mom.

Our health care system is broken. It is broken for moms such as Tiffany who work to provide for their families and do the right thing, and for men who lose their health care in this market we have today. It is broken for women we have heard about who have been denied coverage or charged more for preexisting conditions such as pregnancy or C sections or, tragically, domestic violence. It is broken for their families and for little boys such as Marcelas who will never get back what he lost.

Enough is enough. The time is now. The status quo that is being defended by the other side is not working. For women across this country, for their families, for our businesses, for our Nation's future strength that as mothers we care about so much, we have to get this right. We have to remember these stories. We need to be their voice. That is why we are here today and why we are going to keep fighting to make sure that we reform the health care insurance system in this country finally and do it right.

Mr. President, I yield the floor.

Ms. MIKULSKI. Mr. President, as we wrap up our discussion on health insurance reform, I want to say as the senior Democratic woman that I am very proud of my colleagues today and how they have spoken up about the terrible practices of the insurance companies discriminating against women.

What you heard loudly and clearly today is that health care is a women's issue, health care reform is a must-do women's issue, and health insurance reform is a must-change women's issue because what we demonstrated is that when it comes to health insurance, we women pay more and get less.

We stand today on the Senate floor to say we want equal access and equal benefits for equal premiums. We women pay more and get less when we

do pay our premiums. A 25-year-old woman is charged more than a 25-year-old man of equal or similar health status. And at age 40, it is often up to almost 50 percent. And when we do pay our benefits, when we are able to cross that barrier of getting health insurance, we get less coverage because insurance companies have certain punitive practices.

No. 1, we are often denied coverage because of something called a preexisting condition. These preexisting conditions are not catastrophic. We hear horror story after horror story that a woman who has had a baby by a C section which was medically mandated is then denied subsequent coverage because she had that. We have heard horror story after horror story in some States that victims of domestic violence are denied health insurance because they have been battered by a spouse and then they are battered by the insurance company.

This has to change. Coverage for women is often skimpy and spartan. I think people would find it shocking, good men would find it shocking that maternity care is often denied as a basic coverage or we have to pay more to get coverage for maternity care. Often on basic preventive care, such as mammograms and cervical screenings, we have to pay significant copays in order to get them.

So we the women are fighting for health care reform. We have very basic things we support. No. 1, we want to make sure that Medicare is strengthened and saved. We know that Medicare is a woman's issue and a family issue not only because there are more women on Medicare than there are men, but we know that with Medicare, often without it or if it is curtailed or shrunk, it would mean disaster.

Mr. President, you see that I am speaking from a wheelchair. It is because I had a fall coming out of 4 o'clock mass a couple of weeks ago. When going through the ER, the OR, the rehab room, if I did not have Medicare and my health care benefit, I would be bankrupt today.

If health care is good enough for a U.S. Senator, it is good enough to make sure we have health care for U.S. citizens. So we want to save Medicare.

We also want to close that doughnut hole. The doughnut hole for prescription drugs has been very difficult to swallow. It is time to change that. We want to end the punitive insurance practices of discriminating on the basis of gender—so whether you have had a C section or whether you need mental health benefits after you have been raped, you can get your coverage.

Later on this weekend, there will be many in my State who will be "Racing for the Cure." I think it is great that we are looking for a cure for breast cancer, and we salute the Komen Foundation. But we not only want to do the research to find the cure, we want to make sure women have access to the preventive screening for breast cancer,

ovarian cancer, and cervical cancer. We are fighting to make sure that access is provided for these important screenings and there are no barriers for payment.

In a nutshell, we, the women of the Senate, have fought for equal pay for equal work. Now we are fighting for equal benefits for equal premiums. We hope that when the insurance debate comes to the Senate, we will be able to elaborate. But today, we wanted to say: Let's get rid of the mob scene that is going around the debate on health care. Let's focus on the important human needs.

I now conclude my remarks, and I believe this concludes morning business. I yield the floor.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

COMMERCE, JUSTICE, SCIENCE, AND RELATED AGENCIES APPROPRIATIONS ACT, 2010

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of H.R. 2847, which the clerk will report.

The legislative clerk read as follows:

A bill (H.R. 2847) making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes.

Pending:

Vitter/Bennett amendment No. 2644, to provide that none of the funds made available in this act may be used for collection of census data that does not include a question regarding status of United States citizenship.

Johanns amendment No. 2393, prohibiting the use of funds to fund the Association of Community Organizations for Reform Now.

Bunning amendment No. 2653, to require that all legislative matters be available and fully scored by CBO 72 hours before consideration by any subcommittee or committee of the Senate or on the floor of the Senate.

Levin/Coburn amendment No. 2627, to ensure adequate resources for resolving thousands of offshore tax cases involving hidden accounts at offshore financial institutions.

Durbin modified amendment No. 2647, to require the Comptroller General to review and audit Federal funds received by ACORN.

The PRESIDING OFFICER. The Senator from Arizona.

AMENDMENT NO. 2626

Mr. MCCAIN. Mr. President, I send amendment No. 2626 to the desk, and I ask for its immediate consideration or, if necessary, set aside the pending business and call up amendment No. 2626.

The PRESIDING OFFICER. Is there objection to the pending amendment being set aside?

Without objection, it is so ordered.

The clerk will report the amendment.

The legislative clerk read as follows:

The Senator from Arizona [Mr. MCCAIN] proposes an amendment numbered 2626.

Mr. MCCAIN. Mr. President, I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To eliminate funding for Public Telecommunications Facilities, Planning and Construction)

On page 111, strike lines 4 through 15.

Mr. MCCAIN. Mr. President, I come to the floor with an amendment that would eliminate another unneeded and unwanted earmark which is suggested by the President of the United States.

Before I go into that, I ask unanimous consent to have printed in the RECORD an article from this morning's Washington Post entitled "Ex-Staffers Winning Defense Panel Pork, Study Finds."

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

EX-STAFFERS WINNING DEFENSE PANEL PORK,
STUDY FINDS

(By Carol D. Leonnig)

In the coming year's military spending bill, members of a House panel continue to steer lucrative defense contracts to companies represented by their former staffers, who in turn steer generous campaign donations to those lawmakers, a new analysis has found.

The Center for Public Integrity found that 10 of the 16 members of the House subcommittee on defense appropriations obtained 30 earmarks in the bill worth \$103 million for contractors currently or recently employing former staffers who have become lobbyists. The analysis by the Washington Watchdog group found that earmarks still often hinge on a web of connections, despite at least three criminal investigations of the practice that became public in the past year. Those probes focus on a handful of defense contractors and a powerful lobbying firm that together won hundreds of millions of dollars in work from the House panel and are closely tied to its chairman, Rep. John P. Murtha (D-Pa.).

On Tuesday, the Senate approved a \$636 billion military spending bill for fiscal year 2010; the House approved its version in July. House and Senate members now will work in conference to resolve differences between their two bills.

The Center for Public Integrity's analysis found some shifts in earmarking patterns since its similar analysis of the 2008 defense bill. First, Rep. Peter J. Visclosky (D-Ind.), whose office records were subpoenaed by federal prosecutors in May, has markedly reduced his earmark requests and sought no work for private companies. Also, defense appropriators are generally steering more earmarks to nonprofits.

The Washington Post has documented more than \$400 million in defense earmarks that Murtha has directed in the past decade to research groups in his district, including the Penn State Electro-Optics Center and the John P. Murtha Institute for Homeland Security, which steered much of the funds to private contractors.

Since last fall, federal investigators have been probing the PMA Group, a now-shuttered lobbying firm whose clients had unusual success in winning earmarks from Murtha's subcommittee. Founder Paul Magliocchetti is a close friend of Murtha's and worked as a defense appropriations staffer when Murtha was a rank-and-file member of the committee.

PMA and its clients had been big donors to Murtha and his fellow subcommittee members in the past decade, according to a Cen-

ter for Responsive Politics report, with Murtha receiving the most. Since 1998, workers at those firms and their family members provided \$2.4 million to Murtha—who helped insert more than \$100 million in defense-related earmarks into 2008 appropriations bills. Visclosky was second, collecting \$1.4 million, and Rep. James P. Moran, Jr. (D-Va.) was next, with \$997,000.

Mr. MCCAIN. Mr. President, I quote from the beginning of it, something that is well known but continues to be authenticated about the corruption of the process that we go through in appropriations. It says, "Ex-Staffers Winning Defense Panel Pork, Study Finds."

In the coming year's military spending bill, members of a House panel continue to steer lucrative defense contracts to companies represented by their former staffers, who in turn steer generous campaign donations to those lawmakers, a new analysis has found.

Not an astonishing finding but, again, authenticating of the corruption that goes on around here and the reason Americans are fed up.

The Center for Public Integrity found that 10 of the 16 members of the House subcommittee on defense appropriations obtained 30 earmarks in the bill worth \$103 million for contractors currently or recently employing former staffers who have become lobbyists. The analysis by the Washington watchdog group found that earmarks still often hinge on a web of connections, despite at least three criminal investigations of the practice that became public in the past year.

Mr. President, I bring forward another amendment—this will be my sixth—to eliminate a program and the appropriations for it that the President of the United States has asked for. I often quote from this document. This will be the sixth one. This document is entitled, "Terminations, Reductions and Savings, Budget of the U.S. Government, Fiscal Year 2010."

Again, I would like to read from the introduction. This comes from the administration. It says:

The President's 2010 Budget seeks to usher in a new era of responsibility—an era in which we not only do what we must to save and create new jobs and lift our economy out of recession, but in which we also lay a new foundation for long-term growth and prosperity. Making long overdue investments and reforms in education so that every child can compete. . . .

It goes on and on. In the next paragraph:

Another central pillar of a sound economic foundation is restoring fiscal discipline. The administration came into office facing a budget deficit of \$1.3 trillion for this year alone—

By the way, I think that is up to \$1.4 trillion now—

and the cost of confronting the recession and financial crisis has been high. While these are extraordinary times that have demanded extraordinary responses, we cannot put our Nation on a course for long-term growth with uncontrollable deficits and debt.

It goes on to talk about the problems we face.

[T]he President has announced a procurement reform effort that will greatly reduce no-bid contracts and save \$40 billion, and at

the Cabinet's first meeting, he directed agency heads to identify at least \$100 million in administrative savings.

Then it says:

This volume is the first report of that effort. In it, the Administration identifies programs that do not accomplish the goals set for them, do not do so efficiently, or do a job already done by another initiative—and recommends these programs for either termination or reduction.

We are talking about the administration speaking. We have identified 121 terminations, reductions, and other areas of savings that will save approximately \$17 billion next year alone.

It goes on to describe what they are:

Half of these savings for the next fiscal year come from defense programs and half come from non-defense. No matter their size, these cuts and reductions are all important to setting the right priorities with our spending, getting our budget deficit under control, and creating a Government that is as efficient and it is effective.

As I said at the beginning of my remarks, this will be the sixth amendment I have offered to support the President's request for reduction or termination of unneeded or unwanted programs. I am confident this will be the sixth time that the appropriators on both sides of the aisle will vote down the President's request—not my request, not my assumption, but that of the President of the United States and the Office of Management and Budget.

By the way, had the Senate agreed with my amendments—which they did not—and supported the call of the President to end programs that do not accomplish the goals set for them, we would have saved the taxpayers \$87 million. In this day and age with multitrillion-dollar deficits, \$87 million is not a lot around this town, but it certainly is back in my home State of Arizona.

What this amendment does, and I quote again from the President's document, and I will read from it:

The Budget supports public broadcasting through increased appropriations to the Corporation for Public Broadcasting and eliminates the unnecessary Public Telecommunications Facilities Grant Program.

Let me make it clear. The administration is supporting increases in public broadcasting but is trying to eliminate the unnecessary Public Telecommunications Facilities Grant Program in the Department of Commerce.

PTFP funding equals less than 4 percent of the Corporation for Public Broadcasting funding and has in recent years supported the transition to digital television broadcasts which will be completed in fiscal year 2009.

The administration goes on to say:

Since 2000, most [of these] awards have supported public television station's conversion to digital broadcasting. Digital broadcasting facilities mandated by the Federal Communications Commission will be completed in fiscal year 2009, and there is no further need for this program.

Again, it goes on to say:

The Administration proposes to support public broadcasters through CPB, and the

Budget includes \$61 million for the Corporation for Public Broadcasting in 2010, which is in addition to the \$420 million enacted advance appropriation, for total proposed 2010 resources of \$481 million, nearly \$20 million above 2009. The Budget also includes an advance appropriation request for the Corporation for Public Broadcasting in 2012 of \$440 million to support public broadcasters. The Corporation for Public Broadcasting funds can support the same types of capital projects as PTFP funding as well as stations' operating and programming costs. . . .

The National Telecommunications and Information Administration, the Commerce Department bureau that has administered this program, was provided \$4.7 billion in the American Recovery and Reinvestment Act to implement the new Broadband Technology Opportunities Program. Terminating this program will enable the NTIA to focus its efforts on BTOP, [the Broadband Technology Opportunities Program] a major challenge for this small Commerce Department bureau, and one which will aid the nation's economic recovery and help promote long-term competitiveness.

These are not my words. These are the words of the President of the United States. We are talking about \$20 million savings by eliminating this program.

One of the arguments we are going to hear, and one of the great sacred cows around here, is the Corporation for Public Broadcasting. This does not affect the increase in funds for public broadcasting. It simply terminates a program that the President of the United States believes is not necessary because its mission has been completed.

I imagine we will lose again with appropriators on both sides of the aisle voting not to eliminate a program—again, the sixth amendment I have had trying to implement the recommendations of the President of the United States and the Office of Management and Budget, and while we are staring at a \$1.4 trillion deficit for this year and a \$9 trillion debt for the next 10 years. Those estimates have been completely underestimated.

I tell the managers, the American people are mad. They are very angry. There is going to be another tea party in my home State this weekend. You know we are mad because we are stealing their children's money; 43 cents out of every dollar we are spending today is on borrowed money. Who is going to pay it back? They know they are. They know our kids and grandkids are. We cannot even eliminate a program or programs the President of the United States requests that we terminate. There will come, and it will come fairly soon, a day of reckoning.

The reason I added this article from the Washington Post this morning is because, I say to my friends and colleagues, there is corruption, and there is corruption in the earmarking and porkbarrel process that goes on. The American people are tired of it. I urge my colleagues to adopt the amendment.

I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second.

There appears to be a sufficient second. The yeas and nays are ordered.

Mr. MCCAIN. Mr. President, I yield the floor.

Ms. MIKULSKI. 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.

Ms. MIKULSKI. Mr. President, I ask unanimous consent the order for the quorum call be rescinded.

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

Ms. MIKULSKI. Mr. President, I strongly oppose the amendment of the Senator from Arizona to strike the funding in the bill for the Department of Commerce Public Telecommunications Facilities. His amendment would eliminate from the bill \$20 million. That \$20 million goes for competitive grants for public radio and TV stations around the Nation to upgrade their infrastructure and technology. His amendment would terminate the grant program in fiscal year 2010.

He argues that President Obama's budget proposed to eliminate the program, so Congress should too. We are a separate and coequal branch of government. In this case, the CJS Committee respectfully disagrees with the President's budget. We know our President inherited a terrible mess. We know the previous administration ran up debts and deficits and now, as we try to clean it out, our President is looking for modest cuts to the budget. But here, with public telecommunications facilities, this is exactly what we need during these troubled economic times to provide access to quality TV to ordinary people who might not be able to afford cable TV, satellite TV, or dish TV.

I am ready to dish on the McCain amendment. We need jobs in this country, and we need to let people know their government is on their side and that they can have access to public television—public television.

Sure it is a public option. We like the public option on TV.

But we know for our local stations, where donations are down and their revenues starved, you cannot put up the necessary antenna and other technology by doing it on bake sales and dialing for dollars. They need help from their government. This is what this does: A modest \$20 million that will help replace equipment such as antennas, power, and telephone hookups, generators and other kinds of things.

It will improve technology to keep up with changing requirements. Grants are competitive. There are no porkbarrel projects in this, no earmarks. The grants are competitive. The Commerce Department selects what are the ones that meet the compelling needs in communities. By the way, the local community has to provide 25 percent of local cost share so it is not a free ride.

The President's budget and the amendment sponsor argue that this

technology program is no longer needed because all radio, public radio and TV stations are already going from analog to digital, so we do not need it.

This argument is flawed for two reasons. First, digital conversion has never been nor ever will be the sole purpose of the Public Telecommunications Facilities Program. The Public Telecommunications Facilities Program was intended to help public radio and TV upgrade their infrastructure and buy new equipment. Digital conversion equipment is eligible, but that is not all.

I am saying this because not only do we provide public TV. It is great to have the Corporation for Public Broadcasting. That is about content. About content. But you need to have an infrastructure to deliver the content. In many of our communities, the infrastructure is worn. It is dated. It is 20, 22 years old. So they are looking to replace it. Guess what. When they do replace it, it creates jobs, jobs, jobs in those local communities. It takes talented men and women to put that antenna or that tower up, to install that very important new digital equipment.

For \$20 million, we can broadcast to people, we can broadcast quality, and we have people going to work putting up and replacing dated equipment. Last year this program received almost \$50 million in applications but had only \$20 million to award. This funding is important in rural and underserved areas.

Last year, the technology program received 57 applications from Native American communities alone. The President and the Senator from Arizona argue it is not needed because the Corporation for Public Broadcasting will pick up the slack. I will repeat: I love Orszag, but maybe he did not read the fine print, which is the Corporation is for ongoing operations and programming. It does not provide funding for new infrastructure.

It is about infrastructure; just like we want to have money to build our highways, we need to have super-information highways. This helps the public facilities be able to do it. The local communities depend on the Commerce Department to do this.

The program has built the Public Broadcasting System. It ensures that the American public has access across the Nation. This is not Senator MIKULSKI talking because she is the chair of the CJS and she wants to hold onto every program. I got a letter, as did my ranking member, from 21 Members of the Senate, including the chairman of the Commerce Committee, asking us to put \$44 million into the Appropriations Committee to fund this. We could only afford to do \$20 million, the same as last year.

Why? Let me read from their letter: For some four decades, PTFP has served as a critical infrastructure program for building public broadcasting systems of radio and TV stations that reach 95 percent of the American people.

What does this do? It maintains infrastructure for transmitters, translators for the deaf, power, and antennas.

It has been drastically underfunded in the past several years since suffering an 18-percent cut in 2002 and 2003. Over the years, PTFP has foregone \$270 million in Federal funds over the authorized level during the last 8 years.

I am not going to sound like an accountant here. I want to sound like I have accountability to my communities. I want them to have access to public TV and public radio and the technology to transmit it. "PTFP's preservation role has always been most important," says the letter from the 20 Senators, "because it is the only source of Federal emergency funds for public radio and television in the event of an emergency."

After Katrina and Rita, several stations in the gulf region were awarded these emergency grants so they could start rebroadcasting. Without those funds, many communities would have been vulnerable to the compounded effects of losing local news and the kinds of programs they needed as they were struggling to rebuild.

On average, according to the letter from my 21 colleagues, including the chairman of the Commerce Committee, stations leverage these PTF funds by an additional 50 percent. So this is a Federal-local partnership.

PTF funding is about providing access to quality TV. In my own community, it has meant access to educational programs. It has meant a way to link up to community colleges and the way they have done distance learning. Many of the early children's programs, many of those early children's programs often help get children learning ready. Again, yes, that is about content. But content cannot be delivered without infrastructure.

During several weeks this summer as I lived in a rehabilitation facility getting physical therapy, many of my constituents said: Well, is it not great to watch public TV? We can see what is going on in the world. They loved the MacNeil/Lehrer show, even though it is not called that anymore, to get news about what was going on in the country.

They loved hearing public debate in a civil way, thrilled and enjoyed "Mystery Theater," and at the same time were excited that their grandchildren were able to get learning ready, either at the preschool level or the work it was doing in the community college.

There are a lot of things government does that is unpopular with people. But one of the things it does that is very popular with the American people is public TV and public radio. We have to maintain quality content. We have to maintain quality infrastructure.

Because of that, I urge the defeat of the McCain amendment eliminating \$20 million and essentially zapping those much-needed antenna and monitoring and transmission facilities we need.

There are other things we can zap. Let's not zap public TV and public radio.

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.

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

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

Ms. MIKULSKI. Mr. President, I ask unanimous consent that at 12:15 p.m. today the Senate proceed to vote in relation to the McCain amendment No. 2626; with no amendment in order to the amendment prior to the vote; further that prior to the vote, there be 2 minutes of debate equally divided and controlled in the usual form.

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

HEALTH CARE

The PRESIDING OFFICER. The Senator from North Dakota.

Mr. CONRAD. Mr. President, I have come to the floor very briefly to talk about the Congressional Budget Office's score of the health care reform proposal that is before the Senate Finance Committee.

I understand that earlier today there were members on the other side who were questioning whether the Finance Committee's proposal is paid for and whether it reduces the deficit and whether it bends the cost curve of health care in the right way.

Let me say that the Congressional Budget Office has now issued their determination on all those issues. Their conclusions are very clear. The Congressional Budget Office has said—and I will put on the chart stand a page from their report. It shows very clearly, over the 10 years of the bill, from 2010 to 2019, that the deficit will be reduced by \$81 billion if the Finance Committee proposal were to become law.

With respect to the question that apparently has been raised by some, as to whether this bill is paid for, the Congressional Budget Office has answered clearly and unequivocally. They have said the bill is not only paid for over the 10 years, but it actually reduces the deficit by \$81 billion.

Second, on the longer term question of bending the cost curve and whether this proposal bends the cost curve in the right way, the Congressional Budget Office has also been clear and unequivocal. Here is what they said in their report of October 7, just yesterday:

In subsequent years, beyond 2019, the collective effect of the Finance plan would probably be continued reductions in Federal budget deficits.

... CBO expects that the proposal, if enacted, would reduce federal budget deficits over the ensuing decade relative to those projected under current law—with a total effect during that decade that is in the broad range of between one-quarter and one-half percent of gross domestic product.

What does that mean? What CBO is saying is in the first 10 years, the Finance Committee plan would reduce the deficit by \$81 billion. In the second decade, they are saying it would reduce the deficit by one-quarter to one-half percent of gross domestic product. Gross domestic product over that decade, the second decade, is estimated to be cumulatively \$260 trillion. That would be the gross domestic product of the United States from 2020 on through the next 10 years. One-quarter percent of \$260 trillion is \$650 billion of deficit reduction in the second 10-year period. That would be one-quarter of 1 percent of GDP. One-half percent of GDP over that second 10-year period would be \$1.3 trillion.

Just to be clear, CBO has told us in their report of yesterday—and the Congressional Budget Office is the non-partisan scorekeeper, the one we all look to for objective facts—that the Finance Committee proposal reduces the deficit by \$81 billion over the next 10 years and in the second 10 years would reduce the deficit by one-quarter to one-half percent of gross domestic product. No one can be certain what the gross domestic product will be in the second 10 years. Current projections are that it will be \$260 trillion. So one-quarter to one-half percent of that second decade would be a reduction in the deficit from what would otherwise occur of \$650 billion to \$1.3 trillion, bending the cost curve in the right way.

I might add parenthetically, the Finance Committee plan is the only plan that has been produced that the Congressional Budget Office says reduces the deficit in the first 10 years and bends the cost curve in the right way, has further deficit reduction, in the second 10 years.

I am a little disappointed when I hear some of my colleagues coming to the floor and suggesting that this really isn't paid for. We have a way of determining what scores are around here. We can all make up our own facts or we can rely on the Congressional Budget Office, which is the objective scorekeeper, nonpartisan. I have great respect for them even though I have had strenuous disagreements with them at times about how they score things. Indeed, I had strong disagreements with them on how they scored some of these proposals. But there has to be an arbitrator here, somebody we look to, someone with credibility, and the Congressional Budget Office does.

For Members to come to the floor and suggest this isn't paid for flies in the face of the facts before us from the CBO. The Congressional Budget Office reported yesterday clearly and unequivocally that the Finance Committee plan is paid for; that it, in fact, reduces the deficit by \$81 billion over the next 10 years; that it has further deficit reduction in the second decade of one-quarter to one-half percent of GDP. As I have said, in the second 10 years the forecast is that gross domestic product over that 10-year period

will approach \$260 trillion. One-quarter to one-half percent of that amount would be \$650 billion to \$1.3 trillion of additional deficit reduction in the second decade. Those are the unvarnished facts. I hope that during the debate, which will be tough enough, which will be contentious enough, we will not resort to trying to mislead people as to the objective facts before us.

It has been said by a previous President that facts are stubborn things. Indeed, they are. One of the stubborn facts is, we are on a course that is utterly unsustainable with respect to health care. Today, we are spending \$1 of every \$6 in this economy on health care. Seventeen percent of the gross domestic product is going to health care. The CBO long-term budget outlook says that in the next period from 2010 to 2050, we will go to spending 38 percent of our gross domestic product on health care unless we do something. That would be more than \$1 of every \$3 in this economy going to health care; in fact, close to every \$1 of every \$2.50 going to health care. That is an unsustainable course.

The question before this body and before the Congress and before this President will be, Do we act or do we stick with the status quo? I suggest sticking with the status quo is utterly indefensible. There is no way to suggest that sticking with the status quo is going to succeed for America's families, businesses, or the government itself.

The hard reality is, Medicare and Medicaid spending as a percentage of GDP is going up dramatically during this forecast period. It has been happening. This chart shows clearly, between 1980 and 2009, the share of our gross domestic product going to Medicare and Medicaid has been rising inexorably. We know that trend will continue unless we do something about it. That means we have to act. That means we have to take responsible steps to rein in the skyrocketing cost of health care. That is critically important to families, businesses, and their competitive position, and it is absolutely essential to the Federal Government. The trustees of Medicare have told us clearly: Medicare is going to go broke in 8 years unless we act. The Medicare trust fund has already gone cash-negative. The Social Security trust fund has already gone cash-negative. The time and the need for action is about as clear as it can possibly be.

I appreciate the opportunity to respond to what some colleagues suggested this morning. It is clear—the Congressional Budget Office has told us—that the Finance Committee proposal is not only paid for, it actually reduces the deficit both over the next 10 years and over the next decade after that 10-year period as well. That is a significant accomplishment by the Finance Committee chairman who laid down this mark. We will see where the votes lie on Tuesday.

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

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

Mr. NELSON of Florida. Mr. President, I wish to speak on behalf of those of us who are concerned about NASA and express my personal appreciation to the Senator from Maryland, chairman of the appropriations subcommittee that handles NASA, for the tremendous work she has done in appropriating money to keep NASA going. If I may, I want to go beyond the Senator's appropriation. She has taken the very difficult task of a budget that is quite lean, put out by the President, and has come up with the best she can come up with in trying to sustain the Nation's human space program with those resources.

What we know is, over the course of the last several years, the Office of Management and Budget and the White House have not given adequate resources to those of us in this Chamber who want a vigorous human space program. We simply, over the last several years, have not been able to get the resources we need for NASA to do everything it has been asked to do, with the result that NASA is now at a crossroads.

I commend Senator MIKULSKI for her work in how she has put together this budget. We find ourselves now with the opportunity beyond this specific budget to strengthen and advance our leadership in the world or to stand by and allow what has become a hallmark of U.S. leadership to slip by the wayside.

Last month, the blue ribbon panel the President appointed, called the Augustine Commission, released a summary of the findings from the final report on the Nation's space program. That report has not come out in detail. We await its release. In part, what it says is, the U.S. human space flight program that has made America a world leader in science and technology "appears to be on an unsustainable trajectory."

Specifically, the report will say:

[O]ur space program is being asked to pursue goals without the appropriately allocated resources.

So this country stands at a crossroads for NASA with a stark choice before us: We can continue on the path we are on—underfunding and underallocating our space program—or we can choose to act. We can choose to act by ensuring that the appropriate resources are allocated to meet the goals laid out before us.

The Augustine Commission was abundantly clear. It said that—while the current path we are on is unsustainable—"meaningful human exploration is possible under a less constrained budget" with an additional \$3 billion a year. That is \$30 billion addi-

tional over a 10-year period. These are not my words. These are the Augustine Commission's words.

Even though we face uncertain economic times—certainly in a recession—the challenge of finding that additional money is one we cannot afford to ignore.

I wish to add my voice to others from this Chamber in asking the President to divert \$3 billion to NASA from the unspent portion of the \$787 billion in the economic stimulus recovery money. The stimulus bill—that we passed by a one-vote margin back earlier this year—was to get this economy moving again, to stimulate, to electric shock therapy the economy back to life by getting dollars out, turned over, and jobs created.

That is a very good source for this money, for NASA to be able to continue on the road of what almost every American wishes for—to continue to explore the unknown.

We have identified other possible revenue sources for future years. But no matter how much we find by scraping the bottom of the barrel, it is still going to come down to one thing: It is going to be the President's decision.

If we remember, similar to President John Kennedy before him, a President has to decide and has to commit the resources. If this President will do it, it will commit the space program that will keep America a global leader in science and technology.

Why do I say that? Think of all the effects of the spinoffs that came out of the Apollo Program when President Kennedy said: We are going to the Moon and back, and that was within a 9-year period.

Currently, our space program is funded at less than 1 percent of the total Federal budget. Yet our space program has always paid back dividends—both tangible and intangible—which is vastly greater than the initial investment.

The additional funding for NASA, I have indicated, will ensure the United States remains at the very top for the peaceful use of technology for the betterment of humankind. Of singular importance, this commitment will help us to inspire the next generation of explorers and the next generation of scientists and technologists and engineers and mathematicians and educators. It is this payoff which is Apollo's greatest and lasting legacy.

We have a similar opportunity right now in front of us. You think about that generation of kids who got inspired when President Kennedy said we were going to do what was almost thought to be the impossible and how many of those kids went into math and science and technology and engineering. Look what that generation brought to us in the global marketplace.

The Augustine Commission notes that the time may finally be upon us when commercial space companies can begin to carry some of the burden of the access to low-Earth orbit. Many of

these companies are already developing capabilities to give us a commercial resupply of the International Space Station. Are they going to be successful? We certainly hope so. Are they going to be timely? We do not know. These commercial ventures are already behind the timeline. We certainly hope they are going to be timely.

This ability, according to the Augustine Commission, is critical to ensuring our ability to operate the station beyond 2016. Almost everybody unanimously agrees we should be planning to keep the International Space Station, of which we are still continuing to complete its construction and equipping, to keep that going at least until 2020 and to maximize the return of what has become a substantial \$100 billion investment.

Those commercial endeavors serve another function. They also create new industries and, with that, new jobs for Americans. But we are still going to have to have the question of: What is NASA's new mission, new architecture? How are we going to fund it? What are we going to do with the workforce in the meantime that is going to have severe disruptions?

This is what the President of the United States is going to have to decide as soon as the Augustine Commission report is final and is published.

The International Space Station has proven to us that many nations can work together on enormous endeavors in a peaceful fashion. The station—just now being completed—is at its dawn, and its many economic, scientific, and social payoffs from our investment are still to be realized. But the international partnerships formed during the design, the construction, and the ongoing operation of the station have proven something. It has proven that the world community looks to the United States for leadership in space.

Many of the world's nations are patiently waiting to see which direction our country chooses, which direction this country chooses as a result of our President's decision. At the same time, these many nations are prepared to follow the U.S. lead in the form of additional commitments and resources in space. To turn our backs on space at this moment would have negative effects that would reverberate around the world.

It is interesting that last night President Obama hosted several young people at the White House for a star-gazing party. Oh, that must have been very exciting for those young people. They had the opportunity to view, in vivid detail, craters on the Moon, the rings of Saturn, the colors of the planet Jupiter, and the belt of the Milky Way. For many of those kids, it was the first time they ever even thought of viewing those things.

The wonderment displayed by those children—and many of those adults there as well—proved, once again, that the space program inspires. If all goes well, tomorrow morning America will

successfully plow a rocket into the surface of the Moon to help determine conclusively whether large quantities of water can be found just beneath the lunar surface. Imagine, this mission may reveal new knowledge about a source of water for astronauts in the future and fuel for their rockets to explore the cosmos.

A suitably funded space program is the best catalyzing element to gather and organize the energies and abilities of this Nation. In return, this program will pay many dividends, perhaps the most important of which is to inspire, encourage, and motivate the next generation of Americans.

I ask my colleagues to join me in supporting Senator MIKULSKI on her appropriations bill but then to join me in supporting increased funding for NASA and this Nation's space program.

You can tell I am quite intense about this subject. I have had the privilege of being a beneficiary of our Nation's space program. I have seen us achieve extraordinary things. It is a part of our character as a people. We are, by nature, as Americans, explorers and adventurers, and I do not want us to ever give that up. That is why I make this plea to the Congress of the United States and to the President of the United States for NASA's funding.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Illinois.

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

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

HEALTH CARE REFORM

Mr. BURRIS. Mr. President, many of my colleagues have taken to the floor in recent weeks to discuss the details of health care reform and, in particular, the clear need for a public option.

We have heard from distinguished Senators on both sides of the aisle. For the most part, this has been a healthy debate. But it is a debate that has been going on for almost a century. Over the years, the problem has grown. Care has become more and more expensive.

Today, \$1 out of every \$6 spent in this country goes to pay for health care. Insurance company profits are up. Health outcomes are down. After a century of thoughtful debate, I believe the way forward is clear—very clear. The only way to achieve meaningful health care reform and bring costs down is through a public option that creates real competition in the system.

Let me be clear. I will not vote for any health care bill that does not include a public option. That is because the stakes are too high to settle for anything less.

Every day, more people get sick and die because they cannot get the quality care they need; 45,000 Americans died last year because they did not have adequate coverage. That is one death every 12 minutes and 45,000 more will die this year and next year and every

year until we pass meaningful health care reform.

Some of my colleagues think we are moving too fast, and they say we should wait. I say the American people have been waiting long enough. We must not wait another moment.

A public option would restore choice and accountability to the insurance market. It would help bring down costs and make quality care affordable for every single American.

If you cannot afford private insurance under the current system, you will have the opportunity to buy a low-cost public plan or a private plan that is guaranteed to be affordable based on your income level.

If you have private insurance but it is too expensive or they do not treat you right, you will have the opportunity to switch to an affordable and high-quality public plan. No American has ever experienced such freedom of choice when it comes to health coverage. That is because consolidation in the insurance market has left a few corporations with control of the whole industry. In Illinois, two companies dominate 96 percent of the market. They can charge excessively high premiums, drop your coverage for any reason or no reason at all, and cap the amount they will spend on treatment in any given year. That is why their profits are breaking records and growing four times faster than wages, while the rest of us suffer the effects of a terrible recession.

But we can rein in these costs. If we pass insurance reforms that include a public option, these corporations would have to compete for your business. Premiums would come down. No one would be able to drop your coverage because of a preexisting condition. Companies would not be able to drop you in the event of a catastrophic illness, and they would not be able to place a cap on the benefits you can receive during your lifetime. Honesty and fair play would be restored to the system.

I don't understand how my colleagues on the other side of the aisle can oppose such a plan. I don't understand how they can oppose competition in the market, which I have always regarded as a quintessential American idea. Certainly there is nothing wrong with making a profit. Insurance companies play an important role in our system, and I support that role. But between 2000 and 2007, the profits for the top 10 insurance companies grew at an average of 428 percent. Let me repeat that. Between 2000 and 2007, the profits of the top 10 insurance companies grew by an average of 428 percent. This is not only unreasonable, it is breaking American businesses and families.

Many analysts agree that health care costs have contributed to the severity of the current economic crisis, and it is easy to see why. Competition and appropriate regulations will rein in these excessive profits and put pressure on the companies to improve coverage or risk losing customers.

Reform with a public option will restore choice to the insurance industry. Millions of Americans will be able to get coverage for the very first time. And far from driving companies out of business, health reform will allow an estimated 1 million to 3 million new customers to purchase coverage from private insurers. It will enhance their business.

Some of my colleagues have expressed concerns about the cost of a public plan, but if they look at the way the program will function, they will see there is no reason for concern. As in any business, a not-for-profit public insurance option would require some initial capital to get it off the ground, but afterwards it would rely on the premiums it collects to remain self-sufficient. The current system is a strain on the American taxpayers. A public option will not be.

There will be no government takeover. I will repeat that. There is no such thing as a government takeover. There will be no death panels, no rationing, and no red tape between you and your doctor. The public option would complement private insurance providers, not drive them out of business.

It is time to take decisive action. This Senate has been debating health care reform for almost a century, while outside this Chamber ordinary Americans suffer more and more under a broken system. I believe we have been talking about it enough. Our way forward is clear. Now is the time for us to act. That is why I will not compromise on the public option.

I urge my colleagues to join with me to stand on the side of the American people and demand nothing less than the real reform a public option would provide. We must not wait another moment.

Mr. President, I thank you, and I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

Ms. MIKULSKI. Mr. President, we will shortly be voting on the McCain amendment. We look forward to closing that debate. But before we do, I wish to comment that we are going to dispose of as many amendments as we can today and we are also going to arrive at a finite list of amendments. So for those Senators who do have amendments on both sides of the aisle, Senator SHELBY and I ask our colleagues to come and offer them so we can dispose of them, as we did with the Senator from Arizona. He offered his amendment, we had a good debate, and we are going to vote on it. So please, colleagues, if you have amendments, come to the Senate floor and offer them.

Second, if you have amendments that you wish to file, this is the day to file them. We are trying very hard to see if we can finish today, but that seems to be a bit of an exuberant wish on my part and on the part of Senator SHELBY. But if we can't finish today, we

would at least like to get a sense of the amendments colleagues wish to bring over today. Then when we get to the Columbus Day weekend, we can work to either come to an agreement to take them, or a way of disposing of them when we come back from commemorating when America was discovered by Columbus.

Again, I ask my colleagues to come forward and either offer amendments or file amendments.

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

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

The bill clerk proceeded to call the roll.

The PRESIDING OFFICER. The Senator from Alaska.

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

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

AMENDMENT NO. 2646

Mr. BEGICH. Mr. President, I ask unanimous consent that the pending amendment be set aside and I call up amendment No. 2646.

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

The clerk will report.

The bill clerk read as follows:

The Senator from Alaska [Mr. BEGICH], for himself and Ms. MURKOWSKI, proposes an amendment numbered 2646.

Mr. BEGICH. Mr. President, I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To allow tribes located inside of certain boroughs in Alaska to receive Federal funds for their activities)

At the appropriate place, insert the following:

SEC. ____ Section 112(a)(1) of the Consolidated Appropriations Act, 2004 (Public Law 108-199; 118 Stat. 62) is repealed.

Mr. BEGICH. Mr. President, at a later time I will have a floor statement.

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

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

AMENDMENT NO. 2626

There will now be 2 minutes of debate, equally divided, prior to a vote in relationship to amendment No. 2626, offered by the Senator from Arizona, Mr. MCCAIN.

The Senator from Arizona is recognized.

Mr. MCCAIN. Mr. President, this is another attempt to agree with the President's request to cut some unneeded spending. This time, it is only \$20 million, which around here is

obviously chicken feed. But the President has requested that this \$20 million be cut. It is not needed. The program it was funded for is complete.

I ask my colleagues to vote for the amendment.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland is recognized.

Ms. MIKULSKI. Mr. President, as the manager of the bill, I oppose the McCain amendment. This \$20 million is competitive funding that helps local public TV and radio stations with equipment, things such as antennas, generators, fire-suppression equipment, and transmission. It improves technology. It enables our very important public TV stations to modernize.

This is a competitive grant program—no earmarks but big footprints. It does require local cost sharing of 25 percent. It also creates jobs in local communities by actually installing this equipment, while we move out the very wonderful content of public TV and public radio.

We, too, are stewards of the purse. The Commerce Department—

Mr. MCCAIN. Mr. President, we have to have the regular order at some time.

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

Ms. MIKULSKI. Mr. President, I do like to know that. I like to follow the regular order. If the Chair would have notified me, I would have stopped sooner.

I call for the vote.

The PRESIDING OFFICER. The question is on agreeing to the amendment.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) and the Senator from Massachusetts (Mr. KERRY) are necessarily absent.

Mr. KYL. The following Senator is necessarily absent: the Senator from Ohio (Mr. VOINOVICH).

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 33, nays 64, as follows:

[Rollcall Vote No. 317 Leg.]

YEAS—33

Alexander	Crapo	Johanns
Barrasso	DeMint	Kyl
Bayh	Ensign	LeMieux
Bennett	Enzi	Lugar
Brownback	Graham	McCain
Bunning	Grassley	McConnell
Chambliss	Gregg	Risch
Coburn	Hatch	Roberts
Cochran	Hutchison	Sessions
Corker	Inhofe	Thune
Cornyn	Isakson	Wicker

NAYS—64

Akaka	Cardin	Gillibrand
Baucus	Carper	Hagan
Begich	Casey	Harkin
Bennet	Collins	Inouye
Bingaman	Conrad	Johnson
Bond	Dodd	Kaufman
Boxer	Dorgan	Kirk
Brown	Durbin	Klobuchar
Burr	Feingold	Kohl
Burris	Feinstein	Landrieu
Cantwell	Franken	Lautenberg

Leahy	Nelson (FL)	Stabenow
Levin	Pryor	Tester
Lieberman	Reed	Udall (CO)
Lincoln	Reid	Udall (NM)
McCaskill	Rockefeller	Vitter
Menendez	Sanders	Warner
Merkley	Schumer	Webb
Mikulski	Shaheen	Whitehouse
Murkowski	Shelby	Wyden
Murray	Snowe	
Nelson (NE)	Specter	

NOT VOTING—3

Byrd	Kerry	Voinovich
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The amendment (No. 2626) was rejected.

The PRESIDING OFFICER. The Senator from Maryland.

AMENDMENT NO. 2653

Ms. MIKULSKI. Mr. President, unless the distinguished Democratic leader is ready to speak, I ask unanimous consent that the Bunning amendment, No. 2653, be the pending business.

The PRESIDING OFFICER. Without objection, the amendment is the pending.

Ms. MIKULSKI. Mr. President, I also make a point of order against the amendment that it violates rule XVI, paragraph 4—legislation on an appropriations bill.

The PRESIDING OFFICER. The point of order is sustained and the amendment falls.

Ms. MIKULSKI. Thank you, Mr. President.

The PRESIDING OFFICER. The Senator from Kentucky.

Mr. BUNNING. Mr. President, I am very disappointed the majority has chosen to block full consideration of my amendment. What I am trying to accomplish is simply more transparency in the Senate. This would be accomplished by requiring a Congressional Budget Office score and posting of legislation 72 hours before consideration by committees or the full Senate.

As a recent poll has shown, 83 percent of the American people support a waiting period before Congress votes on bills. My amendment would provide this to the American people. I think it is outrageous the other side is using a procedural tactic to block consideration of this amendment on this bill.

Be assured I will be back to bring up this issue again and get a fair and full consideration of it by the Senate.

I thank the Chair.

The PRESIDING OFFICER. The Senator from Nevada.

AMENDMENT NO. 2648, AS MODIFIED

Mr. ENSIGN. Mr. President, I call up amendment No. 2648, and I send a modification to the desk.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered. The clerk will report.

The legislative clerk read as follows:

The Senator from Nevada [Mr. ENSIGN] proposes an amendment numbered 2648, as modified.

Mr. ENSIGN. I ask unanimous consent that further reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To provide additional funds for the State Criminal Alien Assistance Program by reducing corporate welfare programs)

At the appropriate place insert:

STATE CRIMINAL ALIEN ASSISTANCE PROGRAM

For an additional amount for the State Criminal Alien Assistance Program \$172,000,000 to remain available until expended.

OFFSET.—All amounts appropriated under this Act, except for amounts appropriated for SCAAP, shall be reduced on a pro rata basis by the amount necessary to reduce the total amount appropriated under this Act, except for amounts appropriated for SCAAP, under the heading "OFFICE OF JUSTICE PROGRAMS" under this title, by \$172,000,000.

Mr. ENSIGN. Mr. President, I rise today to propose an amendment adding \$172 million for the State Criminal Alien Assistance Program and offset it with corporate welfare funding currently in the bill.

The State Criminal Alien Assistance Program, known as SCAAP, provides Federal payments to States and localities that incur correctional officer salary costs for incarcerating undocumented criminal aliens with at least one felony or two misdemeanor convictions for violations of State or local law and are incarcerated for at least four consecutive days during the reporting period.

This program also reimburses State, county, parish, tribal, or other municipal governments for the costs associated with the prosecution of criminal cases declined by local U.S. Attorney's Offices.

While we have made strides in securing our border, illegal immigration remains a significant problem, and the Federal Government should bear the additional burden placed on States and local governments. While this amendment does not fix our problems with illegal immigration, it does help local communities address costs associated with the incarceration of illegal immigrants who continually and repeatedly violate the laws of our country.

This will bring this program's funding up to the 2009 level of \$400 million. This increase will match the level the other Chamber, the House of Representatives, accepted by a nearly unanimous vote of 405 to 1. With increased funding for SCAAP, we can keep more repeat offenders off our streets and reduce some of the catch-and-release practices instituted by many communities that just don't have the resources to keep these criminals where they belong, which is behind bars.

So I urge my colleagues to support this amendment to ensure that critical funds reach our State, county, parish, tribal, and municipal governments to help battle the problems associated with illegal immigration and to keep lawbreaking illegal immigrants off our streets.

Mr. President, I ask unanimous consent to have printed in the RECORD an article from the Las Vegas Review-Journal relating to this matter.

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

LAS VEGAS POLICE REFER 2,000 INMATES TO IMMIGRATION OFFICIALS

(By Antonio Planas and Lynnette Curtis)

The Metropolitan Police Department forwarded the names of nearly 2,000 inmates to federal immigration officials during the first 10 months of a controversial partnership that allows specially trained corrections officers to start deportation proceedings against immigration violators.

The agreement between the Police Department and U.S. Immigration and Customs Enforcement officially began Nov. 15 and is limited to the Clark County Detention Center.

Nearly 10,000 county jail inmates through Sept. 19 were identified as being born outside the country or their identities were in question, said officer Jacinto Rivera, a Las Vegas police spokesman.

Police sent the names of 1,849 inmates who were determined to be in the country illegally to ICE for possible deportation.

It's unknown how many of those inmates were deported. ICE doesn't track removals that way, the agency said Wednesday. Illegal immigrants referred to the agency by local law enforcement become part of ICE's larger caseload. Those cases can drag on for months or even years.

The Police Department's partnership with immigration officials has always been narrower in scope than that of Maricopa County in Arizona and does not allow officers to arrest people for immigration violations. Only once an individual has been arrested on unrelated charges can he or she be screened for possible deportation.

Sheriff Doug Gillespie has repeatedly insisted the partnership is meant to target violent criminals.

In fact, police did not forward to immigration officials the names of an additional 1,808 inmates who also were identified as being in the country illegally because those inmates had no violent criminal history, Rivera said. Overall, 62,803 people were booked into the county jail between Nov. 15, 2008, and Sept. 19, 2009.

Hispanic and civil rights groups have fiercely criticized "287 (g)" partnerships, named for the corresponding section of the federal Immigration and Nationality Act, saying they target Hispanics and could lead to racial profiling and make people afraid to report crimes.

"Evidence is mounting across the country that 287 (g) programs are being run in problematic ways," said Maggie McLetchie, an attorney with the American Civil Liberties Union of Nevada. "We understand federal immigration laws need to be enforced, but that's the job of federal immigration officers, not the job of Las Vegas police."

MOTION TO RECOMMIT

Mr. ENSIGN. Mr. President, I send a motion to the desk.

The PRESIDING OFFICER. The clerk will report the motion.

The legislative clerk read as follows:

The Senator from Nevada [Mr. ENSIGN] moves to recommit the Act H.R. 2847 to the Committee on Appropriations with instructions to report the same back to the Senate with changes that reduce the aggregate level of appropriations in the Act for fiscal year 2010, excluding amounts provided for the Bureau of the Census, by \$3,411,000,000 from the level currently in the Act.

Mr. ENSIGN. Mr. President, what this motion is similar to the motions I have made on previous spending bills. What we are asking the Appropriations

Committee to do is to fund our government at the 2009 level.

In 2009, we saw huge funding increases. Then, with all of the spending programs, the government has seen massive increases on top of the increases in spending we had last year. So what we are saying is, while businesses, families, local governments, and State governments across the country are cutting their budgets, the Federal Government should freeze spending levels to 2009 levels. Let us not go on this massive increase in spending.

We understand the census, which we do just once every 10 years, is not part of the normal budget process, so we allowed for that. We allow for the census to be funded. But everything else should be funded at 2009 levels.

We allow the Appropriations Committee to set the priorities; that is, what funding is to go into which particular program. Some programs are more effective than others, and they may have different priorities. That should be the prerogative of the Appropriations Committee. But what this body should be doing is sending a message to the American people that we care about our children and our grandchildren.

What we are seeing right now is that we are borrowing 43 cents of every dollar we spend. Think about that. Think about a family or a business borrowing 43 cents out of every dollar they spend. That is what we are doing. I think this next chart illustrates very well on whom this burden is going to fall.

The picture of this young lady was taken out in the public. She had a sign around her which said: I am already \$38,375 in debt, and I only own a dollhouse.

It is a picture of a cute little girl, and it would really be a cute picture if it wasn't so sad because it is true. Every child in America has a huge debt burden put on them because of the spending.

During the last many years we have heard about the spending programs. The other side of the aisle actually ran on fiscal discipline. They said we spent too much money under the Bush administration. By the way, I agreed with that statement. I think we did spend too much money during the first part of this decade. But the spending levels now, in comparison, are skyrocketing. We are adding trillions and trillions of dollars in debt to future generations.

So my motion, very simply, says: Instead of this large increase in this spending bill, we are going to live at last year's numbers. We are not even going to cut in ways State governments and local governments are doing. They are cutting. We are going to live within last year's funding levels—which were, by the way, increased dramatically. Last year, I think the same appropriations bill got a 15-percent increase. Let's at least live at last year's level instead of living on huge increases this year.

I think this motion is the responsible thing to do for future generations and for the future of our country. We have to think about this debt. What is this debt going to do? We are hearing about the weakening dollar. There are articles every day in financial magazines about what a weak dollar means to America. The higher the debt, the weaker the dollar gets. We are adding trillions of dollars onto the debt. That weak dollar is going to hurt our economy into the future. We have to worry about not only inflation, but hyperinflation. We have to worry about whether jobs are going to continue to go overseas because of a weak dollar.

Every country that has tried to handle their debt by devaluing their currency, which is what seems to be going on now—has never succeeded. The only way to control your debt is to get spending under control. That is what we have to do in this body. That is what we have to do in this country. My motion says: Time out. Time out from all the spending. Let's at least live at last year's spending level. Let's put a freeze on Federal spending so we are not hurting future generations. I encourage my colleagues to vote for this.

I yield the floor.

The PRESIDING OFFICER. The Senator from Colorado is recognized.

Mr. UDALL of Colorado. Mr. President, I ask unanimous consent to speak as in morning business.

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

(The remarks of Mr. UDALL of Colorado are printed in today's RECORD under "Morning Business.")

The PRESIDING OFFICER. The Senator from Ohio is recognized.

HEALTH CARE

Mr. BROWN. Mr. President, I come to the floor regularly to share letters from constituents of mine, Ohioans, letters we get from people commenting on the health care system. Many of these letters—most of them, in fact—have come from people who thought they had good insurance. If you had called them a year ago or 3 years ago or even, in some cases, a month ago and said: Are you satisfied with your insurance, they most likely would have said yes. Then one of their family members gets sick and it is a very expensive illness, spend weeks in the hospital or has all kinds of doctors visits and tests, and they end up spending so much that they lose their health insurance. The insurance company cancels them. The insurance companies call it a rescission.

You read the fine print and you see these policies are not what they are cracked up to be. That is one important reason why this health insurance bill is so important.

Let me share a couple of these letters with my colleagues.

Edward, from Montgomery County, that is the Dayton area—Dayton, Kettering, Huber Heights, that area of Ohio, sort of southwest Ohio.

About 5 years ago I took my wife to the hospital one evening because she hurt her

back. They took an X-ray but told her nothing was wrong. She came back home, but she stayed up all night crying in pain.

I then took her to the emergency room where the doctors took an MRI. It showed she had a ruptured lumbar disc that could have led to paralysis. The insurance paid for the MRI, but their attitude was sickening. After being admitted that night, the next day the hospital told her she had to go home because the insurance wouldn't pay for the stay.

The doctors and nurses disagreed with that decision, but insurance rules.

The public option is the only thing that will keep these companies honest.

Edward from Montgomery County has it exactly right. He knows we need insurance reform so the insurance companies can no longer deny care for pre-existing conditions, no longer discriminate against people because of gender or disability or age or geography. He understands there should not be a cap, an annual cap or a lifetime cap, on coverage, so if someone gets very sick and it is very expensive, their insurance could no longer be canceled.

But he also understands not only do we need to change the rules, as our bill that we will bring to the Senate floor does, to change those rules so insurance companies can no longer game the system, this legislation also includes a strong public option as Edward asked for. A public option will make sure the insurance companies stay honest. It will inject competition into the insurance industry, and it will give people choice. That is why we call it a public option. It is a choice.

If you are in southwest Ohio, in my State, you only have two insurance companies, and they have 85 percent of the insurance market. That is not competition. You know that means rates are higher. That is why injecting competition with the public option will help stabilize insurance rates and make the insurance companies behave a whole lot better than they have been.

Let me share two other letters. I see my colleague from Pennsylvania, Senator CASEY, is in the Chamber. Linda from Hamilton County, also southwestern Ohio, Cincinnati, Blue Ash, Avondale, that part of Ohio.

I am 60 years old and I have private health insurance—if you want to even call it that. I pay \$450 a month and so few services are covered until I reach a \$10,000 deductible.

Three years ago I had a double mastectomy. As a result, I can no longer go to another insurance company because of pre-existing conditions.

I have a good life. My husband and I worked hard, saved our money, and have enjoyed our retirement so far. But I now find myself not being proactive about my health care because I know I will have to pay out-of-pocket for care until I reach \$10,000.

That's not insurance. It is highway robbery. I want you to vote—

She says: Senator—

I want you to vote for the public option. Get in there and fight for those who have nothing and for those of us who want to remain healthy in our golden years.

Listen to what she says:

I now find myself not being proactive about my health care—

Because she has a \$10,000 deductible, living now, it sounds like, probably, on a fixed income, she simply cannot afford to pay that kind of money out of pocket to get the sort of maintenance of care she needs. So she simply is not taking as good care of herself. She is not able to have physicians and nurses and others help her maintain her health the way we encourage our constituents to do. We want people to get regular checkups. We want them to do all kinds of preventive care. She can't afford to because of this deductible. So she already, in some sense, has been a casualty of our health care system. I pray it is not worse than that. But in too many cases, that has happened. She argues again—she says: I want you to vote for the public option. She understands she will not have this kind of \$10,000 deductible if she chooses the public option—a choice, but a choice that she sounds like she would make. She will not be turned away or in her mind think she can't get this other health insurance, these other health care services because they are so expensive. She understands and she asks for a choice—the choice of a public option.

This is the last letter I will read before I yield the floor.

Christopher from Summit County, the Akron area, northeast Ohio, Akron and Barberton and Tallmadge and Stow and that area of the State, writes:

As a 58-year-old self-employed entrepreneur, it is virtually impossible to obtain serious and genuine health coverage insurance. Thanks to a relatively minor pre-existing condition and total lack of a public option, I fall through the cracks in the wealthiest nation in the world.

Two sentences he writes: "It is impossible to obtain serious and genuine health insurance" and "Thanks to a relatively minor pre-existing condition and lack of a public option, I fall through the cracks in the wealthiest nation in the world." Why can't somebody like Christopher—he is self-employed, he had the initiative to start a business and employ himself, and he wants to have insurance. He is 58 years old. His medical problems don't sound particularly severe, but he has a minor preexisting condition. He can't get insurance. That is why we are changing the law. We are no longer allowing denial of care for preexisting conditions, but we also need a public option, as Christopher asks for, for him to choose from if he would like to choose the public option or Aetna or Medical Mutual, an Ohio company, or CIGNA or BlueCross or whatever. But he also understands that the public option will enforce these rules, so the insurance companies can no longer game the system. In other words, the public option, as the President has said, will make the insurance companies more honest.

It is clear our legislation does a handful of things that are so important. It is clear this will move our country forward. It says: If you have insurance and you are satisfied with it,

you can keep that insurance, but we are going to build consumer protections around that insurance: No more denial of care for preexisting conditions; no more caps on coverage if you get very sick and you lose your plan—they can't throw you off your plan then; no more discrimination based on gender or geography or disability or age.

The third thing our legislation does is it gives all kinds of incentives to small businesspeople to insure their employees: tax credits, allowing them to go into a larger pool with consumer protections. And our legislation provides insurance for people who do not have it, with some help from the government if people are low or median income.

So all of that will mean a healthier population. It will mean choices for people because they can choose the public option or they can choose private care, and they know the public option will make our whole health care system much better.

As we move forward and get this legislation to the President's desk before Christmas, I am excited about what we can do to make peoples lives better and to make for a healthier country.

I yield the floor.

The PRESIDING OFFICER. The Senator from Pennsylvania is recognized.

Mr. CASEY. Mr. President, first of all, I commend the words of my colleague, Senator BROWN, on the issue of health care but in particular the importance of having a public option in our health care plan and the legislation the Senate will take up.

AFGHANISTAN POLICY

I rise today to speak in particular with regard to the debate we are having—just beginning to have, by the way, and need to have a lot more debate about—the U.S. role in Afghanistan, with a special focus in terms of my own remarks today on building the Afghanistan National Army. At the same time, I would also like to recognize the dedication of the Pennsylvania National Guard as well.

But first with regard to Afghanistan, the challenge we face in Afghanistan and Pakistan is a grave challenge indeed. Those who might disagree on the way forward or what to do next can agree on that, that it is a grave challenge. In order to get it right, and we must get it right, we need to debate these issues thoroughly.

I have been fortunate enough in the 3 years since I have been in the Senate to be a member of the Foreign Relations Committee. As a member of that committee, most recently—the last couple of months, really—I have had several opportunities, as others have on the committee, to examine the military, political, diplomatic, and regional implications of our presence in Afghanistan. Chairman JOHN KERRY has taken a very comprehensive approach, and I applaud his efforts.

I also support the administration's deliberate consideration in making

this strategic determination. The President is taking the time that I believe is necessary to make the right decision.

General McChrystal as well has contributed much to this debate, not only with his report but, more importantly than what he put on paper, the kind of leadership he has provided to our troops on the battlefield and the way he has assessed the threats to our security and to our troops and to the Afghan people and the way he has articulated those threats.

Now he has made a recommendation to the President. We hear a lot about what General McChrystal's report said, at least parts of it. We also hear a lot about General McChrystal's recommendation on troops. What we have heard very little about and need to hear more about is the nonmilitary part. What will happen on the nonmilitary aspects of this counterinsurgency strategy? That is vitally important and at the same level of importance as what we do militarily. So we have to get it right militarily and in terms of the other strategy.

But one thing we have not heard a lot about is that General McChrystal has actually, in words I am quoting from the New York Times, endorsed the President's deliberate approach. General McChrystal was quoted on October 2 in the New York Times as follows: "The more deliberation and the more debate we have, the healthier that is going to be" for the strategy. So far as much attention as has been paid to what his report says, or at least part of what his report says, I think it is also important to listen to his words about taking the time to debate it and taking the time to deliberate it because if all we do in the Senate is point a finger to the White House and say the White House must do this or the President must do this or the administration must do this, we are not fulfilling our responsibilities in the Senate.

A number of us have been talking about this challenge, but we have to hear from more voices here and we have to debate this in a very substantive, serious, thorough, and bipartisan way. I will talk more about that in a moment.

In that same New York Times story, General McChrystal was also quoted as saying: "I don't think we have the luxury of going so fast that we make the wrong decision." So I think it is important to highlight what General McChrystal has said about the approach we take, the approach President Obama is taking, spending a number of weeks looking at this, focusing on the strategy before the resources. A lot of people in this town want to just talk about troop levels only and resources only instead of getting a sense of where we should be strategically first and then getting to resources.

We should consider the ideas set forth in a recent Wall Street Journal op-ed by the following Senators: MCCAIN, GRAHAM, and LIEBERMAN—all

respected voices on national security and foreign policy.

This is not going to be the strategy going forward, the solution to a difficult problem; this is not going to be a Democratic solution and it is not going to be a Republican solution; this has to be a strategy and a solution that comes from both parties.

Also, I should say that only by working together can we develop the best strategy, and to literally focus on strategy before the question of resources. We cannot simply use sound bites to communicate the complexities of this conflict or simply reassert talking points from the Iraq war debate. If that is all we are going to do around here, we might as well not have a debate because that will not do it for this debate, especially when we are talking about what is at stake here and especially in this case. Politics must stop at the water's edge. I think we can do that. This body has done it in the past, and we can do it again.

Let me say at the outset that our problems in Afghanistan are political in nature and will ultimately require a political solution. This does not mean additional troops may not be needed, but it does indicate to me that our strategy needs to reflect a deeper commitment to supporting the Afghan people in their efforts to focus on at least three principal areas—one, the obvious priority of security. There is a lot to talk about just under that umbrella. The second focus we have to have, as well as the Afghan people, is governance. We cannot govern for them; they have to govern themselves. President Karzai and whoever else has authority in that country to provide services have to demonstrate to us and to the world that they can govern themselves. So first security and then governance and finally development, and that obviously is a joint effort, not just American-Afghan but all of the more than 40 nations that are helping us in Afghan to help communities with water systems and infrastructure and education and so many others—health care included—so many other aspects that involve development or at least quality of life in Afghanistan.

Ultimately, our success will come in empowering Afghan institutions to address their own internal security. In some cases, this may mean co-opting certain elements of the Taliban, in other cases taking on the Taliban directly. We are now at a stage where the United States can play a positive role in making sure the political framework for the country is sound.

The chairman of the Armed Services Committee, CARL LEVIN, has helped to focus attention on the critical importance of training the Afghan National Army or the so-called ANA. I applaud Chairman LEVIN's leadership in this regard and support his call for an acceleration—a rapid acceleration of troop training to the levels of 240,000 Afghan National Army troops by 2012. While there is some disagreement over these

training timelines, no one disputes the central importance of getting the Afghan security forces trained well and soon. As this force is prepared to provide security, it will decrease the need for a robust U.S. presence in the country.

I applaud the efforts of Major General Formica, head of the U.S. unit charged with training the Afghan troops. While the ANA certainly needs substantial additional assistance, we need to acknowledge the fact that this fighting force did not exist 7 years ago. Due in large part to the extraordinary efforts of coalition forces and people like the general, the ANA can be considered a measured success. Without these remarkable efforts, the Afghan National Army would not be in a position to grow at the pace necessary in the coming months.

I should also add that the recent Presidential election in Afghanistan presented a very difficult security challenge, and both the Afghan National Army as well as the police performed pretty well. We could witness some security problems but on a much more limited basis than many would have predicted. So that is a bit of good news in all the bad news we hear about Afghanistan.

Challenges do remain, however, and this training process will not be easy. A little more than 40 percent of the population in Afghanistan is of the Pashtun ethnicity, although they are not fully represented in the army at these levels. The officer corps of the Afghan National Army, based on traditions that go back decades, is primarily made up of Tajiks, who represent just over 25 percent of the population. The most substantial fighting in Afghan currently takes place in the Pashtun belt, an area of the country in the south and east along the border with Pakistan. I hope the Afghan National Army can continue to take these important ethnicity concerns into consideration as they grow the force.

These are critically important concerns about ethnicity. We have to recognize that and not turn away from it.

Second, Afghanistan has a very high illiteracy rate; some estimate as high as 70 percent. This presents considerable complication in troop training as some recruits are not able to read or write orders, understand maps or interpret instructions on how to operate equipment. Our trainers have come up with creative training techniques using pictures, for example, but this is no substitute for basic skills required in a modern army.

The third challenge with regard to building up the Afghan National Army and perhaps the most significant is posed by the substantial resources needed to stand up such a force. Army recruits are paid only \$100 a month, while there are reports that the Taliban pays as much as \$300 a month. Both are small amounts, but when the Taliban is paying three times as much, that presents a challenge that we must

confront, if we are serious about this. The Afghan National Army should begin to address the discrepancy. Overall the cost of maintaining this expanded force will be considerable, and it is unlikely that the Afghan Government will be able to shoulder this burden anytime soon. It is a challenge that involves both cost and the reality that the government doesn't have the resources to do all it needs to do in building up the Afghan Army. We need to be honest about that. This will be expensive but nowhere near as expensive as the continued deployment and costs associated with maintaining an international coalition force.

I have tried to outline some of the realistic challenges we face in standing up the Afghan Army. Afghan Defense Minister Wardak, whom I met during my trip in August, oversees this effort in Kabul. Minister Wardak has been commended for his leadership of the Afghan armed forces. He believes these ambitious troop increases are challenging but possible. I hope we can aggressively pursue Chairman LEVIN's plan, no matter what comes of the President's strategy. An expanded and enhanced Afghan Army should be a central part of the equation. In the final analysis, this fight against the Taliban is an Afghan fight. We need to be there to support them, but a stable and peaceful Afghanistan will ultimately depend upon how well the Afghan Government can provide security for its own people.

(The further remarks of Mr. CASEY are printed in today's RECORD under "Morning Business.")

Mr. CASEY. 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. THUNE. 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. THUNE. Mr. President, this week the latest version of the health care reform plan was scored by the CBO. The expectation is that sometime in the next few days, the Finance Committee will report out a bill which at some point will be merged with the bill that was produced by the HELP Committee. I rise to make some observations about the process generally, because we are talking about literally one-sixth of the American economy. This is not something that is inconsequential, and certainly it is something that is personal to most Americans. Health care is something they value deeply. Any type of reform ought to focus on patient-centered health care—not insurance centered, not politician centered, not Washington, DC centered, but patient-centered health care. As we get into this debate, we ought to have an opportunity not only for Members of the Senate to carefully examine what is in

this legislation but also for the American people. The American people deserve and have a right to know what is going to be in any final bill.

My first point is that we have tried. An amendment was offered in the Finance Committee by the Senator from Kentucky, Mr. BUNNING, that would require for any bill that ultimately, once it is reduced to legislative language and has an estimate from the CBO about what it might cost, there be 72 hours for people to evaluate it, Senators as well as the general public. That amendment was defeated in the committee deliberations. Seventy-two hours is the bare minimum that ought to be required and necessary for people here in the Senate to look at what will be inevitably north of 1,000 pages of legislative language.

The reason I say "will be" is because we don't know yet. We haven't seen legislative language to date. All we have is a concept paper. The Finance Committee will be voting out a concept paper. That concept paper has been scored by the Congressional Budget Office but it is just that. It is a concept paper. We have yet to see anything that resembles legislative language that ultimately is what we in the Senate will be asked to vote on.

The simple expectation is that there ought to be an adequate amount of time, whatever that amount is, but at a minimum 72 hours was all that was requested by the Senator from Kentucky in his amendment before the Finance Committee. That was defeated by the Democratic majority.

He subsequently offered that today, a resolution as an amendment to the currently pending legislation, the CJS appropriations bill. It was objected to. There was a point of order raised against it. It is pretty clear that our colleagues on the majority side do not want to consider having any sort of a requirement imposed that would allow people an adequate amount of time to review this incredibly consequential and impactful piece of legislation coming before the Senate.

I make that observation to start with because it is relevant. This process needs to be open and transparent. The American people have a right to know exactly what is in this legislation. Even Senators and Senators on the Finance Committee right now don't know because they haven't seen bill language. What they are going to be voting on is a concept paper. And what the estimate that has been provided by the CBO is in response to is a concept paper, not legislative language. I argue to my colleagues that we need to have at least a certain amount of time. I would argue more than that—it ought to be 2 weeks, when we are talking about something this voluminous and this consequential for Americans or the American economy. I regret that our colleagues on the Democratic side of the aisle are objecting to what is even a minimum amount of time to review this legislation, and that would be a 72-hour time limit.

I don't believe for a minute that the Finance Committee bill, even if and when it is reduced to legislative language, is the thing we will be voting on. There has been a lot of reaction to it and a lot written in the last couple of days about how this would be scored by the CBO. And there is a story out today that it actually would reduce the deficit, which I will get into in a moment.

But before addressing that, this bill, when it does become a bill, will have to be married with another bill passed earlier by the HELP Committee. Those two will be merged. Where will they be merged? They will not be merged on the floor of the Senate. They will be merged behind closed doors in the majority leader's office by a handful of people who will be determining what is in the legislation. Then at some point they will have to come out and we will get an opportunity to look at it.

I don't think the work the Finance Committee is putting in right now is anywhere close to what the end result will be. I argue that we will see a very different product produced by the majority leader when they go behind closed doors and a handful of people write the health care bill that will come before the Senate.

Those are a couple of observations I wished to make with respect to the process and how flawed I believe it is with regard to the issue of being open and transparent and making sure there is accountability to the people.

The second observation I wish to make has to do as well with the fact that most Americans believe there is a right way and a wrong way to do this. The right way ought to be making sure we are prioritizing our spending and being careful with taxpayer dollars.

The wrong way is for Washington to go about this in the traditional way; which is, to raise taxes still higher, put the country further into debt, and more money into programs we do not believe—at least a lot of us do not believe—will work in the long run. Again, I will point out in a minute why we think this is the case, why these programs will not work in the long run.

The right way to do this is for us to protect and expand that doctor-patient relationship and to do it in a way that is fiscally responsible and to do it in a way that gets at the real crux of the issue; that is, how do we reduce the cost of health care in this country.

As to the current bill, which I mentioned earlier, there have been some news stories in the last day or so about how this bill reduces the deficit, with \$829 billion in spending and about \$81 billion in surplus to reduce the deficit. What I think is important for people to focus on is, because there is a delayed implementation of these provisions in this bill that do not start kicking in until 2014 or thereabouts, the numbers that are being used by the other side and being reported upon by the media reflect a 10-year period starting now and going forward.

But when the bill is fully implemented, when all the provisions are finally in place and we get the 10-year window from that point forward—or from that point through the 10-year window—that is when we get a real assessment of what the costs are. If we do that, the cost of this legislation is not the \$829 billion that has been put out publicly and has been sort of picked up by the media in the last day or two, but it is nearly double that amount. It is \$1.8 trillion.

So it is a massive amount of new spending, a massive expansion of the Federal Government at the Federal level, and a massive amount of spending that somehow is going to have to be paid for either in the form of additional revenues, cuts in Medicare—which is what is being proposed—which I do not think, frankly, is ever going to happen. We tried back in 2005 when we were reforming Medicare to shave \$10 billion out of that. We could not get the votes for it in the Senate. We had to bring the Vice President back from Pakistan to cast the deciding vote.

So the notion that somehow we are going to be voting to cut \$500 billion from Medicare is a pipe dream. You would have to be smoking something to believe that is actually going to happen. That is one of the ways that \$1.8 trillion of new spending is paid for.

The other way it is paid for is with higher taxes. The problem with that is the taxes do not just fall on the "rich" or "wealthy." They do not just fall on the insurance companies, which is where some of the taxes and fees in the Finance Committee bill are directed. They fall on the American people. In fact, I think it is important to point out the Congressional Budget Office, when asked about this, said 90 percent of the tax burden in 2019—90 percent of the tax burden in the health care bill—would fall on wage earners making less than \$200,000 a year. That directly violates and contradicts the commitment and the promise the President made that he would not impose taxes on people making less than \$250,000 a year.

So we have these massive tax increases which, according to CBO, are going to fall disproportionately on people making less than \$200,000 a year, and we have these cuts in Medicare which, in my view, are not going to happen or, if they do, could be very devastating to seniors, as well as to a lot of the health care providers across this country.

But here is what is most amazing about all that: almost \$2 trillion in new spending over a 10-year period—\$500 billion, \$600 billion of tax increases; \$500 billion in Medicare cuts to pay for this—and who is to say if the Medicare cuts do not happen a lot of this will not end up being borrowed, which piles up huge debt on future generations of Americans. But after all that, and after all the bills, including the Finance Committee bill, it assumes a tremendous level of government intervention and involvement in the health care

economy of this country. The government is going to be in the middle of making decisions that traditionally have been made by doctors and patients.

But after all that, we would assume, at the end of the day, the underlying purpose and goal of this—which is to reduce health care costs—would have been achieved. The truth is, it does not reduce costs. The bottom line is, after everything else is said and done, and we look at all the spending and all the taxing and all the new government expansion and all the new government interference and involvement and intervention in the health care economy and the fundamental doctor-patient relationship, we have not done anything to lower costs for the Americans who are struggling with the high cost of health care.

In fact, the Congressional Budget Office, during the Finance Committee markup last week, when asked whether the insurance company taxes would be passed on—and how would that impact the people who are actually having to pay the insurance premiums out there—they said those new taxes will be passed on dollar for dollar. We have seen all kinds of varying estimates about the amount of the increase, but there has not been a bill yet, of the five that have been produced by any of the committees in the Congress, that bends the cost curve down. They all raise and increase costs.

I think that is the Achilles heel, ultimately—that the American people, who are struggling with the high cost of health care, are looking for solutions and for reforms that will actually put downward pressure on prices, and all that is being talked about is spending a couple trillion dollars of their tax dollars, raising taxes and cutting Medicare in order to raise their overall cost of insurance. Only in Washington, DC, could something that stunning actually make it in the light of day.

So at the end of the day, it ought to be about reducing costs for Americans. It ought to be about trying to provide access for those who do not have access to health insurance. By the way, the most recent version of the Baucus bill—the Finance Committee bill—still leaves 25 million Americans uncovered. So we are not covering a lot of people we are proposing to cover. We are increasing costs of health care for people who currently have insurance, and we are creating a couple trillion dollars of new spending when this bill is fully implemented over 10 years that, again, is going to, in some way, have to be financed with taxes, Medicare cuts, or, worse yet, perhaps borrowing, which will come on the backs of future generations.

The amount of debt we are going to have at the end of 2019, according to CBO, is enough so that every household in this country will owe \$188,000. Imagine if you are a young couple today just exchanging your vows, you are starting your family, you are getting

ready to move on with your life, and you get handed a big fat wedding gift from the Federal Government to the tune of a \$188,000 IOU. That is not fair to future generations.

We ought to learn to live within our means. We talk about reforming health care. We ought to put reforms in place that actually reduce the cost of health care for working-class families in this country, that do not raise their taxes, that do not borrow from their children and grandchildren. Those are the types of things we would like to see as part of this debate.

We have already put forward a number of proposals that would do just that: allowing people to buy insurance across State lines—interstate competition would put downward pressure on prices and insurance rates across this country—allowing people to join larger groups, small business health plans—something we voted on repeatedly in the Congress which has been consistently defeated in votes—dealing with the issue of defensive medicine, which it is estimated costs the health care economy about \$100 billion annually; doing something about medical malpractice and all those physicians who order those additional tests simply because they are worried about being sued.

We have had proposals put forward that would change the tax treatment of employer-provided health care plans so that those who do not have insurance would have a tax credit that would be available to them so they could go out and buy health insurance in the private marketplace.

We are laying out a lot of solutions we believe actually get at the fundamental issue before the American people, and that is the high cost of health care and also trying to provide coverage for those who do not have it. None of these proposals, in my view—and I think the Congressional Budget Office, in their analysis, bears it out. These are all proposals that bend the cost curve up, that increase and raise insurance costs for this country.

The only reason they could go out like they did yesterday and say, well, this actually reduces the deficit, is because of the massive tax increases and the massive cuts in Medicare that it assumes will take place.

Again, I want to mention one more time, in closing, notwithstanding the numbers that were released yesterday by the Congressional Budget Office—and the way they were reported by the media—the number people need to focus on is the cost of this program when it is fully implemented.

Because it is delayed, because many of the provisions in the bill, in its entirety, for the most part, are going to be delayed—the implementation—until 2014, we have to get the full picture of the cost, what it is going to cost in the 10 years once it is fully implemented because a lot of the revenues are front loaded, the costs are back-end loaded. That is why this sort of wires and mir-

rors—the approach that is being used—understates the overall cost. They can go forward and say, well, we are reducing the deficit over 10 years because of all the tax increases, which kick in right away, but some of the costs in the program do not come into play until later on.

So the American people need to be engaged in this debate. They need to have their voices heard. Frankly, they have a right to know exactly what is in this legislation. That is why it should not be rushed. It should be done in a way that allows people to actually review this bill. It ought to be done in the light of day.

Secondly, it ought to be done in a way that actually is fiscally responsible to future generations so we do not pile this huge burden of debt on them. But even more importantly than that, it ought to accomplish the stated objective, which is to reduce the overall health care costs for Americans.

These proposals do not do that. There are ideas out there and solutions out there that do, some of which I just talked about. If we would be willing to sit down and come to a consensus about those things that actually do drive health care costs down, we could pass health care reform through the Senate this year, through the House of Representatives, put it on the President's desk, and do something that actually meaningfully reduces costs for Americans and what they pay for health care.

Mr. President, 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.

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

TRIBUTE TO ERICA WILLIAMS AND HER SEC TEAM

Mr. KAUFMAN. Mr. President, I rise again today to honor a great Federal employee, something I have been doing each week on the Senate floor. I do so because I believe it is very important to recognize the unsung heroes who work every day on behalf of the Nation with great effort and often with great sacrifice.

Today, I want to honor an employee of the Securities and Exchange Commission, one of our most important independent Federal agencies, whose work affects all Americans. This great Nation was founded on a belief in freedom and fairness—two fundamental pillars of American society.

This is what the Revolutionaries fought for in the time of Samuel Adams and George Washington. It is what the Framers enshrined during the era of Alexander Hamilton and Thomas Jefferson. Maintaining democratic government and fair, open markets were the charge of every administration and Congress from their day to ours.

In the decades since World War II, American global leadership has focused on promoting these two concepts throughout the world. Democracy and

a fair marketplace complement each other perfectly. A society based on fair markets cultivates an egalitarian political culture. Likewise, democracy instills in all citizens the sense that they ought to enjoy in commerce what they so cherish in government: a marriage of liberty and equality.

I have already spoken from this desk several times about the challenges we and the SEC jointly face today in protecting our financial markets. I have talked repeatedly about how, as a nation, our credit and equity capital markets are a crown jewel. Only a year ago we suffered a credit market debacle that led to devastating consequences for millions of Americans.

I have squarely blamed the self-regulation philosophy of the SEC as being a major part of that problem. By this I mean that the SEC had too often deferred to those it regulates for knowledge, experience, and certitude. I feel so strongly about this because we have lived through an era where regulators and the leadership of regulatory agencies failed to regulate. Perhaps Congress, too, failed to give the regulators the tools and resources they needed to do their jobs effectively.

These failures have contributed not only to a financial disaster but also to a loss of public confidence in our markets and our national economy. In addition, these failures run counter to our ideals of democracy and market fairness.

During the time of the Revolution, we were a nation of farmers and merchants bound together by our common dependence on the trade of manufactured goods, foodstuffs, and local services. Today, we have become a nation of investors. Tens of millions of Americans own retirement accounts, and they depend on fair markets to protect those long-term holdings.

Many Americans have suffered directly as a result of the markets losing value. Those who have not been hurt personally surely know someone—a parent, a friend, or a coworker—who has. The financial crisis has forced many to delay retirement or even go back to work. Most working Americans have lost something; some have lost almost everything.

Under its previous leadership, the SEC lost its way. While the failure of the SEC to follow up on tips about the Bernie Madoff Ponzi scheme is certainly emblematic of this failure—and probably a huge blow to the morale of the agency—I believe morale at the agency may also have suffered for a much more fundamental reason. Too often in the past, the SEC leadership kept its employees from pursuing its core mission. This happened not only at the SEC but at other Federal agencies as well. There was simply a philosophical difference between their policies and the need for effective enforcement of regulations.

Employees at the SEC, while still working hard every day, sadly, I suspect, have become somewhat demor-

alized by this and by resulting setbacks. And, I might add, SEC employees have also had to endure criticism of the Commission in recent months by concerned Members of Congress—myself chief among them.

Today, the SEC stands at a crossroads.

In the wake of last year's historic election, Washington has been focused on change. The greatest thing about change is that it offers the promise of a new start. I wholeheartedly believe one of the most fundamental qualities of the American people is the ability to pick ourselves up, dust ourselves off, and return to the important task before us.

For the SEC, this means a renewed focus on its original mission: to maintain public faith in our markets, to protect all investors. The SEC needs to reassure our long-term investors—many of whom are average Americans saving for retirement—that the system is not rigged against them. I know the SEC can, and will, be a can-do agency once more.

In 2005, the SEC moved into a new headquarters just a few blocks from the Capitol. It is a beautiful glass and stone building with a high, curving facade. The lobby is full of light, and its windows frame a view of the Capitol dome. Much of the building wraps around a courtyard, and in the center of that courtyard is a playground for the children who attend the SEC's employee daycare. Across the street are a school and a row of small businesses, including a busy coffee house. Behind the new building are the tracks leading out from Union Station carrying business travelers and commuters each day.

The men and women who work in that building don't need to be reminded who they work for. They see them every day out of their windows. The stability and fairness of our financial markets affects every American, from the small business owner to the coffee house patron; from the daily commuter to the future of that toddler in daycare. I believe a new building provides a chance for a new beginning.

I agree with the President that at least with regard to the financial crisis, the worst is behind us. Now is the time for the SEC to step to the plate. I know they can do it. I have faith in the SEC because it stabilized our markets in the aftermath of the Great Depression. I have faith in the SEC because it always proved to be resilient during times of institutional change, and I have faith in the SEC because it has some of the most talented public servants who are now working tirelessly to catch up after several years of failed leadership.

One of those public servants is Erica Williams, a lawyer for the SEC's Enforcement Division. A graduate of the University of Virginia Law School, Erica has been with the SEC for 5 years. During that time, she has distinguished herself as a trial lawyer on sev-

eral complex cases involving accounting and fraud. Before coming to the SEC, she worked at a major private sector law firm in Washington.

In July, she and her team of SEC enforcement attorneys won a hard-fought verdict in Federal court on a case involving insider trading. This case, commonly referred to as SEC v. Nothern, was a rare case involving U.S. Treasury bonds.

She could not have had better colleagues on this case than John Rossetti, Sarah Levine, and Martin Healy, all of whom equally deserve recognition. John is a graduate of Catholic University Law School, and he served for 9 years as an SEC enforcement attorney. Sarah, who holds a law degree from Yale, clerked for Justice David Souter before coming to the SEC in 2007 as a trial attorney. Martin supported their efforts as a regional trial counsel at the SEC's office in Boston.

Erica and her team had to prove that the defendant had insider knowledge from someone inside the Treasury Department. Approximately \$3 million in illegal profits had been generated from this scheme. They argued their case strongly and thoroughly. They also had to prosecute the case with fewer resources than are usually available to private sector litigators. They worked weekends and sacrificed time with their families for long hours spent in the office or on the road. It all paid off, a victory that reflects what the SEC is all about: punishing and deterring wrongdoing.

What Erica achieved with her team is more than a court victory, however. She is helping to send a message the SEC is back; that those who are contemplating fraud better think twice. That is why I am honoring her as my "Great Federal Employee" of the week.

I know this is only the beginning. The SEC knows it needs to focus on deterring those activities that make our markets unfair. That is what Erica's victory and what other recent gains of the Commission have done. As new SEC Enforcement Division Director Robert Khuzami has said, the SEC is engaged in "a rigorous self-assessment of how we do our job." Their victory is what Khuzami meant when he promised "a focus on cases involving the great and most immediate harm and on cases that send an outside message of deterrence."

I also have faith in SEC Chairman Mary Schapiro, who shares my concern about the stability and the quality of our markets. She understands the trade-offs between market liquidity and market fairness, and she recognized how important it is to protect the interests of long-term investors.

As my colleagues are aware, since March, Chairman Schapiro and I have exchanged communications, and I believe under her leadership the SEC is coming back stronger and better able to pursue its mission.

The famous Alabama football coach, Paul "Bear" Bryant, once said:

I have learned over the years how to hold a team together. How to lift some up, how to calm others down, until finally they've got one heartbeat, together, a team.

Chairman Schapiro believes in the SEC's mission, and she is working diligently to ensure that all who work there are doing so with one heartbeat—as a team. They, too, believe in the SEC's mission, and we have to make certain they get all the resources they need, not only to catch up but also to operate ahead of tomorrow's market threats.

Taped to the door of Chairman Schapiro's office is a sign for all those entering with new proposals or ideas. It reads: "How does it help investors?" This ethos must once again be the source of inspiration for everyone who works in that beautiful new building.

As the SEC embarks on its next chapter, I want all of its employees to know when they walk out of that lobby each day and see the Capitol dome, they should feel confident that those of us who work under it are their partners. We will be their partners by making certain the SEC is strong enough to do its job, and we will work together with the Commission to help identify and prevent new problems before they arise. The American people also should have patience and hope that the SEC is back and on the right track. We all hold a common stake in its success.

The era of looking the other way is now behind us. The time has come to look forward. I hope my colleagues will join me not only in honoring the service of outstanding Federal employees of the SEC such as Erica Williams and her team but in recommitting ourselves to help them pursue our common goal. When it comes to protecting America's investors, we must have one heartbeat.

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

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

The bill clerk proceeded to call the roll.

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

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

AIR FORCE TANKER COMPETITION

Mr. SHELBY. Mr. President, I rise today to speak about the recently restarted Air Force KC-X tanker competition.

On February 29, 2008, after a lengthy competition, the U.S. Air Force announced that the team of Northrop Grumman and EADS was selected to deliver the best, most capable tanker to our warfighters, at a price of \$3 billion less than their rival Boeing's offer.

It was only after the GAO sustained a mere 8 out of 111 complaints submitted by the losing team—Boeing—that the

award was overturned and the competition was placed in limbo.

Even after GAO's recommendation, there is still nothing to suggest that the KC-45 was not the best tanker solution. This is a very important point to remember. The Air Force's contracting system may have been flawed, but nowhere did GAO state that the KC-45 is not the best tanker for our airmen.

A year later, Defense Secretary Robert Gates terminated the award and canceled the entire tanker acquisition program.

Secretary of Defense Gates' decision to cancel the Air Force's No. 1 acquisition priority outright clearly placed politics and business interests over the interests of the warfighter.

While Secretary Gates may have characterized this decision as a "cooling off" period, it sent a clear message that only a Boeing tanker will be acceptable. The defense acquisition policy was unmistakable: No Boeing, no tanker. That is a fundamentally flawed policy that may please some Members of Congress from the States in which Boeing would build the tankers, but it fails to satisfy the critical need for the best new tankers for our warfighters. In that case, politics obviously trumped military necessity and troop welfare.

After review of the September 24 draft RFP that begins the new tanker competition, I again have serious concerns that fairness and capability are being completely ignored.

For a moment, let me elaborate. As a result of the last protest, Northrop Grumman was compelled to submit its proprietary, competitive-sensitive pricing data to the GAO, which, in turn, provided that critical information to Boeing. Let me say it again. Boeing now has all of Northrop Grumman's competitive pricing information. Yet they are going to be competing again.

Boeing knows exactly how the Northrop Grumman team was able to offer the best deal to the Department of Defense during the last competition. Boeing knows all of Northrop Grumman's bidding strategies.

In a competition for a defense contract, nothing is more carefully protected than a company's pricing and bidding strategy.

Let me remind my colleagues here that Northrop Grumman/EADS offered a clearly better plane, at a price that was \$3 billion less than Boeing. And now, today, Boeing knows how they did it.

Northrop Grumman has repeatedly asked the Department of Defense to level the playing field by providing them—Northrop Grumman—with Boeing's pricing information from the previous competition. To date, the Pentagon has continually denied Northrop Grumman's requests. The Department of Defense has stated that Northrop Grumman's pricing and bidding strategies are not relevant issues in the current competition, and that the data is outdated.

Not relevant? I could not disagree more. It is intuitively obvious to anyone who is even vaguely familiar with the concept of competitive government bidding that the Department of Defense, from the outset, is tilting the competition toward Boeing. Northrop Grumman is being severely penalized before the game even begins. This situation is inconceivable and must be changed.

Further, after review of the draft RFP, it is becoming increasingly clear that this competition is not structured around what we call a "best value" competition that would ensure that our warfighter receives the best plane. Rather, it is structured around the lowest price technically acceptable competition that does one thing and one thing only—it reduces the chances that our warfighters will receive the most superior plane on the market.

One would think that our Air Force's top priority would be to ensure that our men and women in uniform have the best, most capable equipment. It seems to me that is not the case.

A lowest price technically acceptable procurement process focuses heavily on cost and does not take into account additional or advanced capabilities that may be available on the aircraft that will help us in the years to come. This means that price is more important than quality; that performance is not a critical factor; that added capabilities, technology that could help save the lives of our men and women in uniform and have an edge on the opposition, is not a key factor in the draft RFP.

The fact that the draft RFP is structured so that cost is almost the only component considered in the competition makes the aforementioned pricing data issue even more relevant.

When combined with Boeing's knowledge of Northrop Grumman's pricing data and not vice versa, it has become abundantly clear that the Department of Defense and the Air Force have their thumbs on the scale in favor of Boeing.

As was clearly shown in the previous competition, Boeing has a less capable airframe, but Boeing now has all of Northrop Grumman's pricing data and a full understanding of Northrop Grumman's bidding strategies. This information is the holy grail for Boeing that provides them with everything necessary to surely submit a lower cost bid for their less capable aircraft.

If this matter should not be a concern, then there should be no issue whatsoever with the Department of Defense providing Boeing's prior data to Northrop Grumman because Boeing, again, has Northrop Grumman's data, as they recompetite.

In order for this competition to be untainted, to be fair, to be at the level of openness and transparency that my colleagues and I were repeatedly assured would be the case, I believe it is imperative that Northrop Grumman be allowed to obtain Boeing's pricing data from the last tanker competition and that the competition shift away from

purely a cost basis to what is best for the warfighter.

It makes no sense for a procurement process that has been continually hampered by scandal, delays, and jail time for certain officials to begin the latest version of this competition with such an absurdly uneven playing field.

As we go forward, it is my sincere hope that the safety of our warfighters and the security of our Nation will become the priority, as it has been in the past, this time and decisions will not be based on political pressures that unfairly tilt competition.

Unless the Department of Defense and the Air Force live up to their commitment of impartiality and transparency, I am fearful that our warfighters will have to settle for second best. Apparently, that is just fine with some, as long as Boeing wins.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Maryland is recognized.

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

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

(The remarks of Mr. CARDIN pertaining to the introduction of S. 1765 are printed in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

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

The PRESIDING OFFICER. The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

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

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

AMENDMENT NO. 2625

Mr. SHELBY. Mr. President, I now call up amendment No. 2625.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered. The clerk will report.

The assistant bill clerk read as follows:

The Senator the from Alabama [Mr. SHELBY], for himself and Mrs. FEINSTEIN, proposes an amendment numbered 2625.

The amendment is as follows:

(Purpose: To provide danger pay to Federal agents stationed in dangerous foreign field offices)

On page 170 at the end of line 19 insert the following:

SEC. XXX. Section 151 of the Foreign Relations Authorization Act, Fiscal Years 1990 and 1991 (Public Law 101-246, as amended by section 11005 of Public Law 107-273; 5 U.S.C. 5928 note) is amended:

(a) by striking "or" after "Drug Enforcement Administration" and inserting "the"; and (b) inserting after "Federal Bureau of Investigation": "the Bureau of Alcohol, Tobacco, Firearms and Explosives or the United States Marshals Service".

Mr. SHELBY. Mr. President, I, along with Senator FEINSTEIN, have offered this amendment that would make the

U.S. Marshals and the ATF agents, who put their lives on the line in dangerous foreign countries to protect our Nation and our citizens, eligible for danger pay.

The U.S. Marshals and ATF agents are actively assisting Mexican law enforcement and the Mexican military in one of the bloodiest wars in the world today—the Mexican drug war. There have been nearly 10,000 drug war murders and deaths in Mexico since January of 2007. President Calderon has deployed 45,000 troops and 5,000 Federal police to 18 Mexican States to help combat these cartels.

Every week, we read about the gruesome murders of Mexican law enforcement officers, many of whom have our own Federal agents serving at their side. Currently, FBI and DEA agents receive danger pay in Mexico, while U.S. Marshals and ATF agents do not. I believe it is outrageous that these agents—our agents—serving their country and risking their lives on a daily basis, do not receive this compensation like their Department of Justice counterparts.

This amendment I offer on behalf of myself and Senator FEINSTEIN simply brings danger pay parity to the Department of Justice Federal law enforcement officers working in dangerous foreign countries. This amendment, I believe, has a lot of merit, and although Senator MIKULSKI is not here right now, I believe she would join with me in support of this amendment.

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

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

The assistant bill clerk proceeded to call the roll.

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

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

ORDER OF PROCEDURE

Mr. KOHL. Mr. President, I ask unanimous consent that at 3:30 p.m., the Senate proceed to the consideration of the conference report to accompany H.R. 2997, the Department of Agriculture, Rural Development, Food and Drug Administration Appropriations Act; that debate time on the conference report be limited to 30 minutes, equally divided and controlled between Senators KOHL and BROWNBACK or their designees; that if points of order are raised, any vote on the motions to waive occur beginning upon the use or yielding back of time; and that following the disposition of the points of order, and if the motions to waive are successful, then at 4 p.m., the Senate then proceed immediately to vote on adoption of the conference report; that upon adoption of the conference report, the Senate then resume consideration of H.R. 2847, and the Ensign motion to recommit with 2 minutes prior to a vote in relation to the motion, with no amendments in order to the motion.

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

MAKING APPROPRIATIONS FOR AGRICULTURE, RURAL DEVELOPMENT, FOOD AND DRUG ADMINISTRATION AND RELATED AGENCIES PROGRAMS FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2010—CONFERENCE REPORT

The PRESIDING OFFICER. The report will be stated.

The assistant legislative clerk read as follows:

The committee of conference on the disagreeing votes of the two Houses on the amendment of the Senate to the bill (H.R. 2997), making appropriations for Agriculture, Rural Development, Food and Drug Administration, and Related Agencies programs for the fiscal year ending September 30, 2010, and for other purposes, having met, have agreed that the House recede from its disagreement to the amendment of the Senate and agree to the same with an amendment and the Senate agree to the same, signed by a majority of the conferees on the part of both Houses.

(The conference report is printed in the House proceedings of the RECORD of September 30, 2009)

Mr. KOHL. Mr. President, I rise in support of the conference report on H.R. 2997, the Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act for 2010.

This bill includes total spending of \$121.1 billion. Of the total, \$97.8 billion is for mandatory programs, and \$23.3 billion is for discretionary programs. The discretionary spending in this bill is an increase of \$2.7 billion and is within our 302(b) allocation.

This bill funds a range of programs that help improve the lives of Americans every day.

It provides more resources for food and drug safety.

It delivers low-income housing and supports rural communities who need sanitary water systems.

It fully funds the WIC, SNAP, School Lunch and School Breakfast Programs. It expands the Commodity Supplemental Food Program and the Child and Adult Care Feeding Program.

It significantly expands the McGovern-Dole Program so children in developing countries can get school meals. Often, that is the only reason they come to school.

It bolsters agricultural research so we can produce better crops and feed more people more efficiently.

It funds conservation, community development, animal and plant health, trade, and much more.

We worked closely with our counterparts in the House to come to satisfactory agreements on issues about which we had differing views.

We included compromise language on the reimportation of Chinese poultry, setting up a stringent system to protect public health. This language meets all of our WTO requirements and has been endorsed by all sides.

We included critical funds to aid the dairy sector which is suffering from historically low prices. Some will be used to purchase dairy products for food pantries, and the rest will provide direct relief to producers.

We fund development of new food aid products to provide higher nutritional content for food aid recipients; most of these products have not been updated for nearly two decades.

Overall, this bill is properly balanced. It provides appropriate funding and direction for the Department of Agriculture, FDA and other agencies. We worked to ensure that the concerns of all Senators were addressed, and I believe we have been successful.

I am very encouraged by the process that brought us to this point, and I am grateful to my ranking member, Senator BROWNBACK, and others who have been instrumental in its success.

I strongly encourage all Senators to support this bill.

The PRESIDING OFFICER. The Senator from Kansas.

Mr. BROWNBACK. Mr. President, I thank my colleague, Senator KOHL, who chairs this committee. This is the first year for me to be ranking member. He has been a delight to work with.

A number of issues are addressed in this bill. The centerpiece is the agriculture industry. It is of key importance. It is interesting to note, in this economic downturn we are in, that the agriculture industry has had a great deal of difficulty, although it has been one of the stronger industry sections we have had during this period. That is in no small part because of the strength of the industry, the willingness of people to work, to invest aggressively, to work hard, and to pay attention to details.

For us to support the research entities underneath it—a lot of that is in this bill. So we are researching aggressively what we can do to produce things efficiently, effectively, that the marketplace wants. It is a great export industry. It is one that provides a lot of exports out of my State, out of the State of the chairman, and the States of other Senators. That research is important. That is what is in the bill, the research and development industry. That is the primary piece of it. It is not the total, but it is a key part.

Looking into the future, I can see that places we need to go are in things that will require the research for us to be able to move forward, things such as cellulosic ethanol where people are excited about doing the grain-based ethanol. We need to have a stream from cellulosic ethanol so we can produce more of our energy needs domestically and renewably. That also goes into the energy field, but it is a key part of agriculture. It also grows jobs in rural areas where it is pretty hard at times to grow jobs. People go to more concentrated regions and places, but we need them in rural areas. If we can invest and if we can show ways people can invest and make money in rural areas, going into food and fiber and fuels and pharmaceutical products, these are things that can really work for us and for our people and around the world. I am pleased to work with

Chairman KOHL on that. He has worked on this many years. This has been my first year as ranking member.

In particular, I would like to note two areas we made key investments in that are important for the country and to save people's lives. One is in the food and drug piece of this bill. The FDA is also appropriated in this bill.

One of those areas is rare and neglected diseases. There is language included in this bill that creates two groups within FDA to examine the agency's approach to rare and neglected diseases in the developing world and here.

Unfortunately, a number of people in the United States get diseases that maybe only 100,000 people get. That sounds like a big number, and it is a big number, but to a drug company looking at making an investment and then being able to develop a cure, it is looking for a much larger marketplace.

What we are asking in this bill is, are there ways within the FDA, for a rare disease or neglected disease, for us to cut down the cost process to develop a new drug? Otherwise, we are not getting any research into how we take care of diseases for somebody who is one of 50,000 who get it, and there is nothing going on research-wise to help them. I had a lady in my office this morning who had a disease in this category. She was basically told by her physician when she got diagnosed: You should get your affairs in order. That is not an acceptable answer, particularly as a policymaker.

We have two groups in here looking at rare or neglected diseases and how do we cut the cost of developing that drug so that a pharmaceutical company or others could say: This doesn't affect a lot of people, but my entry cost is lower, so I will look at this, I will go into this field. Our hope is we can stimulate some research in this country.

Then neglected diseases around the world that can affect huge numbers of people—the World Health Organization says that more than a billion people, nearly one in every six persons worldwide is affected by at least one of the neglected diseases. This isn't a small category, but they happen to be in countries that don't have high per capita income. So again a company looks at this and says: There are a lot of people affected, but there is no income level here, so I can't go into it. Well-known examples include malaria, tuberculosis, and cholera. They disproportionately affect low-income populations in developing countries. We are going at this issue too.

I can't think of a better place for us to invest more policy-wise than helping to save people's lives. People tend to like you more when you help save their lives. This affects a broad cross-section of people around the world. And we have the marketplace, the technology to work on it, if we can cut the cost down. These two really track together, and they are very important for us to

save lives. I always consider it a great day if we can save a person's life by some policy move we are making that may make things work better. These are a couple of them.

Another area the chairman and I have been working on is the issue of food aid. Here, I have had a lot of disappointment in the fact that we put a lot of money in food aid and then not a lot of it hits the target. For every dollar we put in food aid, 60 percent is eaten up by transportation and administration. So 40 percent gets to the person who actually needs it.

A lot of these are food aid situations where it costs a lot to get the food there. Going into the interior in Sudan, it just costs a lot to get there, there is no question. But still I have to think we can do this better. We are starting to look at that but also pilot projects to help develop new food aid products and to develop micronutrient-fortified foods for infant through schoolage children, pregnant or nursing mothers. We haven't developed a new food aid product in over 20 years. The last one was a corn-soybean blend which is a good product. But I know the chairman and I don't eat the way we did 20 years ago. You kind of understand the body moves a little differently.

This area of micronutrients is the area that most researchers believe that if the world would invest in it, it is the highest yield category for us to save and positively affect the most lives, an investment in micronutrients. It may be a corn-and-soybean blend, but it also has vitamin additives put into it for that infant, that nursing mother, that person with AIDS or malaria. We have invested a lot to try to save the person with AIDS or malaria, but now they really can't get better because they don't have the nutrition in their body they need. We get that into the system.

I am excited about these steps and pilot projects, what we might be able to find out in these categories and do to save lives. These are well-spent funds.

It is tough economic times for us as a country. These are critical issues for us. I am always looking at ways we can hold the budget numbers down because I think we really have to get our budget under control. These are ones that have been good and wise investments. They are important places for us to work in.

I am appreciative of being able to work on these particular projects. As we move forward, looking at next year, I hope we can sharpen the pencil even more in areas that may have been a high priority in the past but they should not be now, for us to look at ways we can control and get our budget down. And then you move that money either into paying down the deficit so the deficit is much lower or you say: If we are going to put things in higher investment areas, we move them from low-investment to high-investment regions, and that we would emphasize

ourselves and work in the committee to see what areas are there that we should be taking money out of to put into higher need categories or to put back against the deficit that is just running way too high for us as a country.

We all know that. This deficit is way too high. It is unsustainable. We need to sharpen our pencil every bit we can in these committees to do our part. I hope we can really spend some time this next year, even as we line up for the appropriations process, holding hearings on what are low-priority areas, what we can cut out of this budget. We tend to mostly focus on new ideas, new programs, and those are good and important, but in these budgetary times, we have to spend some time asking: What is it we could do without? That would be important for us to do.

It has been a pleasure to work with the chairman. I urge colleagues to vote for the conference report and to send it on to the President.

I yield the floor.

CONGRESSIONALLY DIRECTED SPENDING

Mr. KOHL. Mr. President, it has been brought to my attention that the Congressionally directed spending items table in the statement of managers to accompany the Fiscal Year 2010 Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act mistakenly listed Senator HUTCHISON as requesting funding for the medicinal and Bioactive Crops research project through the Agricultural Research Service. Additionally, Senator HUTCHISON's name was mistakenly omitted from the table for the Grain Sorghum research project through the National Institute for Food and Agriculture and the Range Revegetation for Ft. Hood conservation project through the Natural Resources Conservation Service.

Mr. BROWNBACK. I agree with Chairman KOHL and appreciate him bringing these items to the Chamber's attention.

EMERGENCY DAIRY ASSISTANCE

Mrs. BOXER. Mr. President, I thank the Senator from Wisconsin and the Senator from Vermont for joining me to discuss \$350 million in emergency dairy assistance funding included in the fiscal year 2010 Agriculture, Rural Development, and Food and Drug Administration Appropriations Act conference report.

I had a very encouraging meeting with the Secretary of Agriculture where he informed me that he intends to distribute emergency dairy assistance funds included in the conference report in a way that is regionally equitable, and to do so as quickly as possible.

As the author of the amendment to the fiscal year 2010 Agriculture appropriations bill that added \$350 million in emergency dairy assistance funds, the Senator from Vermont stated on the floor that "whether it is Vermont, Wis-

consin, California, Colorado—rural America is hurting."

The Senator from Vermont went on to say that "I know the people familiar with dairy always say these are great regional fights, the Northeast is fighting the Midwest is fighting the Southeast is fighting the West coast, and every region has its own set of priorities. This is not a regional issue, this is a national issue."

I ask the Senator from Vermont, was it your intention that emergency assistance be provided to dairy farmers in every region of the country?

Mr. SANDERS. Yes, that is correct.

Mrs. BOXER. I thank the Senator from Vermont. If I may ask the Senator from Wisconsin, as the lead Senate negotiator, can you tell us how the conference committee intended these funds to be used when crafting the final language?

Mr. KOHL. Let me start by saying that I appreciate the guidance and input I have received from my California colleague throughout this process.

The bill before us provides \$290 million to the Secretary under broad authorities to assist our Nation's dairy farmers. The conference report does not direct any form this assistance shall take—an approach that was the result of a hard-fought negotiation with the House. Many members would have preferred to distribute this assistance through the MILC program formula. In fact, I must admit that such an outcome would have been my preference since programs such as MILC would greatly benefit my farmers in Wisconsin. But I knew that dairy farmers all across the country are suffering and an approach couched in inherently regional terms would not meet the test for national acceptance.

I understand the MILC program would impose limitations difficult for some regions to accept, and for that reason a more general authorization was employed to provide greater regional fairness in the distribution of assistance. My understanding is that the Secretary has three main goals in mind in administering this assistance: No. 1, the payments must be directed to actual dairy farmers, No. 2, the payments must go out as quickly as possible, and No. 3, the payments must reflect as much regional equity and fairness as possible. I agree with these three principles and trust that the Secretary will carry out this assistance in that fashion.

Mrs. BOXER. I thank the Senator from Wisconsin for his views and say further that his understanding of the Secretary's goals is correct. I thank my colleagues for joining me to discuss this issue.

Mr. CONRAD. Mr. President, I rise to offer for the record, the Budget Committee's official scoring of H.R. 2997, the Agriculture, Rural Development, Food and Drug Administration and Related Agencies Appropriations Act for fiscal year 2010.

The conference report provides \$23.3 billion in discretionary budget authority for fiscal year 2010, which will result in new outlays of \$17.7 billion. When outlays from prior-year budget authority are taken into account, non-emergency discretionary outlays for the bill will total \$24.9 billion.

The conference report matches its section 302(b) allocation for budget authority and is \$120 million below its allocation for outlays.

The bill is not subject to any budget points of order.

I ask unanimous consent that the table displaying the Budget Committee scoring of the bill be printed in the RECORD.

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

H.R. 2997, AGRICULTURE, RURAL DEVELOPMENT, FOOD AND DRUG ADMINISTRATION AND RELATED AGENCIES APPROPRIATIONS ACT, 2010

(Spending comparisons—Conference Report (in millions of dollars))

	General purpose
Conference Report:	
Budget Authority	23,304
Outlays	24,905
Senate 302(b) Allocation:	
Budget Authority	23,304
Outlays	25,025
Senate-Passed Bill:	
Budget Authority	23,400
Outlays	25,030
House-Passed Bill:	
Budget Authority	22,900
Outlays	24,686
President's Request:	
Budget Authority	22,980
Outlays	24,904
Conference Report Compared To:	
Senate 302(b) allocation:	
Budget Authority	0
Outlays	-120
Senate-Passed Bill:	
Budget Authority	96
Outlays	125
House-Passed Bill:	
Budget Authority	404
Outlays	219
President's Request:	
Budget Authority	324
Outlays	1

Note: Table does not include 2010 outlays stemming from emergency budget authority provided in the 2009 Supplemental Appropriations Act (P.L. 111-32).

Mr. MCCAIN. Mr. President, today the Senate turns to the conference report for H.R. 2997, the Agriculture appropriations bill for fiscal year 2010. This bill spends about \$120 billion in direct and mandatory spending. This is on top of the \$108 billion that was provided under the fiscal year 2009 omnibus bill, as well as the infamous economic stimulus package, which provided another \$26.5 billion in Ag spending.

I acknowledge that many of the programs funded by this bill are valued for providing important services to the agriculture community at large, and I commend the members of the Senate Appropriations Committee for reporting this bill in a timely manner. I agree that we should ensure that our farmers stay out of the red, and that some Federal involvement is necessary to assist low-income families under nutrition programs. Unfortunately, Congress once again has conformed to the practice of diverting precious taxpayer dollars into an array of special interest

pork projects which have not been authorized or requested by the administration.

When the bill passed the Senate shortly before the August recess, the bill carried with it 296 "Congressionally Directed Spending Items" a fancy new term for earmarks—totaling over \$220 million. Now that conferees have had their chance to feed at the trough, the number of earmarks has grown to 461 totaling over \$360 million. None of these projects were requested by the administration. Many of them were not authorized, or competitively bid in any way. No hearing was held to judge whether or not these were national priorities worthy of scarce taxpayer's dollars.

Let's take a look at some of the earmarks that are in this bill: \$2 million for a fruit laboratory in West Virginia; \$819,000 for catfish genome research in Alabama; \$360,000 for a corn ethanol research plant in Washington, DC; \$75,000 to promote childhood farm safety in Iowa; \$250,000 for the Iowa Vitality Center; \$700,000 to improve cattle health in Maine; \$300,000 to develop "Best Practices in Agriculture Waste Management" in California; \$1.3 million for greenhouse nurseries in Ohio, which weren't requested by the administration; \$2.9 million for shrimp aquaculture research in Arizona and Massachusetts; \$693,000 for beef improvement research in Missouri; \$165,000 for maple syrup research in Vermont; \$195,000 to research how to increase the lifespan of peach trees in South Carolina; \$349,000 for pig waste management in North Carolina; \$500,000 goes to the National Wild Turkey Federation in Nebraska, and \$250,000 for the Kansas Farm Bureau Foundation for a workforce development program.

The largest earmark in this bill goes to Hawaii. The Aloha State bags \$5 million to continue construction of an Agriculture Research Service Center to study agriculture practices in the Pacific. As my colleagues know, ARS construction is one of the most heavily earmarked accounts in government. So much so that the President's budget actually proposed zeroing out ARS construction for fiscal year 2010 because:

Congress routinely earmarks small amounts of funding for [ARS projects] located throughout the nation. The result of scattering funding in this manner is that . . . few if any of the projects are able to reach the critical threshold of funding that would allow construction to begin. Funding construction over such a long time significantly increases the amount of money needed to fully complete these projects, as well as postponing their completion for many years.

So here we have a program that is earmarked so severely that it delays and drives up the costs of approved construction projects. Not only are we funding this Hawaiian facility, but conferees approved 21 earmarks totaling over \$71 million for ARS facility construction, some of them airdropped in conference.

During Senate consideration of this bill, I filed over 300 amendments to

strike every earmark as well as cut funding to several USDA programs that the President proposed for termination including the ARS facilities account. It should come as no surprise that my amendments were defeated at every turn by appropriators on both sides of the aisle.

These projects may be meritorious and helpful to the designated communities, but considering our current budgetary crisis, it's inappropriate to include them on this year's agriculture spending bill, especially when they have been identified for termination or reduction. I hope my colleagues will agree that we have higher spending priorities that are directly related to the purposes of this agriculture bill. This bill is intended to address farmers, women, children, and rural communities with the greatest need, not for piggybacking pet projects that garner the support of special interest constituents.

I know that many of my colleagues have spoken about the economic struggles of America's hardworking farmers and low-income families. The farmers and struggling families I know are their tired of watching their hard-earned money go down the drain.

I will oppose this conference report and every other pork-laden bill that comes before this body.

Mr. INOUE. Mr. President, I submit pursuant to Senate rules a report, and I ask unanimous consent that it be printed in the RECORD.

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

DISCLOSURE OF CONGRESSIONALLY DIRECTED SPENDING ITEMS

I certify that the information required by rule XLIV of the Standing Rules of the Senate related to congressionally directed spending items has been identified in the conference report which accompanies H.R. 2997 and that the required information has been available on a publicly accessible congressional website at least 48 hours before a vote on the pending bill.

Mr. AKAKA. Mr. President, I am pleased that the Senate will pass H.R. 2997, the Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act for Fiscal Year 2010 conference report.

This legislation will fund important programs, such as food safety inspection, agricultural research, and the Supplemental Nutrition Program for Women, Infants, and Children. Programs such as these will benefit the entire Nation. My constituents will additionally benefit from a number of projects located throughout the State of Hawaii.

The bill will stimulate food and agricultural development in Hawaii through projects tailored to the State's needs. It will fund continued agricultural development and resource conservation programs through the local, community-based leadership of Hawaii's four Resource Conservation and Development Councils. It will foster

food science and agricultural research that meets Hawaii's unique needs and that bolsters American competitiveness in such areas as floriculture, tropical fruit, and aquaculture.

Watershed and flood prevention projects in Hawaii also receive appropriate attention in this bill. Recent droughts underscore the importance of watershed projects to increase water storage capacity, delivery system efficiency, and water conservation. Projects on Maui and the Big Island will help make progress on the planning and construction of projects dealing with the limited natural resource of water.

Funding in the bill also includes programs to control invasive species in Hawaii such as termites, brown tree snakes, coqui frogs, and other alien pests and weeds that threaten agricultural lands and sensitive ecosystems. Hawaii is the only domestic supplier of varroa mite-free queen bees for honey producers and pollinators, and therefore the mite eradication efforts cultivated by this legislation are of national importance. Similarly, farmers in the continental United States will benefit from the establishment of a facility to provide a secure supply of sterile fruit flies used to control fruit flies that are destructive to fruit crops. Hawaii offers a premier location for rearing sterile fruit flies as four pestiferous fruit fly species are already established there.

In sum, this bill will fund programs meeting Hawaii's unique needs in addition to supporting local leadership that will aid agriculture nationally. I am glad to have advocated for this funding and thank the senior Senator from Hawaii, the Chairman of the Appropriations Committee, as well as the Chairman and Ranking Member of the Senate Appropriations Agriculture, Rural Development, and FDA Subcommittee for their work in crafting and managing this bill.

The PRESIDING OFFICER. Who yields time?

Mr. BROWNBACK. I suggest the absence of a quorum and ask unanimous consent that the time be equally charged to both sides.

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

The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. KOHL. 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. KOHL. Mr. President, I ask for all the remaining time to be yielded back.

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

Mr. KOHL. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The question is on agreeing to the conference report.

The clerk will call the roll.

The bill clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) and the Senator from Massachusetts (Mr. KERRY) are necessarily absent.

The PRESIDING OFFICER (Mrs. McCASKILL). Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 76, nays 22, as follows:

[Rollcall Vote No. 318 Leg.]

YEAS—76

Akaka	Gillibrand	Nelson (FL)
Alexander	Hagan	Pryor
Baucus	Harkin	Reed
Begich	Hatch	Reid
Bennet	Hutchison	Risch
Bennett	Inouye	Roberts
Bingaman	Johanns	Rockefeller
Bond	Johnson	Sanders
Boxer	Kaufman	Schumer
Brown	Kirk	Shaheen
Brownback	Klobuchar	Shelby
Burris	Kohl	Snowe
Cantwell	Landrieu	Specter
Cardin	Lautenberg	Stabenow
Carper	Leahy	Tester
Casey	Levin	Udall (CO)
Cochran	Lieberman	Udall (NM)
Collins	Lincoln	Vitter
Conrad	Lugar	Voinovich
Crapo	McCaskill	Warner
Dodd	Menendez	Webb
Dorgan	Merkley	Whitehouse
Durbin	Mikulski	Wicker
Feingold	Murkowski	Wyden
Feinstein	Murray	
Franken	Nelson (NE)	

NAYS—22

Barrasso	DeMint	Kyl
Bayh	Ensign	LeMieux
Bunning	Enzi	McCain
Burr	Graham	McConnell
Chambliss	Grassley	Sessions
Coburn	Gregg	Thune
Corker	Inhofe	
Cornyn	Isakson	

NOT VOTING—2

Byrd
Kerry

The conference report was agreed to.

Mrs. FEINSTEIN. Madam President, I move to reconsider the vote and I move to lay that motion on the table.

The motion to lay on the table was agreed to.

COMMERCE, JUSTICE, SCIENCE, AND RELATED AGENCIES APPROPRIATIONS ACT, 2010—Continued

The PRESIDING OFFICER. The Senate will continue consideration of H.R. 2847.

MOTION TO RECOMMIT

There will now be 2 minutes of debate, equally divided, prior to a vote on the motion offered by the Senator from Nevada, Mr. ENSIGN.

The Senator from Nevada is recognized.

Mr. ENSIGN. Madam President, this is a simple motion to recommit the bill to put it at last year's funding level, plus the money for the census. The census is once every 10 years, and it will allow for that funding increase.

But in this era of record deficits and uncontrolled Washington spending, we are living under last year's spending levels with this motion. We need to get serious in this body about getting our spending under control. We have to

start with appropriations bills. We know we have to cut spending on entitlements.

Let's start now by living under last year's spending levels, instead of the large increases we are having on appropriations bill after appropriations bill.

My motion allows the Appropriations Committee to determine what levels programs would be at, but we are not going to allow across-the-board increases.

The PRESIDING OFFICER. The Senator from Maryland is recognized.

Mrs. MIKULSKI. Madam President, I vigorously oppose the motion.

First, the bill is consistent with the budget resolution and the CJS subcommittee 302(b) allocation.

Second, the bill is a product of bipartisan cooperation reported out of the Appropriations Committee unanimously.

Third, the consequences of cutting the CJS bill to 2009 levels by excluding the census would be devastating. If you take out the census and do a cut, guess whom you are cutting. First of all, you are cutting Federal law enforcement. If you think this is a simple resolution, tell that to the FBI. If you think it is simple, tell it to the marshals who are chasing sexual predators. If you think it is simple, tell it to the astronauts, who are waiting to make sure we put the money in the budget to keep them safe as they go into space.

There is nothing simple about this motion to recommit. I simply ask you to reject the Ensign motion.

Madam President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is this a sufficient second? There is a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) and the Senator from Massachusetts (Mr. KERRY) are necessarily absent.

The result was announced—yeas 33, nays 65, as follows:

[Rollcall Vote No. 319 Leg.]

YEAS—33

Barrasso	Ensign	Lugar
Bayh	Enzi	McCain
Brownback	Graham	McCaskill
Bunning	Grassley	McConnell
Burr	Gregg	Risch
Chambliss	Hatch	Roberts
Coburn	Hutchison	Sessions
Corker	Inhofe	Thune
Cornyn	Isakson	Vitter
Crapo	Johanns	Voinovich
DeMint	Kyl	Wicker

NAYS—65

Akaka	Cantwell	Feinstein
Alexander	Cardin	Franken
Baucus	Carper	Gillibrand
Begich	Casey	Hagan
Bennet	Cochran	Harkin
Bennett	Collins	Inouye
Bingaman	Conrad	Johnson
Bond	Dodd	Kaufman
Boxer	Dorgan	Kirk
Brown	Durbin	Klobuchar
Burris	Feingold	Kohl

Landrieu	Murray	Snowe
Lautenberg	Nelson (NE)	Specter
LeMieux	Nelson (FL)	Stabenow
Leahy	Pryor	Tester
Levin	Reed	Udall (CO)
Lieberman	Reid	Udall (NM)
Lincoln	Rockefeller	Warner
Menendez	Sanders	Webb
Merkley	Schumer	Whitehouse
Mikulski	Shaheen	Wyden
Murkowski	Shelby	

NOT VOTING—2

Byrd
Kerry

The motion was rejected.

Mr. LEAHY. Madam President, I move to reconsider the vote.

Mr. REID. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

UNANIMOUS CONSENT REQUEST—H.R. 3548

Mr. REID. Madam President, I ask unanimous consent that the Senate proceed to the immediate consideration of H.R. 3548, which was received from the House. I further ask unanimous consent that a Reid substitute amendment which is at the desk be agreed to; the bill, as amended, be read a third time and passed; the motion to reconsider be laid upon the table, with no intervening action or debate, and that any statements relating to the bill be printed in the RECORD.

The PRESIDING OFFICER. Is there objection?

Mr. KYL. Reserving the right to object.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. KYL. Madam President, it is my understanding that we received this an hour and a half ago. I have no doubt at the appropriate time we will be able to work out some kind of agreement. But our side is going to need some time to look at it. We will need some Republican ideas or amendments as well, and we will need a CBO score.

At this time, I will have to, on behalf of Members on our side, pose an objection.

The PRESIDING OFFICER. Objection is heard.

Mr. REID. Madam President, if I can just say—and I know others wish to speak on this issue—we have found a new stalling tactic. It is pretty new. It is CBO. Now I am sure everything is going to be “CBO.” I am sorry the consent request was not granted.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. LEAHY. Madam President, I was going to call up an amendment, but I think the Senator from New Hampshire wishes to speak. I ask unanimous consent that the Senator from New Hampshire be recognized and I be recognized after her.

Mr. REID. Madam President, if I may ask my friend, the chairman of the Finance Committee, does he wish to speak?

Mr. BAUCUS. That is correct, 2 minutes.

Mr. REID. Why don't we let the chairman of the Judiciary Committee go for 30 seconds to offer an amendment.

I ask unanimous consent that Senator BAUCUS be recognized following Senator LEAHY and then Senator JACK REED.

Mr. REID. And then Senator SHAHEEN.

The PRESIDING OFFICER. Is there objection to the leader's request?

Mr. GRAHAM. Reserving my right to object, and I don't intend to, I would advise my colleagues that somewhere in this line, I need a minute to call up an amendment I wish to have pending.

Mr. REID. Why don't you do that—you will have a minute following Senator LEAHY.

The PRESIDING OFFICER. Without objection, the Senator from Vermont is recognized for 30 seconds.

AMENDMENT NO. 2642

Mr. LEAHY. Madam President, I ask unanimous consent that the Senate set aside the pending business and call up my amendment at the desk, amendment No. 2642.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Vermont [Mr. LEAHY] proposes an amendment numbered 2642.

Mr. LEAHY. I ask unanimous consent that further reading of the amendment be dispensed with; and I ask unanimous consent that I be allowed to continue for 1 minute.

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

The amendment is as follows:

(Purpose: To include nonprofit and volunteer ground and air ambulance crew members and first responders for certain benefits)

On page 170, between lines 19 and 20, insert the following:

SEC. 220. BENEFITS FOR CERTAIN NONPROFIT EMERGENCY MEDICAL SERVICE PROVIDERS.

(a) **SHORT TITLE.**—This section may be cited as the “Dale Long Emergency Medical Service Providers Protection Act”.

(b) **ELIGIBILITY.**—Section 1204 of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3796b) is amended—

(1) in paragraph (7), by striking “public employee member of a rescue squad or ambulance crew;” and inserting “employee or volunteer member of a rescue squad or ambulance crew (including a ground or air ambulance service) that—

“(A) is a public agency; or

“(B) is (or is a part of) a nonprofit entity serving the public that—

“(i) is officially authorized or licensed to engage in rescue activity or to provide emergency medical services; and

“(ii) is officially designated as a pre-hospital emergency medical response agency;”;

and

(2) in paragraph (9)—

(A) in subparagraph (A), by striking “as a chaplain” and all that follows through the semicolon, and inserting “or as a chaplain;”;

(B) in subparagraph (B)(ii), by striking “or” after the semicolon;

(C) in subparagraph (C)(ii), by striking the period and inserting “; or”; and

(D) by adding at the end the following:

“(D) a member of a rescue squad or ambulance crew who, as authorized or licensed by law and by the applicable agency or entity (and as designated by such agency or entity),

is engaging in rescue activity or in the provision of emergency medical services.”.

(c) **EFFECTIVE DATE.**—The amendments made by subsection (b) shall apply only to injuries sustained on or after January 1, 2009.

(d) **OFFSET.**—The total amount appropriated under the heading “SALARIES AND EXPENSES” under the heading “GENERAL ADMINISTRATION” under this title is reduced by \$1,000,000.

Mr. LEAHY. Madam President, more than three decades ago Congress created the Public Safety Officers Benefits Program at the Justice Department to provide assistance to the surviving families of police, firefighters, and medics who lose their lives or are disabled in the line of duty.

The benefit, though, only applies to public safety officers employed by Federal, State, and local government entities.

With volunteers providing emergency medical service to many communities all across the country, my amendment would remedy this gap in the P-S-O-B program by extending benefits to cover nonprofit EMS personnel who provide critical prehospital care.

We have been working to address this gap in the Federal program for some time, and the tragic loss earlier this year of Dale Long—a decorated EMT from Bennington, VT—reminded everyone that first responders of many uniforms literally put their lives at risk every day.

These brave emergency professionals never let their communities down when a call comes in, and no one ever asks the lifesavers at an emergency scene whether they work for the Federal government, a State government, a local government, or a nonprofit agency. My amendment will erase that unnecessary distinction from the P-S-O-B program.

I would like to thank a number of first responder groups—including the American Ambulance Association, the International Association of Fire Fighters, the International Association of Fire Chiefs, and the Fraternal Order of Police—for their assistance on this matter. I also would note that this amendment is fully offset and cosponsored by Senator SANDERS.

I hope the Senate can move quickly to approve this amendment, and I yield the floor.

The PRESIDING OFFICER. The Senator from South Carolina.

AMENDMENT NO. 2669

Mr. GRAHAM. Madam President, I ask unanimous consent to set aside the pending amendment and call up amendment No. 2669.

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

The clerk will report.

The assistant legislative clerk read as follows:

The Senator from South Carolina [Mr. GRAHAM], for himself, Mr. MCCAIN, and Mr. LIEBERMAN, proposes an amendment numbered 2669.

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

The amendment is as follows:

(Purpose: To prohibit the use of funds for the prosecution in Article III courts of the United States of individuals involved in the September 11, 2001, terrorist attacks)

At the appropriate place in title II, insert the following:

SEC. ____. (a) **PROHIBITION ON USE OF FUNDS FOR PROSECUTION OF 9/11 TERRORISTS IN ARTICLE III COURTS.**—None of the funds appropriated or otherwise made available for the Department of Justice by this Act may be obligated or expended to commence or continue the prosecution in an Article III court of the United States of an individual suspected of planning, authorizing, organizing, committing, or aiding the attacks on the United States and its citizens that occurred on September 11, 2001.

(b) **ARTICLE III COURT OF THE UNITED STATES DEFINED.**—In this section, the term “Article III court of the United States” means a court of the United States established under Article III of the Constitution of the United States.

Mr. INOUE. Mr. President, the Senate is now considering the 8th of 12 Appropriations bills reported by the Appropriations Committee this year, the fiscal year 2010 Commerce, Justice, and Science Appropriations bill.

This bill includes total resources of \$65.15 billion, an increase in funding of \$7.2 billion above the fiscal year 2009 enacted level. While on first blush this level of funding may appear generous, Members need only to look at the accounts in this bill to understand the need for these additional funds.

Specifically, fiscal year 2010 is the peak funding year for preparations for the constitutionally mandated decennial census. As a result, an additional \$4.1 billion above the fiscal year 2009 omnibus enacted level is required for this account alone.

The next largest increase is for science. On August 9, 2007, then-President Bush signed into law the America Competes Act, legislation that moved through this Chamber with 69 cosponsors and passed the Senate by unanimous consent.

That legislation called for the doubling of science, technology, engineering, and mathematics funding for the purpose of investing in scientific innovation and education to improve the competitiveness of the United States in the global economy.

This bill includes an increase of \$1.7 billion for NASA, NOAA and NSF science programs, all of which contribute to the goals of the America Competes Act and bolster our economic competitiveness.

Finally, the bill provides for an increase of \$580 million for the FBI which allows that agency to continue its efforts to fight both terrorism and violent crime in this country.

Senators MIKULSKI and SHELBY have worked diligently to offer a strong bipartisan bill that tackles the needs of law enforcement, supports scientific research in both space and in our oceans, and invests in scientific innovation and education. I applaud them for their hard work and bipartisan cooperation.

As with the other seven bills that have come before the Senate for consideration to date, the committee supported their recommendations unanimously, and the bill was reported out of the Appropriations Committee on June 25 by a recorded vote of 30 to 0.

This bill has been available for review by members for more than 3 months, so if a Member has an amendment, they should be willing to come to the floor today and offer it. At this point, it makes no sense for Members to delay.

Vice Chairman COCHRAN and I, along with the other subcommittee chair and ranking members have worked diligently to restore regular order to the appropriations process. We have come a long way in responding to what was asked of us at the beginning of the year.

But for us to succeed, it takes the cooperation of all Members of the Senate. Therefore, I strongly encourage my colleagues not to delay action on this bill.

Mr. LEAHY. Mr. President, I am pleased to cosponsor today an amendment to require the antitrust division of the Department of Justice to carry out oversight, information-sharing, and joint activities concerning competition in the agriculture sector. Our Nation's antitrust laws exist to promote competition, which ensures that consumers will pay lower prices, and receive more choices of higher quality products. The Department of Justice is charged with enforcing these antitrust laws. Yet there are few industries in which there are more serious concerns about the state of competition than the agriculture sector. Small farmers are suffering because the prices they can charge for many of their products continues to decline, and the level of concentration throughout the industry could have a negative long-term impact on the prices that consumers pay and the choices they have.

Since first coming to Washington, I have fought to help our family farmers by ensuring a level playing field in American agriculture. The consolidation in recent years throughout the agriculture sector has had a tremendous impact on the lives and livelihoods of American farmers. It affects producers of most commodities in virtually every region of the country, and in my home State of Vermont, it affects dairy farmers. Farmers need a fair opportunity to compete in the marketplace and we must prevent giants in corporate agriculture from repeatedly hurting them with unfair, discriminatory, deceptive, and anticompetitive practices.

I held a field hearing last month in Vermont to assess competitive issues in the dairy industry. During that hearing, we heard from officials from the Department of Justice and the United States Department of Agriculture. We also received first hand testimony from farmers whose businesses are suffering at the hands of

large distributors. This crisis is real, and the Department of Justice has pledged to take a renewed look at competitive issues in the agriculture sector as a whole. This amendment is another step to help ensure that competition exists in the agriculture sector.

Mr. GRAHAM. Madam President, this amendment is simple, direct, and to the point. It would prohibit the use of funds for the Department of Justice to prosecute the perpetrators of 9/11 in article III courts.

What does that mean? That means that Khalid Shaikh Mohammed, and people like him, who organized the attacks against our Nation on September 11, 2001, would be tried by military commissions, not Federal courts. They are not common criminals, they are war criminals. They should be tried in a military setting, like other people throughout the 200-year history of this country have been tried regarding acts of war against the United States.

The military commissions have been reformed. Thanks to Senator LEVIN and others, we have a great process that I would not mind our own soldiers being tried in. At the end of the day, we need not criminalize this war. There is a law of armed conflict awaiting the defendants that is fair and it is robust. It has adequate due process, but it recognizes we are at war. And military commissions have been used throughout the history of this country. They are better able to protect classified information.

We need to be consistent. The people who planned the attacks of 9/11 are not common criminals. They are people who have taken up arms against the United States, and they should be adjudged accordingly in a military tribunal, which I think we have now designed as the best in the world.

There will be more to follow in this important debate.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Madam President, what is the parliamentary situation? What is pending?

The PRESIDING OFFICER. The Graham amendment is pending to the CJS appropriations bill.

UNEMPLOYMENT INSURANCE EXTENSION

Mr. BAUCUS. I thank the Chair.

Madam President, on another subject, I wish to say I am very distressed that the other side objected to a request by the majority leader to pass legislation offered by himself, by myself, and Senators REED and SHAHEEN to extend unemployment insurance benefits.

Our country faces very high unemployment rates nationwide. In some States, it is much worse than other States. It is only fair. It is the right thing to do for the U.S. Government to recognize those folks who don't have jobs—to help tide themselves over until they get a job—with extension of unemployment insurance benefits.

I think for every job that is available in the United States today there are

about six applicants. There are too many people unemployed—people seeking jobs who cannot get jobs. So the right thing to do, as we come out of this great recession, is to recognize those who are unemployed and help them tide things over to make sure they are compensated.

The legislation we have introduced does that with 14 additional weeks for all States, and also would provide additional weeks for the hardest hit States—6 weeks of additional benefits for those States hardest hit, those States with the highest rates of unemployment. This unemployment rate we are facing is going to continue. It is not just a short-term phenomenon. There are estimates that we will see rates up to 9.8 percent through most of even next year.

I am very disheartened myself, but more so for the folks who are going to be denied benefits by the action taken by the Republican side to object to extending benefits to those folks who are in need of them. I am hopeful at a later point in time—very soon in fact; hopefully by next week—the other side will see fit to let this legislation pass because it is sorely needed. I urge my colleagues to vote for it when it does come up next week.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mrs. SHAHEEN. Madam President, I rise today to add my voice to Senator BAUCUS in strong support of the Unemployment Compensation Extension Act. This bill, as the Senator said, is designed to help those families who are struggling in all 50 States by extending at least 14 weeks of unemployment benefits to workers across the country who are going to exhaust their benefits by the end of this year.

I thank Majority Leader REID and Chairman BAUCUS for bringing this bill to the floor, and the many Senators and staff who have worked so hard to get this done, particularly Senator JACK REED, who is going to be speaking, Senators CHRIS DODD and AMY KLOBUCHAR.

Through no fault of their own, many of those who lost their jobs months ago still cannot find work. Five million workers have been unemployed for more than 6 months. That is an all-time high, and it is why extending unemployment benefits in all 50 States is so important.

When I am back in New Hampshire and meeting families trying to get by, one thing is very clear: People want to go back to work, but they face one of the weakest job markets since the Great Depression. Until that job market improves, we have a responsibility to help those workers pay their mortgages and keep food on the table.

Another very important reason why we should support this, and why I am disappointed that our colleagues on the other side of the aisle have refused to come forward in support of this, is that extending unemployment benefits is a proven boost to our economy. Unemployment compensation is money that

gets spent immediately on necessities. People who are out of work need this money to help pay the rent, pay their mortgages, buy food, pay for gas. Extending unemployment benefits is one of the most effective actions we can take to help get this economy moving again, and I urge my colleagues to support this important extension and to quickly pass this critical legislation.

Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. REED. Madam President, I commend Leader REID and Chairman BAUCUS for the work they have done to get this bill to the floor. I also commend Senator SHAHEEN for her valuable contribution to moving this forward.

I am disappointed, to say the least, that we cannot move this legislation quickly. There are millions of Americans who are looking at the prospect of losing their unemployment compensation, others who have already lost it and, frankly, millions who may be working but, sadly, may qualify shortly for unemployment compensation.

As my colleagues have pointed out, there are six job seekers for every job. This unemployment crisis will continue, and the least we can do is to provide people with some support while they look for jobs and try to maintain their families.

One point I wish to make—which should be very clear—is that this legislation is fully paid for. This is not something that requires a CBO score in order to determine how it is used and what the cost will be and how it will be paid for. It is paid for by a continued extension of the FUTA surtax for a year and a half—through 2010 and the first six months of 2011. So this is responsible legislation as well as critically important legislation.

Again, as my colleagues indicated, this legislation will provide an additional 14 weeks of unemployment insurance benefits throughout the country. But as we have done on numerous past occurrences, it will recognize that even though there is pain everywhere, the pain is not distributed equally. There are States, such as my home State, where the unemployment rate is extraordinarily high. It is a critical need in Rhode Island where the unemployment rate is nearly 13 percent. So for those States, there will be an additional 6 weeks, for a total of 20 weeks, for all States with an unemployment rate of 8.5 percent or above.

This has to be done quickly, because as we speak there are 5.4 million Americans who have been unemployed for 6 months or more. There are signs that the economy may be recovering—credit markets, equity markets—but the unemployment markets still remain, unfortunately, in a deep decline. We are trying all we can do to reverse that, but in the interim we have to be able to give people a chance to simply get by, and that is what this does.

We are poised to pass this, and this unnecessary delay is not only inappro-

priate but inexcusable. This is something that affects every State in the country and it affects people who have worked hard all their working lives and now face unemployment, many for the first time. The psychological shock is great. Add to that the financial reality that they can't pay their bills, they can't pay the mortgage, and that adds another problem which I think cries out for immediate action, not waiting for a score from CBO, not waiting to see if there is something ancillary to this that could be attached. This is a time and a moment to meet the needs of the American public, to do so responsibly—and we have because it is fully offset—and not to delay. I urge the speedy passage of this critical legislation. I hope Leader REID will be prepared to make a UC the next time we are convened and that at that time this measure can be passed unanimously.

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. SCHUMER. 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. SCHUMER. Madam President, I want to support the words of the Senator from New Hampshire and the Senator from Rhode Island about moving the unemployment insurance extension forward.

We all know that joblessness is a tremendous problem in this country. We can argue about which States should get the unemployment benefits and for how much time, but if you are unemployed, your household is 100 percent unemployed. It doesn't matter to you whether you are in a State where it is a 6-percent or a 9-percent or a 12-percent rate. If you have been looking for a job for 26 weeks, you are in trouble and your family is in trouble.

It is hard to believe on an issue such as this, where you would think there would be some comity—you know, I was on one of the TV shows with the Senator from Texas and he agreed unemployment benefits should be extended. We talked about it on that show. Yet we are now holding things up. But people can't wait. They have food to put on the table; they have families to keep together. They have a work ethic. When you can't find a job, try as you might, it eats at you. It is one of the great things about Americans.

I hope my colleagues will reconsider. I hope they will reconsider—yes, because the politics is not on their side here, but more important, because of the substance. We have the worst unemployment we have had over a period of time since World War II, since the Great Depression. We can debate what we should ultimately do. We have to do more, in my opinion, to get this coun-

try out of the economic problems in terms of jobs. We do not want to wait 2 or 3 or 4 years for unemployment to gradually come down. We can debate all that. Should there be a second stimulus? Should we do other things? What should we do about highway building? Should we extend the home credit? These are all legitimate considerations we should debate. There will probably be some differences. But in terms of helping those unemployed, the vast majority of whom are unemployed through no fault of their own, I don't think there can be much of a debate. I don't think there will be much of a debate. When it comes to the floor through the good efforts of the Senator from Montana and the Senator from New Hampshire, my guess is it will be overwhelmingly voted on.

Let's not delay. Let's move forward as quickly as we can to help those who, through no fault of their own right now, cannot find a job, try as they might themselves.

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

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

The legislative clerk proceeded to call the roll.

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

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

Mr. DURBIN. Is there a pending order of business before the Senate?

The PRESIDING OFFICER. The appropriations act is pending, and there is an amendment pending to that.

Mr. DURBIN. Madam President, I rise to discuss an amendment I filed that takes an important step to address the disturbing level of youth violence in the city of Chicago. My amendment would allow the Attorney General to dedicate up to \$5 million from the Office of Juvenile Justice and Delinquency Prevention to community-based, street-level violence prevention efforts.

It breaks my heart to read the Chicago newspapers and see the stories of senseless violence that occurs on a regular basis. Stories such as that of Chastity Turner, a 9-year-old girl who was shot and killed last June while she washed her pet dogs outside her home in Englewood. Or Simeon Sanders, an Army soldier who was on furlough back home in the south suburbs when he was fatally shot in front of a community center this past July. Or 17-year-old Corey McClaurin, a high school senior shot and killed by a gunman while sitting in his car just a few weeks ago. Many of us have seen the shocking, startling videotape of the beating death of 16-year-old Derrion Albert, buried in Chicago last Saturday.

These stories simply overwhelm us. My heart goes out to the families and all the loved ones grieving for their loss. No one ever should have to face the tragedy of losing a child to such senseless violence.

All too often this violence ends up involving school-age children. We lose a classroom's worth of schoolchildren each year to deadly shootings in Chicago and hundreds more are injured. Chicago is a great city. I love representing that city and being part of it. It breaks my heart to think that for many people across America, this is a new image, an image of children being killed in the streets, shot, beaten. It isn't what the city is all about. It isn't the values of the city. But we have to do better. Youth violence is devastating to families, communities and schools in Chicago and other urban centers.

Wednesday, Mayor Daley and the CEO of the Chicago public schools, Ron Huberman, met with Attorney General Eric Holder and the Secretary of Education, Arne Duncan, to talk about ways to stop this epidemic of violence. As this meeting demonstrated, officials at the local, State, and Federal level are committed to taking bold action. Starting this year and using Department of Education dollars that were made available through the economic recovery package, the Chicago public school system will provide an unprecedented degree of intervention and support for school children who, according to statistical indicators, are at the greatest risk of being caught up in violence.

This plan provides employment and adult mentoring for at-risk students. It provides structure and guidance to help prevent them from becoming victims. This comprehensive youth violence plan will also involve coordination with law enforcement, particularly to help secure areas on the way to and from schools where kids tend to congregate and where violence often flares.

Ron Huberman is a very smart man. He runs our public school system in Chicago. Previously, he had been a Chicago policeman. He tried to analyze the school violence and come up an approach. What they did was to enlist some experts who did basically a statistical profile of both the victims and perpetrators of violence over the last few years in Chicago. Who are these young people? How do they find themselves in these predicaments? What are indicators that they are likely to become violent in their own lives or become victims of violence? He found recurring patterns. What he has suggested, with the cooperation of Mayor Daley, is intervention at an early age so we can get to these children before they become victims, before they turn to violent ways. It is an innovative and thoughtful approach. I support it.

I am pleased the Justice Department is providing substantial assistance to Chicago to combat crime. It has been one of my priorities in recent years to make sure the Justice Department is doing all it can to partner with Chicago to try and stop youth violence.

Last year, then-Senator Obama and I asked Attorney General Mukasey to in-

clude Chicago in the Department of Justice's Comprehensive Anti-Gang Initiative. This is a program which provides extra money for selected cities for gang enforcement, prevention, and prisoner reentry initiatives. At our request, the Justice Department included Chicago and has provided \$2 million in additional Federal funding for this purpose.

I have also strongly supported the COPS Program and Byrne-JAG grants, and so many other areas where we have assisted law enforcement. Over the last 2 years, we have been able to provide dramatic increases in law enforcement funding for Chicago and Cook County. In fiscal year 2008, Chicago received \$1.4 million in Byrne-JAG local law enforcement grants. But this year, through the stimulus act passed by Congress at the inspiration of President Obama and through the fiscal year 2009 Justice Department spending bill, we increased that amount to \$35 million, bolstering police efforts in that area.

The Chicago Police Department recently was awarded funding for 50 new cops on the beat through the \$1 billion program the stimulus act provided for hiring new cops.

I know Attorney General Holder's commitment to this issue. I know he is genuine. I raised the matter with him at a Senate hearing earlier this year. He made clear the administration's dedication to helping solve this problem.

Arne Duncan also is a true champion of the city of Chicago, its schools and kids and families who depend on him. He wants to reduce violence and is dedicated to it.

The efforts we are putting into Chicago have helped some. In the first 7 months of 2009, we saw an 11-percent drop in homicides and a 9-percent drop in all crimes. This is due, in large part, to the dedicated efforts of law enforcement. But while beefed-up law enforcement is essential, it is not enough. We have to do more to prevent children from turning to violence.

I have worked with a group called CeaseFire, which goes into the most violent neighborhoods of Chicago and tries to treat violence as if it is a public health issue. How do you eradicate a public health issue? With intervention. They do it on the streets. I have put—and I will use the word—earmarks in continuing appropriations bills year after year for CeaseFire, a community-based program to bring peace to the streets of Chicago. No apologies. It is an earmark. I will put it in again, if I get a chance, because I believe they are saving lives, and it is money well spent.

CeaseFire was reviewed by the Justice Department in an evidence-based study and was found to have a significant impact in reducing shootings and killings. The amendment I will offer, when we get a chance to return to this bill, will help enhance the efforts of crime prevention organizations such as

CeaseFire. It only permits—it doesn't mandate—the Attorney General to devote up to \$5 million of grant money from the Office of Juvenile Justice and Delinquency Prevention for community-based violence prevention.

As Attorney General Holder mentioned Wednesday in Chicago, the administration supports community-based programs. This gives them the resources to make that work. It doesn't require an offset. It simply broadens the purposes for which the administration can use existing funds.

The problem with youth violence is not new, and it is not exclusively Chicago's problem. But it is not inevitable either. We must help provide a safer, more stable environment for these kids. It will take a sustained commitment to do so. My amendment is a step in that effort I hope my colleagues will support. I urge adoption of the amendment when we return to the bill.

I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. BROWN. Madam President, I thank the Senator from Illinois for speaking out for justice in his community and across the country.

I ask unanimous consent to speak for up to 2 hours, time which I will control and disperse to others, as in morning business.

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

HEALTH CARE REFORM

Mr. BROWN. Madam President, I take the floor tonight with my colleagues Senators MERKLEY, STABENOW, UDALL of New Mexico, CASEY, and WHITEHOUSE to talk about the public option and why the public option is so important to our Nation and to improving our health care system. I will speak for the first 10 minutes. Then I will turn to Senator MERKLEY, who serves with me on the HELP Committee and has done such a terrific job helping to write the health care bill. I wished to start with something I have done for several weeks and that is to share letters from people in Ohio who, by and large, have health insurance they were satisfied with.

They thought they had a good health insurance policy. In these letters, typically, people tell me when they get sick, they have very costly health problems, long hospital visits, doctor visits, tests. They end up losing their health insurance. The insurance company cuts them off because they have become too expensive, which is not even insurance. That has happened too many times. That is one of the reasons this is so very important.

I know Senator STABENOW gets letters from Lansing and Detroit. I know Senator MERKLEY gets the same kind of letters from Eugene and Portland, from all over his State.

Joyce from Ottawa County, west of where I live on Lake Erie, writes:

I am a 77-year-old great-grandmother who knows how the expenses of health care create a constant worry for families. My oldest

daughter and her husband have three children and they are in dire straights. He might lose his job soon and she recently lost hers after 13 years with the company. Their health coverage is due to expire in December and they have received estimates for coverage of \$1,000 a month. There is no way for them to pay, and at age 54 and 61, they are not [close to being] eligible for Medicare. My fear for my grandchildren and great grandchildren is that they struggle day after day to find a job, care for themselves with pride. They want to go to college but they know they will owe tens of thousands of dollars when they graduate and still not be able to find a job or afford health care. Please fight for a public option to help my family.

Joyce understands what the public option will do. It will bring discipline to the market to keep prices in check. It will make health insurance companies honest so they can't dump people from their plans because they are more expensive or because they have a pre-existing condition. They can no longer discriminate based on disability or age or gender or geography.

Jill from Defiance, in northwestern Ohio near the Indiana border, writes:

Later this month, I'll be losing my job due to the economy. I will no longer have health insurance. Based on my unemployment pay, I will not be able to afford COBRA . . .

COBRA is the extension of insurance for people who have lost their jobs. Under COBRA, the insured person has to pay both her side of the insurance policy and her employer's side. When they lose their jobs, they rarely can to that.

. . . I will not be able to afford COBRA and pay for my house, utilities, [other] bills, and food. Me and the other 150 people losing their job at the plant will be lucky to find new jobs, let alone afford health insurance. We need health reform now with a strong public option.

Jill understands, as does a majority of my colleagues and an overwhelming number in the House of Representatives and an overwhelming number of the public—by 2 to 1—that the public option matters because it will make sure people who don't have insurance now will go into an insurance exchange and will have choices. They can choose CIGNA. They can choose Blue Cross, Aetna. They can choose Medical Mutual, an Ohio not-for-profit company, or they can choose the public option. It is all about choice. People can decide: Do I want the public option? I like Medicare. Or do I want to go into a private plan.

The last letter I will share is from Brenda in Lorain County. She writes:

My husband is retired but has to get insurance through a private insurance company. Neither of us will be eligible for Medicare. My husband for 3 years, me for 4 years. Our plan is ridiculously overpriced and the premiums, deductibles, and co-pays have almost doubled in the 3½ years since my husband retired. All this is happening as we get older and need health care. Please fight for health reform including a public option. Every American citizen should have affordable health care without exception.

As Brenda points out, people who are so often losing their jobs are in their fifties and sixties. Their health prob-

lems are increasing. People in their fifties and early sixties obviously have more health problems than people in their thirties and forties. And that is when they are losing their insurance.

That is why this legislation is so important for people and why the public option will make our health insurance plan significantly better.

Some 77 years ago, President Roosevelt addressed the class of 1932 in my mother's home State of Georgia. His task was not an easy one: to give hope to young people beginning careers at the worst moment possible. He may as well have been giving hope to Americans today who have lost a job and with it their health care.

FDR said:

The country needs and, unless I mistake its temper, the country demands bold, persistent experimentation. It is common sense to take a method and try it: If it fails, admit it frankly and try another. But above all, try something. The millions who are in want will not stand by silently forever while the things to satisfy their needs are within easy reach.

It is time to try something different. The insurance industry has had nearly a century to provide coverage to all Americans. It is safe to say, if we rely on that industry to cover all Americans now, we will be disappointed. If we rely on them to take charge of our health insurance system, as they have now—if we rely exclusively on them, we will be disappointed again.

We need a public insurance option, one that is designed to compete fairly with private insurers but differs from them in two crucial aspects. No. 1, the public plan will not pick and choose where to locate. Instead, it will offer coverage in every corner of this country—from the Presiding Officer's State of New Hampshire, to Senator MERKLEY's Oregon, to Senator STABENOW's Michigan, to Ohio, and to Florida—it will offer coverage in every corner of the country that is affordable, continuous, and patient-focused. You do not see Medicare turning down somebody for a preexisting condition like the insurance industry habitually does in the country.

Second, if the public plan takes in more premiums than it needs, it will return those dollars to enrollees. Not a dollar will go to Wall Street, not another dollar will go to huge CEO salaries—more on that in a moment—and not another dollar will go to massive ad campaigns.

For these and many other reasons, we need a public option. The public option will protect the public from price gouging. It will protect the public from rescission tactics. That is an insurance company word—"rescission"—that disqualifies people who have insurance from keeping their insurance. It will protect the public from insurance loopholes that deny you coverage, deny you care, and deny you financial protection. The public option will protect the public from premium markups that pay for outrageous CEO salaries and sales trips to Tahiti.

I want to show, just for a moment, some of these CEO salaries for 2008. This is in millions, in case you cannot see that directly on the chart: Aetna's CEO's salary, \$24 million; CEO of CIGNA, \$12 million; CEO of Well Point, \$9.8 million; CEO of Coventry—it is not even an insurance company I am particularly familiar with—\$9 million; CEO of Centene, \$8.8 million; CEO of AmeriGroup, \$5.3 million; CEO of Humana, \$4.8 million; CEO of HealthNet, \$4.4 million; CEO of Universal American, \$3.5 million; and the poor man or woman at UnitedHealth Group, that CEO is only bringing in \$3.2 million.

The point is, these CEO salaries are from these same companies that turned down somebody in Findlay, OH, or denied care to somebody in Warren, OH, because of a preexisting condition, or they take a patient in Springfield, OH, who has been a little bit too expensive for their company, and they have this cap on their insurance costs, this annual cap, and they disqualify them from further care. They practice their rescission in order to pay these kinds of CEO salaries.

The public option will also protect the public from insurance that is unaffordable, unresponsive, and unreliable.

Our Nation should try something new when it comes to health reform, something that gives Americans more options and the insurance industry a reason to cut out the fat from health insurance premiums.

Some of my colleagues in Congress believe a public insurance option will harm the private insurance industry. That industry, however, has profited from competing with Medicare. Taxpayers did not profit from that deal, but that is a story for another day.

The insurance industry profited from competing with Medicare, and it will profit from competing with the public option. There is simply no reason, when we have this competition, that the insurance companies will not continue to make money. They are going to have 40 million new customers—40 million new customers. Several million will join the public option, to be sure. But these insurance companies will continue to find a way to make money because they are competing. They will be competing on a level playing field with the public option.

The insurance industry claims to be infinitely more cost-efficient and capable than a public plan could ever hope to be. The same industry, though, on the other hand, insists it will go under if forced to compete—level playing field or not—against a public option.

So think of it this way: On the one hand, the insurance industry tells us: We are going to be put out of business. The first thing the insurance companies say is, the government cannot do anything right. The government is bloated. The government is bureaucratic. The government is inefficient. They just cannot do anything right.

But then they say: This public option, it is just going to put us out of business because it is going to be so efficient.

So which way is it? Of course, we know how efficient Medicare is. What the public option is going to do is make these private insurance companies a lot more efficient and make them approach the levels of efficiency in Medicare.

The private insurance industry is not trying to help our Nation make the right reform choices. It is trying to help our Nation put more tax dollars into insurers' pockets. I do not want to see all these 45 million people with government subsidies who are going to get insurance forced into insurance company plans with no choice.

The opponents to the public option are saying: These people should not have choice, they should have to go with their tax dollars—in some cases, their subsidies or their own money—they should have to go into private insurance. We say: Let them choose to go into private insurance, but give them the opportunity to go into the public option.

In my comments, I am not saying the insurance industry is evil. The insurance industry is loyal to their shareholders. They want to make a buck. They do not have rules. They are allowed to disqualify people. We are going to change the rules so they are not allowed to do that.

We need a public-private solution that addresses the needs of every American and discourages wasted spending. That is why I support a public option. That is why I believe my colleagues should too.

As FDR said, it is time to do something. It is time to do the right thing.

Madam President, I yield as much time as he would need to Senator MERKLEY.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. MERKLEY. Madam President, I thank very much my colleague from Ohio, and I appreciate his advocacy for the working people of America, working to make America work for working Americans, both in terms of jobs and in terms of our health care system.

I rise tonight as well to address the importance of a public option. Here is where we are right now. We are within reach of a historic opportunity to provide accessible health care to every single American, and that would be tremendous. But if that accessible health care is unaffordable, then we have not reached our goal.

Right now, the cost of health care is doubling about every 6 to 7 years, and the pace is accelerating. It doubled over the last 9 years, and now it is on pace to double in 6 or 7 years. So folks who could afford insurance just a few years ago cannot afford it today, and families who can afford insurance today are not going to be able to afford it a couple years from now. So it is essential—essential—we bend the cost curve. Perhaps the most powerful in-

strument for bending the cost curve is the public option because it is the public option that brings competition and choice. This is as American as apple pie. Competition and choice result in better service and lower costs.

Much of our Nation—our health care consumers—do not have a real choice. A couple companies dominate the market, dictate the terms, deny folks coverage, or drop coverage. So doesn't it concern all of us a little that after someone has paid their premiums for a decade or 15 years or 20 years, and they get really sick, the insurance company says: We are not renewing your insurance? That certainly is not a health care system.

When you do not have choices, you do not have improved service, you do not have lower costs. But a public option changes that equation because it introduces real competition in every health care market in America. It adds another choice for our citizens in every health care market in America.

This is important to stress. This is a choice. My colleague from Ohio pointed out this point, but I will point it out again. Sometimes as to the idea of introducing a community health plan or a public option, it is attacked by saying: What does government do well? Why would we want a plan from the government? Then the same critics turn around and say: The government is going to create a public option that is going to work so well it is going to drive every other option out of existence.

You cannot have it both ways, and neither extreme is accurate.

We have seen this idea work in many States in related areas. For example, in the State of Oregon, 20 years ago, Oregon's workers' compensation market was a mess. It is a form of insurance, and it is a form of health insurance. It is a form of insurance for workers on the job. We made reforms to that market in the last 20 years, including a redesigned public option that resulted in premium rates that are today less than half of what those rates were 20 years ago.

Let me repeat that. As a result of our reforms with a redesigned public option in Oregon's workers' compensation market in the last 20 years, it has resulted in premium rates today that are less than half of what they were 20 years ago. That is the result of introducing competition. That is the result of introducing choice.

The public option for workers' compensation was successful. It came under fire from insurers who did not like competition. But it was our business community that stepped up and saved it. Think how powerful it is for the success of a business to have good service and low premiums on workers' compensation. Translate that: how important it is to the success of our families to have good service and low premiums in their family health care premiums.

The public option in workers' compensation has been an economic devel-

opment tool for the State of Oregon. During the last downturn, we recruited Amy's Kitchen—an organic food producer—into southern Oregon because they could save \$2 million a year in workers' compensation rates from the place they were formerly doing business.

Well, this is what we need to do with health care. We need to have competition in every corner of this country. We need to have choice in every corner of this country. We need to empower consumers by giving them a community health option or a public option.

Madam President, I am pleased to speak to the public option tonight, and I look forward to comments from my colleagues. I thank Senator BROWN from Ohio.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. BROWN. Madam President, I thank the Senator from Oregon. We will hear in a moment from Senator STABENOW, who is a member of the Finance Committee, and who on that committee has been so active in helping preserve people's plans who have insurance who are satisfied with it, and building those consumer protections around those plans. She has also been a strong advocate in the Finance Committee for the public option and all that comes with that.

I yield to Senator STABENOW.

The PRESIDING OFFICER. The Senator from Michigan.

Ms. STABENOW. Madam President, I thank Senator BROWN.

I want to thank my friend from Ohio—and before he leaves, my friend from Oregon as well. We are so proud and happy to have the Senator from Oregon with us as one of our terrific Members, coming from being the speaker of the house in Oregon, and leading on energy and being passionate on health care and jobs. It is just wonderful having the Senator with us. So we appreciate his advocacy on this important issue.

I want to thank my friend from Ohio. I think we have States that are more alike than any two States I can think of in the Senate because of the challenges that have undergone the auto industry and manufacturing—the extent to which we understand that fair trade is important, that health care and jobs are critical. We also fight to protect our Great Lakes. So we have many ways in which we are team partners in the Senate, and I want to thank the Senator from Ohio for his leadership in bringing us together again to speak about a critical part of this health care reform effort.

I also want to recognize the Senator from New Mexico, whom I see on the floor, whom we are very proud to have with us, as well, coming from the House of Representatives, who has done such a wonderful job in transitioning, hitting the ground running. And with the Presiding Officer, the Senator from New Hampshire, who is presiding, we have a fantastic group

of Members who have joined us who are going to help us get health care reform done, as well as tackle energy and a number of different issues. So it is a pleasure and honor to work with you.

As I speak about health care and the importance of having a public insurance option, I first want to take just a moment to note another issue that is very much tied to health care but an action that was taken a while ago—a very concerning action, again, where the Senate Republican leadership chose to block us moving forward on the extension of unemployment insurance.

As our Presiding Officer from New Hampshire knows, having been a leader in bringing us together and putting forth a plan to be voted on, it was incredibly concerning to me that, in fact, the effort and the proposal to extend 14 weeks of benefits for all of the people in all of our States who are currently unemployed or who will soon be unemployed, with an additional 6 weeks for States such as mine with the very highest of unemployment levels, was blocked one more time on the Senate floor. This is not what we ought to be doing.

When we look at what is happening in our State with about 15 percent unemployment, everyone understands the challenges we are going through. We have people who want to work. They want to work. They are looking for work. They may be piecing together income in a variety of ways. The difference between their being able to keep a roof over their heads for their families and food on their tables right now has been the efforts of extending unemployment that we did with our great new President, President Obama, coming into office and making that a priority. We made it a priority in the Recovery Act. Now we are at a point where we need to extend that.

We expect in Michigan alone that 99,000 people will exhaust their unemployment benefits by the end of this year; tens of thousands of people coming to the unemployment offices. So this is critical for us. We are not going to go away. We are going to keep right back at it until we get this done.

The same thing is true with health care reform because there is a direct relationship. As I start to speak about health care, I wish to say one of the very positive things of the many positive things about the legislation we will be voting on is that we want to strengthen it with a strong public option. One of the very important pieces of this legislation we worked on in the Finance Committee, and supported by the HELP Committee as well, creates a real safety net so if you lose your job, you don't lose your insurance. This is absolutely critical.

We are talking about extending unemployment benefits for people who have been trying to find work and can't find work. Well, what we all know is that when you lose that job, too many people also lose their insurance. Then they lose the house. Then they lose

whatever comes next—the car or the kids can't go back to school. So it is all related. In our health care bill, we make sure there is a real safety net and that people who lose their jobs know they will be able to have insurance, and that is very important.

It is also critical, for people who are looking to purchase insurance, that they can get the very best price. It is important that people who have insurance can keep it; that they know what they are paying for they actually get, by the way, which is why the insurance reforms are so important; so you are not dropped right when you get sick or blocked from getting coverage. We know in order to create this new pool for individuals and small businesses that can't find or afford insurance that it is absolutely critical, if we are going to say everybody in the United States of America needs to have insurance, that it be affordable, that it be competitive in the marketplace, and that people be able to have every choice possible available to them. That is what we are talking about tonight because, ultimately, this is about providing real stability and security for American families.

I received a letter from a constituent of mine, Lynn, in Marshall, MI. She wrote:

In the space of two months, my husband's income was cut 25 percent because of the economic downturn. At the same time, our oldest son, 21 years old, was diagnosed with leukemia.

Every parent's worst nightmare.

To date his bills have totaled about \$450,000 for treatment. While we currently have insurance, I worry about my son and how his ability to obtain adequate health care will forever be affected by his illness. His leukemia has an exceptionally high cure rate, but how will he afford his own health insurance which will likely affect his ability to stay healthy for the rest of his life. He is only 21 and on the verge of graduating from college. Once he graduates, he will lose his coverage under my husband's plan. His treatment won't even be finished by the time he graduates. I lay awake at night and worry how we will finish his treatment.

Lynn, everybody who has ever had a child worries about this kind of scenario and what could happen for their children. That is why we are here tonight. In the richest country in the world, no parent should have to lay awake at night worrying about how their son or daughter would be able to find the health care they need.

In our reform in the Finance Committee, there is great news from part of what Lynn talked about, and that is we have extended health insurance for young people on their parents' policies until age 26. That is incredibly important and very positive. But when he then goes into the marketplace to find insurance, will he be able to find affordable insurance in this new exchange we set up? The way to guarantee that happens is through a strong public option, a public choice. You don't have to choose it. That is the great thing about America. We are all about choices.

So we make sure there is a real competitor in the marketplace that is pegged to the real costs of health care and that doesn't have to worry about making a profit, that doesn't have to worry about marketing, that doesn't have to worry about other costs, but strictly providing health care and the costs of providing health care in the marketplace. Having that kind of competitor will make sure everybody is honest about the real costs associated with providing health care.

We know there are very powerful interest groups that have lined up to slow down or to stop this bill from passing, and they are bitterly opposed to a public insurance option. They know it will bring down costs, it will hold insurance companies accountable, and will bring down the overall costs for taxpayers because of what we are doing in health care reform, now and on into the future. We don't need to hear from more of those voices. We need to hear from our own constituents who are struggling every day with the rising costs of health insurance.

That is why I created my online Health Care People's Lobby, so people in Michigan can have their voices heard. We have had over 7,000 people respond. I am very grateful we have had hundreds of stories that have been shared with us. I am so grateful for all of those.

Lisa from Novi, MI, signed up for the People's Lobby, and she wrote:

I am one of the lucky ones. We have health insurance and everyone is healthy. However, with just routine doctor visits, the time spent deciphering bills and reconciling what the insurance company paid and what we owe can be overwhelming.

Haven't we all been through that?

Our insurance is a primary reason my husband has stayed with his current employer at a lower salary, because most new job opportunities don't offer coverage. I strongly believe in a public option.

The reason we are here on health care reform and the reason we have a sense of urgency about it is because, as Lisa said, many new job opportunities don't provide health insurance, and we know we have to do better in this country. That is the point of creating a large pool for people who can't find insurance, don't have it through their job, to be able to pool people together and have an insurance exchange. But as I said before, to make sure that works, to make sure it is really affordable for families and for small businesses, we need real competition of a public insurance option.

Another constituent, Glenn from Sterling Heights, is 62 years old. He got laid off in December, and it doesn't look like he will be called back. He writes:

I am too young for Medicare. I have a pre-existing condition, so nobody wants to insure me. If I get sick before I can get Medicare, my savings and everything will be wiped out. This is not the way I pictured retirement was going to be. I raised four children, got them through school, and married. Paid taxes and did what I thought was right

and moral things to do. I didn't create this mess, but I am sure paying for it.

There are many people in Michigan in that very same situation that I am fighting for every day. In our insurance bill, first we have positive responses to this issue. We are going to stop the banning of insurance because of pre-existing conditions. That is extremely important. We have help in this bill for early retirees to make sure we can help with the costs. But to make sure this whole system works together, we need a public insurance choice for Glenn so that if the other options don't work for him at 62 years old, he has a choice where he can go to an option that is affordable and is focused totally on providing health care for him. A public health option would give Glenn some hope. It would give him security until he is able to get to Medicare, so that he wouldn't lose everything if he had a medical crisis.

Glenn is not alone. We know 62 percent of bankruptcies occur because of the medical crisis. We know 5,000 people every day lose their homes to foreclosure because of the medical crisis.

I have literally received thousands of e-mails and stories from people around Michigan, and I wish to thank everyone who has e-mailed me, who has shared their story. We have literally thousands of stories of people who have gone through so many different experiences of worrying about whether they are going to lose their insurance, trying to figure out how to pay for their insurance, not being able to find insurance because of a preexisting condition, not being able to find something affordable as an individual going out into the marketplace. We have heard thousands and thousands of stories from Michigan, and they all say act now. Give us choice, real choice and competition.

We know having a public insurance option is the way we guarantee all of this fits together. So for my constituents—for Lynn, for her son, for Lisa and Glenn, for the 11,000 others who have signed up for the People's Lobby—I urge all of my colleagues to join with us to make sure with all of the pieces we have put into these bills that are so important and so positive that we bring it all together by including a public health insurance choice for people so that if the private, for-profit companies in the exchange are not able to give people affordable insurance, they know ultimately they can find it.

I thank you very much, Mr. President. I wish to thank my friend from Ohio again for his passion and his time and efforts, and I yield the floor back to him.

The PRESIDING OFFICER (Mr. BEGICH). The Senator from Ohio.

Mr. BROWN. Thank you, Mr. President. I thank the Senator from Michigan for her steadfast leadership advocating for workers in Michigan and across the country.

We have been joined by Senator UDALL of New Mexico, as well as Sen-

ator WHITEHOUSE from Rhode Island, and Senator SANDERS from Vermont. Senator WHITEHOUSE and Senator SANDERS played a role on the HELP Committee to put this legislation together.

Before turning to Senator UDALL, I wish to read another letter from Phil in Franklin County in central Ohio about his situation and then talk to the Senator from New Mexico for a moment.

Phil writes:

When I was 8 years old, my father suffered a stroke despite being a physically fit nonsmoker. Despite having employer-based insurance, I still recall my mother in tears on the phone with the insurance company arguing for something she shouldn't have had to: That the insurance company cover the care my father deserved and the care for which he paid.

In America, we are supposed to prize competition. It is the lack of competition that drives inefficiency in our health care system.

It has become clear that health insurers are either incapable or unwilling to reform themselves and control costs. Among the many reforms our system desperately needs, we need a public option to promote competition and keep private insurers honest.

We, your constituents, need help; we need you to represent us, not the insurance companies. As consumers, the more choices we have, the better off we will be.

Phil understands this from his mother, who was pleading with the insurance company to be fair and to live up to their side of the agreement. His father paid for insurance for years. He suffered a debilitating stroke, and she had to push and push and push. With the competition that a public option would bring, those kinds of things won't happen.

A moment ago, I was speaking with Senator UDALL. We were talking about competition. In my State, Ohio, one health insurer, WellPoint, controls 41 percent of the market. WellPoint and one other insurer control nearly 60 percent of the market. We were looking at this map. On this map, the dark purple illustrates those States where more than 80 percent of the market is controlled by 2 companies. I am not a lawyer—and I am sure not an antitrust lawyer—but I know if 2 companies have 80 percent of the market, there are a lot of games being played.

When two companies have that percent of the market, you can see why those CEO salaries I put up earlier are so high. Look at these salaries. You can see what the CEO of Aetna makes, \$24 million; Cigna, \$12 million; and WellPoint, almost \$10 million, in my State. In Montana, 2 companies have more than 80 percent of the market; North Dakota, more than 80 percent of the market; Minnesota, more than 80 percent of the market. Two companies. In Iowa, 2 companies have more than 80 percent of the market. The same is true in Arkansas, Alabama, Alaska, Hawaii, and Maine, 2 companies have

more than 80 percent of the market. The lighter color on the chart—the medium color is where 2 companies have 70 to 80 percent of the market. No wonder these companies charge so much. No wonder insurance company salaries are so high. No wonder people are denied care and have nowhere to turn, because there isn't any real competition when you have 2 companies that have 70, 75, 80, 90, or maybe 100 percent of the market.

In Senator UDALL's State, which is not quite like mine, 2 companies have only 50 to 70 percent. In Maine, it is 58 percent. I am not sure exactly what his State is. Even then, two companies have more than half the market. Insurance prices in Santa Fe, Albuquerque, and Truth or Consequences—my favorite name of a town in New Mexico—are too high, just as they are in Lima, Findlay, Zanesville, and Cleveland, in Ohio; and the service those companies bring to customers isn't particularly high quality. Those customers are denied care because of preexisting conditions, because of discrimination, and because of annual caps and lifetime caps.

Again, I thank the Senator from New Mexico, Mr. UDALL, for joining us to discuss some of these issues about his support for the public option.

Mr. UDALL of New Mexico. Mr. President, I ask unanimous consent for those of us on the floor to be able to carry on a colloquy about a public option.

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

Mr. UDALL of New Mexico. Mr. President, I say to Senator BROWN that the number in New Mexico—the Senator from Ohio has a range on his chart, but the number in New Mexico is actually 2 companies controlling 65 percent of the market. So we are talking about a situation that isn't very competitive. I think that is the bottom line of what we have been hearing.

We have had our colleague from Oregon, Senator MERKLEY, and we have had DEBBIE STABENOW from Michigan, and other colleagues are here on the floor, speaking to that situation in their States, and why we should proceed with a public option.

Let me first say to the Senator from Ohio, I appreciate his leadership. I know he was on the HELP Committee, which is the one that wrote the public option we have the opportunity to put in the final legislation. He was on the committee. Some of us are getting into writing the legislation now. But one of the best public options out there is the one that came out of Senator Kennedy's committee. It has been passed for a couple of months. It is sitting right there ready to go, if we just put it in.

When we talk about a public option, what exactly are we talking about? I think people have a right to know a little bit about what we are talking about when we say public option. I think if I outline that a little bit, people will see

why it is so important to have a public option, so let me give a little bit of an outline.

First, it would be voluntary. We are not forcing anybody to get into it. We are talking about a voluntary system. So you would have a choice to get into it, based on whether it would fit your particular circumstances.

The public option would not be subsidized by the government. It would be fully financed by premiums. So this would be something where people would be paying premiums, the premiums would come in, and we wouldn't be adding to the deficit. We would be creating a good, solid insurance situation and insuring people.

We have heard, as Senator BROWN has talked about here—he put up a chart about these incredible salaries. One of the things a public option would do is you won't make profit for the shareholders. You have the opportunity to take those premiums and put them all back into health care. So that, once again, is something that is very important.

Let's look here at this chart Senator BROWN has loaned me. Look at the total compensation for CEOs of major health insurance companies in 2008: Aetna, \$24.3 million; Cigna; WellPoint; Coventry—look at these salaries. There is a total, for these 8 or 10 companies, of \$85 million in salaries.

What we are talking about is money being spent on health care for people through a public option. One of the other things that I think would be a hallmark of a public option would be having low administrative costs, since it operates on a nonprofit basis. One of the things you should know about these insurance companies where you have these CEOs working is that they have administrative costs in the range we have heard about, 30 percent administrative costs. So what happens here is that the money comes in on the premiums, but they spend an incredible amount of time going back and forth denying claims, telling doctors they should not put that in, they are not going to cover it, and it builds up into a big administrative cost.

The great thing about a public option is you don't have high administrative costs. One of the comparisons there, as Senator BROWN and Senator SANDERS know, is that I think Medicare has 3 percent administrative costs. Here you have a comparison of 30 percent to 3 percent.

One of the other parts of a public option I think makes a difference is exerting bargaining power to obtain discounts from providers. That could make a big difference with the public option operating out there. We would offer savings to subscribers with lower premiums. We should follow the same insurance requirements as private plans. What we would offer, through a public option, would be low cost and high value.

Basically, what we are talking about here is keeping insurance companies

honest, driving the costs down, and having a competitive market.

Senator SANDERS well knows that the situation right now isn't serving the American people. I know he wants to comment on his situation in Vermont and what's going on there.

Mr. SANDERS. I do. I thank the Senator from New Mexico for his remarks and Senator BROWN for his leadership efforts here. I will say a few words.

If anyone in America does not understand what the function of a health insurance company is, let me give you the bad news. If you think the function is to provide health insurance for people, sorry, you are wrong. The function of a health insurance company is to make as much money as it possibly can. Do you know what. They do that very well. We have to acknowledge that. Insurers have increased premiums 87 percent over the past 6 years. Premiums have doubled in the last 9 years, increasing four times faster than wages.

Profit at 10 of the country's largest publicly traded health insurance companies in 2007 rose 428 percent from the year 2000 to 2007, from \$2.4 billion to \$12.9 billion, according to the U.S. Securities and Exchange Commission.

What we are seeing is that people are thrown off of health insurance because they committed the crime of getting sick, and they cannot get health insurance because of preexisting conditions. Well, that is the bad news. The good news is that CEO salaries are very high, and profits are doing very well.

At the very least—and I speak as somebody who believes in a Medicare-for-all, single-payer system—this country deserves a strong public option to give people the choice about whether they want a private insurance company.

With that, I yield back my time.

Mr. UDALL of New Mexico. Mr. President, I thank the Senator from Vermont.

I want to also yield to a Senator here and give him the floor—with Senator BROWN's permission. SHELDON WHITEHOUSE, from the great State of Rhode Island, I believe was also on the committee and was intimately working through the bill. It is wonderful to have him here with our colleagues talking about the idea that we have to have a public option.

Mr. WHITEHOUSE. I thank the Senator. I had the real pleasure and honor, along with Senator BROWN, of being among the principal draftsmen of the public option in the HELP Committee. When I think back on the effort we put into it, and the plan we came up with, it is astonishing to me that it is now the public option that appears to be the most contentious part of the American health care debate right now, because the bill we passed out of the HELP Committee in July was very thoughtful. It includes a community health insurance option—a national plan, administered by the Secretary of the Department of Health and Human

Services. It will be available in every State and territory. It would offer benefits that are as good as those available through the private insurance plans, or better. The Secretary would negotiate provider payment rates to encourage doctors and hospitals to participate. Americans who need financial help to participate in the public option would get it. And local advisory councils would assure that the public option was sensitive to local conditions and local needs.

To be clear, this plan includes no mandate for doctors to participate, no rate setting by the Secretary, no requirement that any American buy a public option policy, and absolutely no direct link to the Federal Treasury. Other than the initial capitalization, this plan would operate solely on premium revenue—a completely self-sufficient financial model. It would have absolutely no baseline advantage over private insurance companies. The HELP Committee got here by approving a number of amendments by our friend from North Carolina, Senator BURR, to make sure of this.

Because this version of the public option was so sensitive to these concerns from across the ideological spectrum, the House Blue Dogs, moderates in the House, used a number of our provisions in the House bill to gain moderate support. In fact, the community health insurance option makes so much sense that Republicans have had to resort to illogical arguments to justify their opposition.

For example, they argue that the government should not be in the business of providing health insurance, that it is a slippery slope to socialized medicine. Well, hello, government-sponsored health insurance serves nearly half of Americans—78 million Americans—who are enrolled in Medicare, Medicaid, TRICARE, VA, and they get benefits from the Federal Employee Health Benefits Program, and so forth. We don't hear our colleagues on the other side talking about ending Medicare, closing up the trust fund, throwing our parents and grandparents out to the tender mercies of the private insurance companies. We don't hear that. I have not heard one Republican say they want to deny our Iraq and Afghanistan veterans all the Federal medical care they need when they come home. I don't see Republican Members of Congress opting out in droves or criticizing the Federal Employee Health Benefits Program.

Why? Because these programs work, because Americans rely on them, because they provide dignity and stability in the lives of millions of American families and they have not led to a government takeover of our entire health care system. Indeed, ironically, the very best program is probably the VA program where the level of government involvement is the highest, where they own the hospitals and where they employ the doctors.

Republicans have also been arguing that government involvement in the

private health insurance market will be uncompetitive and will push private companies out of business. We see the government competing competitively in a variety of markets in this country—private versus public universities, private versus government student loans, workers' compensation insurance, the Postal Service versus UPS and FedEx. The existence of public options in these markets has not swallowed up private industry. What it has done is broadened the market and enhanced the variety of competition consumers enjoy. Think how many people in America right now have a higher education because a State university was there as an affordable option, an alternative to private colleges.

Similarly, a public insurance option adds choice for consumers and adds competition in the market, and it gives private insurers a strong incentive to behave fairly and to keep their costs down. In fact, if one thinks about it, there is hardly an industry in this country where the big players are so far from being pushed out of the market. In fact, if you ask me, the for-profit health insurance industry has been doing the pushing—pushing the American people around—for far too long.

Let me give one example from my home State of Rhode Island. Two years ago, United Health Care of Rhode Island proposed to send \$37 million in excess profits to its parent company, United Health Group, hundreds of miles away instead of investing that \$37 million back into the system. That is \$37 million in 1 year out of a State of only 1 million people in which this company only had a 16-percent market share. With a public option, that \$37 million would have gone back into improving the health care infrastructure in Rhode Island, into lowering premiums, into increasing provider payments, into investing in our health information and chronic care sustainability projects and helping doctors buy electronic health records and supporting our Rhode Island Quality Institute. But no. And this after United had already sent \$16.5 million out of our State in 2004, \$13.4 million out of our State in 2005, and \$17.1 million out of our State in 2006.

Competition is supposed to lower prices for consumers, create demand for a better product, and push bad actors out of the marketplace. I don't see that in the health insurance market. I see 10 States with the two largest health insurance companies controlling over 80 percent of the market. I see a 120-percent increase in premiums from 1999 to 2007, while wages only went up 29 percent. I see a 109-percent increase in administrative costs from 2000 to 2006—a 109-percent increase—as insurers increasingly game the system rather than competing on better quality of care, better health, and lower cost.

As I have traveled around Rhode Island, I have seen how these circumstances work out for individual Rhode Islanders.

David, a self-employed resident in Central Falls, described the astronomical rise in the cost of health insurance for him and his wife. Years ago, he paid \$85 a month for his plan. Today, it is \$19,000 for their annual health insurance. Despite the dramatic jump in price, the health insurance does not cover as much as it used to. David has been forced to drop dental coverage and increase the out-of-pocket expenses he and his wife pay on their plan.

He wrote to me:

I'm almost afraid to get sick because today's health plans have so many holes in them they can nickel and dime you to death.

Charlotte is a self-employed consultant from Providence. She wrote to share the difficulties she has faced as health insurance became the single largest expense for her company. She buys one of the least expensive plans she can through a small business alliance, but the premium for her current coverage increased by 35.6 percent—more than a third—just this past year, it is covering fewer and fewer tests and procedures, and she has to pay more out of pocket for needed medical treatments. She wrote to me that we needed to move forward on health care reform because 'the cost of health care is pulling the plug on my livelihood.'

For these Rhode Islanders and for millions more, there has to be a better way. There has to be a new challenge in this marketplace, a new business model, a new entrant to change the landscape of competition. Instead of competing to lure the healthiest patients, plans should have to compete on quality. Instead of developing a better claims denial procedure, plans should have to develop a better customer service department. Instead of paying executives tens of millions of dollars per year, they should make sure working-class Americans can afford safe and secure health coverage.

Need I remind us that our health care system is teetering on the edge of collapse and the status quo is not sustainable. Over 80 million Americans were uninsured at some point during 2007 and 2008. As many as 100,000 Americans are killed every year by unnecessary and preventable medical errors. Life expectancy, obesity rates, and infant mortality rates are embarrassing by most international measures. The annual cost of our system is closing in on \$3 trillion and is expected soon to double. We spend more of our GDP on health care than any other industrialized country, double the European Union average. More American families are bankrupted by health care costs than any other cause. There is more health care than steel in Ford cars. There is more health care than coffee in Starbucks coffee. It is out of control.

We have two choices: We can derail and delay this debate until unpalatable solutions, such as throwing people off Medicare, drastically cutting coverage, or paying doctors much less, are our only remaining options or we can do

what Americans have always done when faced with a tremendous challenge, and that is to innovate our way out.

Government is not the enemy in this undertaking. Americans, with a helping hand from their government, have done great things time and time again. We put a man on the Moon and an explorer on Mars. We built a Peace Corps and the Marine Corps. We virtually eliminated polio and smallpox. We built the National Institutes of Health and the Federal Highway System. We have mapped the human genome. Government helped then, and it can help now through an innovative public plan.

Let me make one last point. My Republican colleagues have argued that a public option would drown out private competition and amount to a government takeover. In many places from which they made that argument, the facts at home disprove that contention. Twenty-five States actually provide health insurance benefits through public plans. They actually provide health insurance benefits through public plans in their workers' compensation systems.

For example, Kentucky, represented so ably by our distinguished minority leader, is home to Kentucky Employers Mutual Insurance, a State-run public fund which has operated in the State since 1995 and now provides health insurance benefits to 24 percent of the workers' compensation market in a competitive market.

In Wyoming, the home State of the ranking member of the HELP Committee, Wyoming's Worker Safety and Compensation Division delivers all the health care in the workers' compensation system. They have a single-payer public plan. There has been concern expressed that a government plan will give terrible customer service. I doubt that the Wyoming plan would last very long if it gave terrible customer service.

In Arizona, so ably represented in this Chamber by Senators MCCAIN and KYL, since 1925 SCF Arizona has provided health insurance benefits through the workers' compensation system, and it now has a 56-percent market share in a competitive market environment. To those who have said you cannot have a government plan because it will necessarily crowd out private insurance by virtue of an unfair competitive advantage, Arizona belies that argument. It has been that way for 80 years, since 1925.

To my knowledge, those who criticize the idea of a Federal public option for health insurance have not criticized the role—often a decades-old one—of public insurance plans in their own States' workers' compensation insurance markets.

We have in front of us an opportunity for a new day in the American health care system where affordable, quality health care is available for everyone; where doctors and hospitals are paid for value, not volume; where you cannot lose coverage because of an illness

or preexisting condition; where insurance company bureaucrats do not come between you and your doctor; where care is not rationed by your family's ability to pay; where every American gets the best health care the country's medical system has to offer.

I support the public option because I see that vision for the future, and I think a public option can get us there. I also see this lesson of the past: that an industry—the private insurance industry—that has put its own financial welfare in front of the physical and mental health of its customers for years, over and over again, cannot now be trusted on its own to lead us into that future, not without a push in the marketplace, not without the kind of push in the marketplace a public option will give.

Mr. BROWN. Mr. President, I thank the Senator. I was intrigued by much of what he said.

We are also joined on the floor now by Senator BENNET from Colorado, and Senator CASEY and Senator UDALL are still with us.

When the Senator from Rhode Island talked about the Rhode Island experience, I remember while we were drafting the public option language in the Health, Education, Labor, and Pensions Committee, on which Senator CASEY and now Senator BENNET sit, the Senator talked about what a disaster Rhode Island's workers' compensation system was because of the corruption in private insurance and the high costs and that the Senator from Rhode Island introduced a public option into private insurance there. Many States—I believe roughly half the States—have a public option as Rhode Island does and the experience of the Senator from Rhode Island with bringing in this competition.

My understanding—and correct me if I am wrong—is that the public option not only made private insurance operate more efficiently and made private insurance more honest, if you will, and helped to sort of flush the corruption out, but I would guess competition from the private insurance industry made the public system a little bit more nimble, too, right?

Mr. WHITEHOUSE. We actually pretty much had a complete meltdown in the private insurance market, so we had to put in a public option to provide any workers' compensation insurance. But the private insurance companies had written off our marketplace because their business model was impossible to maintain for any reasonable cost. We knew that with good reform in the system and with a public option to implement that reform, we could reduce those costs.

What has happened is two things. It used to cost \$3.93 for 100 hours of payroll for workers' compensation, the year after this went through and got stood up. Today, it is \$1.74. It is more than 50 percent cheaper in Rhode Island. The model that was set by the public option, a new business model

that focused on prevention, on getting people back to work, on better quality medical care, has actually attracted the private industry back into the market.

Mr. BROWN. So the private companies are making money.

Mr. WHITEHOUSE. They are back in and making more with the leadership of the public option.

Mr. BROWN. A lot more honest and a lot more efficient.

Mr. WHITEHOUSE. And they improved their business model, so they are now delivering better quality care, getting people back to work sooner, reducing medical costs by getting people back to work, and providing better quality care. It has been a very successful story from a cost point of view.

It used to be the worst issue for the Rhode Island business community. They were nuts about workers' compensation. We literally had torch-lit parades, and nobody has heard about the issue in a decade because the public option has led the way.

If you think the business community is scared about a public option, go to a State where there is a workers' compensation public option. I think you will find they support it.

Mr. BROWN. I think we can safely predict that 10 years after the President signs a good health care reform bill in November or December which has a strong public option similar to the language our Health, Education, Labor, and Pensions Committee drafted and the House Energy and Commerce Committee passed, we will see the same kind of thing; we will see a more efficient but still profitable health insurance industry, with a public option disciplining the market and keeping prices in check. We no longer will have people denied care because they have a preexisting condition or denied care because of an annual limit or a lifetime limit on coverage. We will no longer see the kind of discrimination in the marketplace we have seen from all of these private companies.

Before turning to Senator CASEY, who has brought the bill to the floor with him tonight to talk about the legislation itself which he helped draft in the Health, Education, Labor, and Pensions Committee, I want to mention that today we submitted a letter to Majority Leader REID that pretty much all of us on the floor signed. Some 30 Senators signed a letter to him today calling on him to support the public option and putting that on the bill when we bring the bill to the floor in the next couple of weeks.

Again, before turning to Senator CASEY, I wanted to read another brief letter I received from Ohio—Kathy from Medina. Kathy writes:

I own a small business with three employees. With the current economy, I can no longer make payments on our health plan. We were paying \$2,000 a month for our plans and were told we needed at least 10 workers to negotiate a more affordable plan. After dropping our plan, I had to see a doctor because I had difficulty breathing. I now have

to see a cardiologist and endocrinologist. I am still in shock at how quickly my health turned into a serious condition. In just a month's time, I have almost \$7,000 in medical bills and I still have further tests and treatment ahead. Unless there is health reform, I will be just another 55 and over American not taking my meds or seeing a specialist when I should because of the high medical bills. It's been upsetting just being seriously ill, let alone facing financial hardship.

I am certainly not a doctor, and I don't know Kathy except through this letter, but you have to figure the anxiety of figuring out her business and trying to manage her health insurance; going without health insurance and her fears are probably making her health and her situation worse. That is why Senator CASEY worked on helping us write the legislation on what you do to give incentives to small business owners to buy insurance, understanding this whole bill will mean that everybody has insurance and so those with insurance no longer will have to subsidize—a tax, really, at \$1,000 a year—all those uninsured.

Everyone who pays insurance pays about \$1,000 a year more for their insurance to compensate for those who go to emergency rooms without insurance and go to doctors and don't pay. They have to recapture that money from somewhere, and it comes from all those who have health insurance. That is one of the most important parts of this bill, to get at the cost.

Senator CASEY.

Mr. CASEY. I wish to, first, thank Senator BROWN for keeping us organized and focused on this issue. When we went through the work of our committee this summer—some 60 hours of hearings and many hours prior to that walking through the bill—there came a point in time when we realized that if we were going to be strong supporters—and we were and still are—of the public option, we needed to define it, we needed to make it readable and understandable to people, and also we needed to fully articulate what it means to have a public option.

A number of people went to work on that—and the two principals of that are with us tonight: Senator BROWN and Senator WHITEHOUSE—spending hours and hours trying to get this right. Contrary to what we have seen in some of the debates and some of the coverage of this issue, this is not very mysterious and it is not theoretical. If you look at the bill—and I will get to sections of the bill in a second—this is meant to be a choice for people. It is voluntary. It is the first word of the section—and I will go through that in a moment.

What we did today, when we sent the letter to the majority leader that Senator BROWN referred to, we outlined very succinctly what this is all about. Let me read two or three sentences from the letter we sent today. In the second paragraph, we say:

Without a not-for-profit public insurance alternative that competes with these insurers based upon premium rates and quality,

insurers will have free rein to increase insurance premiums and drive up the cost of Federal subsidies tied to those premiums.

In other words, unless we have some competition, the insurance companies have free rein to keep jacking up prices. That is what we are living through right now. That is what virtually every American has a concern about. We have a concern about cost. If we don't have competition for insurance companies, they will have that free rein to keep driving up cost.

What is wrong with competition? I thought that was the American way. But I think some people have lost their way in part of this debate. Competition and choice, that is what this public option is all about.

Later in the letter we say this:

It is possible to create a public health insurance option that is modeled after private insurance—rates are negotiated and providers are not required to participate in the plan.

Very simple. Part of this legislation has features to it that are very similar to Medicare—a public insurance program that has worked real well for generations of Americans. But it will also have some of the requirements that insurance companies have to live by. Let me go through a couple of those.

First of all, a public option, in terms of the process starting, would have to get government funding to start. In the way of resources, the government would pay for the first 3 months of claims as a way to capitalize it initially, but then it has to pay back any kind of capitalization over a 10-year time period.

What we are talking about is a program, State by State, that would be self-sufficient. It is very important for people to understand that. This would be self-sufficient. Senator WHITEHOUSE talked about this a moment ago, and it needs repetition and reiteration. It would follow the same rules as private plans by defining benefits, by protecting consumers—we hope any entity would do that—finally, by setting premiums that are fair based upon local costs.

So this isn't some theory. This isn't some idea we don't know how it will work. We know exactly, and the American people know exactly, how this will work because we understand what it is like to deal with a system where the insurance companies have virtually unlimited power to deny you coverage if you have a preexisting condition, for example. The bill also makes that illegal under the bill we passed in the HELP Committee this summer. But also, insurance companies right now have free rein to jack up their prices.

I know there are some State-by-State limitations on that, but mostly free rein exists to do whatever they want. Without a public option, that is what we will have going forward. So if you like costs going up, then you should be against our proposal because costs going up is what we are going to have more and more of if we don't have a public option.

One of the important features is that there be State advisory councils—councils set up in each State, made up of providers and consumers to recommend strategies for quality improvement. So this isn't going to be some Washington control here. You are going to have lots and lots of accountability at the State level, and States would share in the savings that result from that kind of accountability.

Finally, the notion it is a voluntary program. The providers would have a choice of participating in the public option and there would be no obligation to do so. I point to the bill for this reason. When we were in our States this summer, I remember going back to Pennsylvania and reading about Senator BROWN's public forum in the State of Ohio and I was reading about others as well and learning about what was happening in other States. We had our public forums. I spoke to thousands of people over the course of a couple weeks.

One of the things I would say to the audience when we had our public forums is, Look, if you walked in here today and you don't support the public option, I ask you to do one thing: Read the bill. Well, the final version of the HELP Committee bill that I am holding right here was 839 pages. I wasn't asking them to read every page, but what I said to them was: If you don't support the public option, just read that section, which is right now 19 pages in the bill. Section 3106, Community Health Insurance Option. In the bill, it is from page 110 to 129. So it is 19 pages in the bill. I said: Look, spend some time taking a look at it.

I remember at the one public forum, someone who disagreed with my point of view on the public option went at me verbally and said: You are going to force people to go into these public options. I said: That is not true. Of course, saying it doesn't always end the argument. So, then, I would hold up the bill and I would say: Let's go to section 3106, and I would read from section 3106—I know the camera can't see this—subsection (a). The first two words of this section—other than the heading of it—are “voluntary nature.” That is the subheading. So I would read part of that section and say: This is voluntary. Voluntary for any American who goes into the exchange and may decide they want to stay with their own private insurance coverage or may want another—a different—choice. So they can choose this.

It was important for people to understand that in a long bill we at least spent 19 pages to get this right.

There is a solvency standard in here, for example. This isn't some theory we dreamed up in Washington. We know solvency is important; that a program such as this, in an option such as this, has to meet basic solvency standards. Senator WHITEHOUSE spent some time talking about that and helping Senator BROWN and others craft that, along with Senator UDALL, who is with us

here tonight. It is voluntary. It has to be self-sufficient.

There is even an audit section. If you want to get into the detail, there is even an audit section. So that when you have administrators, there is a measure of accountability, in terms of auditing.

There are a lot of parts to this that we could go through. The important point, though, is that unless we inject some choice into this and some competition, I am not sure the American people will believe we have done our job. We have said over and over again that among the basic elements of any final health care bill is that we have to have a total commitment to prevention, so we can prevent disease and conditions from leading to bad results for an individual and their family, and prevention will also help us save money at the same time; that any health care bill would have to have choices. If someone wanted to stay with their private coverage, they could do that, but if they wanted other options, we are trying to give them a public option; that any kind of health care reform would have to have quality standards. This will help ensure more quality standards in our system. So I don't believe we can get to where we want to get to in the end unless we have a public option.

Let me make two or three more points, and then I wish to have my colleagues rejoin this discussion and also talk about what we are trying to do. There are a lot of discussions—and I know my colleagues saw these in these public forums where we would have someone stand and say: I don't like a government program or I don't like government in our health care, as if we have a system now that is 99 to 1—99 percent private and 1 percent public. I would remind them—and these are some overall numbers, but it is important to remember—that we have a Medicaid Program right now that at last count had over 60 million people in it—60 million Americans. We have a Medicare Program with about 45 million Americans. Then you go to VA health care, and at last count it has 7.8 million Americans.

So when you go down the list of programs right now that are government-run programs for health care, you get a large number of Americans—well over 100 million Americans—and their families who benefit from those programs, and you get a commitment from the Federal Government year in and year out to make sure we have that kind of coverage for those who happen to be poor, those who happen to have particular health care challenges, those who happen to be over the age of 65, those who happen to be veterans and who need health care coverage. So we have an American system right now that has a lot of private coverage, but there is a lot of coverage through government programs that even people who oppose some parts of this bill, the last time I checked, don't want to repeal. I haven't found anyone who wants

to repeal VA health care or who wants to repeal Medicare.

I think we have a system right now that is not working in large measure, but there are some things that are working well. We are trying to improve both ends of this, the public health care end of this and the private health care part of our system.

Mr. WHITEHOUSE. Will the Senator yield for a question?

Mr. CASEY. Sure.

Mr. WHITEHOUSE. With respect to your observation that we don't see a lot of outcry about ending Medicare, about ending VA health care, and other government programs, Senator BROWN has been remarkable about coming to the floor regularly to read the true-life horror stories that our present health care system inflicts on Americans and American families across the board. I have brought a great many Rhode Island stories to the floor. We all have this experience.

I am interested in the evaluation the Senator from Pennsylvania might make in terms of his own experience and his own constituent contacts in terms of those heartbreaking stories you get. Do you hear a lot of heartbreaking stories from people in Medicare; people being thrown off for pre-existing conditions? Where in your experience have the real heartbreaking stories come from in Pennsylvania?

Mr. CASEY. I will give you an example. In our State, just in terms of age categories, we have, in terms of children up to the age of 18—we have a 5-percent uninsured rate. It is still too high. Until it gets to zero, we have not done enough, but that number is way down. So we have a diminishing number of children who are uninsured largely because of efforts and initiatives such as the Children's Health Insurance Program. Then, on the other end, those who are over the age of 65, they have Medicare.

Where I am getting the real-life stories from people, people who send e-mails to our office just like to Senator WHITEHOUSE, or people who do it the old-fashioned way, who actually write a letter or people you see in a public forum or on the street—they are coming to us in that age category, 19 to 64. In our State, that number of uninsured is 12 percent, more than double the number of uninsured children.

For example, I got a letter in February from Trisha Urban from the eastern end of our State near Reading in Berks County. Here was her story in summary.

She was working; her husband was working. But he was trying to advance, as we always tell people we want them to get more education. So he was trying to finish his doctorate. In order to finish that he had to take an internship. The internship did not have health insurance coverage. The coverage they had, ultimately they lost.

Here is Trisha Urban who was working, and her husband was working as well. She was working four different

jobs. They lost coverage and then they started to run up bills. Then she became pregnant. While she was pregnant, her husband, who had a heart problem, missed an appointment because they were worried about paying for the doctor visit for her pregnancy and also worried about the doctor visit for his heart ailment. So he skipped his appointment because of his heart problems.

Time goes by, a couple of weeks go by, and all of a sudden her water broke. She was preparing to go to the hospital in a couple of hours, her husband went out and did a few errands, came back to the house, and as she was walking out of the house to go into the driveway to join him in the car to go to the hospital to deliver her baby, she looked in the driveway, and her husband is on the pavement of the driveway dead because of his heart condition, a pre-existing condition which, thank God, in our bill, in the first section of our bill, we make illegal. It should have been illegal a long time ago. I still find it hard to believe that we live in a country where we have allowed insurance companies to do that to people.

She went out and found her husband dead. An ambulance came to take her to the hospital to deliver her baby, and the other ambulance came to pick up her husband.

That is the kind of story we hear in Pennsylvania and across the country because of our system. There is no reason we should tolerate this and let it go on any longer. We have a chance to change it.

One of the ways to move it forward is by making sure we have choices and competition in a public option.

Mr. BROWN. Could I ask Senator CASEY a question? I thank him for that story. Of these stories of people in private insurance, that is as tragic a story as you will ever hear. We have these letters I have read and these stories from Senator WHITEHOUSE, Senator BENNET, Senator UDALL, who have come to the floor and read these letters from people who thought they had pretty good insurance and something happened and they lost it because they have gotten too sick or they lost their job and they can't afford COBRA and all that.

I want to ask the Senator a question. You mentioned early in your comments about the costs going up. I want to put this chart up and ask about this. Senator BENNET from Colorado will speak in a moment. These are costs under Medicare Advantage. The government, as you know, provides, in large part because of insurance company lobbying, plain and simple—the government provides all kinds of subsidies to Medicare Advantage plans.

These are not most of the Medicare beneficiaries. Most Medicare beneficiaries, 75 to 80 percent of them, are in what is called regular fee-for-service Medicare. Some are in a more privatized Medicare. The government writes checks to insurance companies.

You can see how insurance companies have extracted more and more taxpayer dollars as their salaries have jumped and jumped. The poster that Senator UDALL was showing, that I showed earlier, the executive salaries of Cigna and Aetna and these companies have gone into the tens of millions of dollars, in some cases. These subsidies—in 2004 they got \$4 billion; by 2005, \$5 billion. Now the insurance companies basically get a check from the Federal Government for \$11 billion.

Talk for a moment, if you would, Senator CASEY, about what if the public option is competing with these insurance companies. What will it do to these costs as these insurance companies continue to extract more and more money, with their lobbyists, from the government, as they have tried to privatize Medicare?

The public option, talk about what it would do about cutting costs so people like your friend in eastern Pennsylvania—those kinds of things don't happen to them.

Mr. CASEY. I think it stands to reason if you have, as we do in a lot of States, one or two or a very small number of insurance companies that dominate the marketplace, sometimes a lot more than 50 percent of the marketplace but in other cases—in our State we have two that have control over at least half of the marketplace. That alone is bad enough.

Mr. BROWN. In this poster—we talked about it earlier; Senator UDALL mentioned it too—some States, yours and mine are a little bit better. In some States—Montana, Alaska, Hawaii—lets go down to Minnesota, Iowa, Arkansas, Alabama, Maine—two companies have more than 80 percent of the market. Two companies control 80 percent of the market, which means there is no price competition. In some States it is 70 to 80 percent, in Ohio, Pennsylvania, Rhode Island—I am sorry Rhode Island has two companies more than 80 percent also. In all, about almost 10 States.

But in our States—Pennsylvania, Ohio—large States, States with populations over 10 million people, each of those has more than 50 percent. In my State one company has 41 percent; the two largest companies have 58 percent. In Pennsylvania, two companies also have more than 50 percent.

Mr. CASEY. It just stands to reason. If you don't have competition, you have no incentive, no pressure to keep your rates at an affordable level. I do not understand why anyone, in the midst of this debate, is against choice and competition. Both are the central pillars of why we need a public option. What do we do for our health care system? I don't understand the logic.

One point we should make, and we address it in the bill—we will not spend a lot of time on it—we should all remember, you look around, we have 100 Senators. Everyone in the Senate, and all of our families, everybody in the House, and then you add other millions

of Federal employees, we have a pretty good deal because we have a system where, as I look at some of the features of the public option, we have a pooled purchasing power.

If you have millions of Federal employees and their families who are in the same pool, that brings costs down. We are trying to get more and more Americans the same opportunities we have, to be in a pool that big and to keep costs down. For the life of me I cannot understand why someone would not like that, especially people who benefit from it and their families who benefit from what the Senate gets.

I have been blessed to have that kind of coverage because I happen to be in the Senate. But every seat here, and then add millions more Federal employees, gets this opportunity because we are in a large purchasing pool. I don't know why a small business owner should not get the same opportunity, a business owner paying through the nose.

I know Senator BROWN has seen this in the State of Ohio. You have heard from small business owners, time and again, haven't you, about what they are paying every day? What we are saying is, if it works for and if it is good enough for Federal employees to get the lower cost/benefit of a large and open purchasing pool, why isn't it good enough for the rest of America?

I say it is not only good enough for them, but we should make sure they have the same opportunities as small business owners or as part of a family. That is one of the reasons the public option makes lots of sense.

Mr. BROWN. Let me read a note from a small business person. I get so many letters from small businesses. You know, like most Americans, they care enough about their employees, their fellow employees, their friends, they want to provide insurance. Almost every small business person I have talked to who is struggling with health insurance wants to find a way to pay for insurance for her or his employees, and so often they can't.

Let me read a letter, Kathy from Crawford County, which is Bucyrus, Gallion, Crestline, just west of where I grew up. She says:

I am the owner of a small telephone contracting firm. Needless to say, we've been hit hard by the recession.

But our main concern is the staggering cost of health care for our employees. We started the company in 1990 when we were able to fully pay for health insurance for our employees.

But since 2000 our premiums have increased over 250 percent. In 2008 our increase was 37 percent. In 2009, it was 24 percent. We have searched for other health insurance companies but because of the pre-existing conditions of [some of] our employees we cannot switch to anyone else.

Along with the economy, the cost of health care makes it a challenge to stay in business.

This happens too often. That is why in the legislation we wrote in the Health, Education, Labor, and Pensions Committee, we made special provisions for small businesses. If you

have 20 people or you have 5 people, if 1 of them gets very sick and costs the pool of 15 or 20 people exorbitant amounts of money, the insurance company either raises premiums so high—increases, as Cathy said, 37 or 24 percent—or the insurance company sometimes cancels the insurance. Either way, it is a terrible hardship and a tragedy for the small business and a tragedy for so many employees.

If we do this right, we enlarge the pool by allowing these insurance companies to go into the insurance exchange or the public option, if they choose—an option. They also get a tax credit. They get a break that way and they are much more likely to be able to afford their insurance.

Let me turn to Senator BENNET, who is a new member of the Health, Education, Labor, and Pensions Committee. He has been outspoken for the public option. Senator BENNET?

Mr. BENNET. Mr. President, I actually am here to talk about something else, but I was so inspired by what the Senator from Pennsylvania and the Senator from Ohio and the others have said, I want to spend a few minutes on this issue. Part of it is I just don't understand what Washington doesn't understand about what our working families and small businesses are going through.

In my State over the last 10 years, median family income has actually gone down by \$800 in real dollars. The cost of health insurance premiums have gone up 97 percent during the same period of time.

There are people who want to leave the system just the way it is, but the result of having flat income for our working families and small businesses, and for those costs going up 97 percent—by the way, in my State the cost of higher education has gone up 50 percent at the same time. The cost of health insurance, up 97 percent; the cost of higher education up by 50 percent—this is tough on the middle class. It is tough on small business owners in my State.

The result is, if we keep the status quo—there is a great irony of the arguments to keep the status quo—by default, we are putting more and more people off private insurance and more and more people either on public insurance or having the benefit of uncompensated care.

We have seen in my State, you can see it on this chart—probably not all that well—small business spends 18 percent more for insurance than large business just because they are small, and fewer and fewer people in Colorado are able to get coverage at work. Before this recession started it had already dropped roughly 10 percentage points; the percentage of folks who were getting insurance from their employer, from our employer-based system. You can see, the Senator from Ohio certainly can see, the percentage of small businesses in my State able to

offer health insurance has declined dramatically.

Where do these people go? They either end up on Medicaid or they end up showing up in the emergency room where they are treated with uncompensated care, the most expensive way we can deliver health care in the United States of America.

We have a wonderful public hospital in Denver called Denver Health, where they do an amazing job at a much lower cost than a lot of other hospitals.

I was told by the woman who runs the hospital—her name is Patty Gabow, a gifted administrator—that they had done a study and they discovered they had spent \$180 million in 1 year on uncompensated care for people who were employed by small businesses. These were not unemployed people, these were not people who could have had access to Medicaid, but people employed by small businesses who could not afford health insurance.

So I think one of the ironic things about the debate we are having is the failure to recognize that the status quo is creating a situation where fewer and fewer people have private insurance and more and more people are moving into public insurance. But it is not being done in a thoughtful way. It has not been constructed that way. So I think that is one of the reasons it is very important that we are having this debate.

I tell the Senator from Ohio, I am sure he had this reaction when he was on recess. I certainly did. I had town-halls all over the State. What I kept hearing from people is this, and this is the reason I support a public option. They would say to me: MICHAEL, we paid every single year, year after year after year, into private insurance. Every year, we did what we were supposed to do, and then when we needed it, it was not there for whatever reason. Because somebody on the other end of the telephone told them: You are not covered, or the fine print did not cover you for that problem or your child for that problem. They deeply resented the fact, as I would, that someone earned a profit off that commercial transaction.

That is the thing about insurance. It is not like going to the store and buying a loaf of bread or a gallon of milk where you know what you are getting in return. Many people who buy private insurance year after year don't know what they have until they need it and they don't know what they have lost until they lose it.

Having a choice, just another option that is out there, not a government takeover of health care but a choice that empowers working families in my State to make the decisions that are in the best interests of their family or their children—as a father of three little girls under the age of 10, I can understand why people would want that choice. I am not scared by the choice. We have to design it properly, and the HELP Committee did a very good job

designing it, in answering a number of the charges that have been made against it. We may be able to do a better job in the final legislation.

The final thing I am hearing from people in Colorado is: If you are going to mandate that we have insurance, if you are going to require that we have insurance, you better make it affordable. You better not tell me I have to have insurance and make it unaffordable. You better not tell me I have to have insurance and I have to change the plans I have for my family.

The public option provides one more choice for people, an affordable choice for people. We have to do a lot more to drive down costs, as I and others have talked about on this floor. But we need to do this right.

I understand, I come from a State where we have a lot of diversity of opinion on a lot of things, and there is a lot of concern about the way the system works today, and there is a lot of concern that we are going to make it even worse. I think we need to elevate the standard of the discussion we are having to the standard that we had, that the people of Colorado had in townhall after townhall, which, by the way, no one would ever have any interest in putting on TV, I am proud to say. We need to elevate the standard of the discussion in Washington so that we can produce a result that has something other than double-digit cost increases year after year for working families.

Mr. BROWN. Will the Senator yield for a question? I heard what you said about buying a loaf of bread and how buying insurance is different. Before you were in the Senate, you were the superintendent of the Denver public schools and were very successful in business before that. When you talk about how insurance companies deny care and insurance executives get paid well, talk for a moment about the business plan. When you were an entrepreneur and you were a businessperson, you obviously had a business plan. Talk to us. Share with Senator UDALL and me and others what the business plan of a health insurance company is in particular.

Mr. BENNET. I appreciate the question. I will say that I used to make my living buying bankrupt companies. So these were companies that were actually fairly well managed but capitalized really poorly, and our opportunity was to buy them, capitalize them properly, produce a business plan, as you are describing, and make sure the people who worked for them, the people who benefited from them continued to be able to do that.

You know, as a capitalist, I look at the state of our health insurance industry and our health delivery system and I can almost not believe what I see. We have 44 counties in Colorado. Every one of those counties has a convenience store, at least one, some many more than one but at least one. With the exception of the loose beef jerky that is

on the counter, there isn't anything in there that doesn't have a barcode on it. It is 1970s technology that our small business owners in Colorado know is critical to managing their inventory, critical to allowing them to be competitive and giving their customers what they need.

Only 3 percent of hospitals in this country have that technology. One out of every 25 doctors has that technology, which is a really simple thing. And it is the reason why—as a parent of three little girls or if you are caring for a parent of your own, it is so frustrating when you go in and you have to explain over and over again what the last person just told you simply because we don't have a system of electronic medical records.

Then, on top of that is a business model where, unlike everything else in our society, every year the cost goes up and the quality to the customer goes down, which is what we see with insurance. We don't see that in other parts of our private marketplace. We don't see that in other parts of our private marketplace where people are incentivized to compete on price, on quality, on customer service. And it is why it is not just enough to have a public option. We need a public option, but we also need commonsense regulation of insurance so that we start driving a marketplace that actually makes sense.

Mr. UDALL of New Mexico. Senator BENNET, one of the things that is happening—and your chart there really explains it, and I wanted to get you to talk about this a little bit—your chart says: Rising health care costs are hitting small businesses the hardest and forcing all Colorado businesses to make tough choices.

That is exactly what is happening in New Mexico, exactly what is happening in Ohio. And really what we have going on here is very hard-working, good small businesspeople who want to give their employees insurance. I hear that. I know the Senator from Ohio said that a number of times when he read letters. They want to give that insurance, but they can't. They search around, they can't find policies they can afford, and so they are really stuck. And I can give you a list of examples in New Mexico.

One of the things you pointed out on your chart is that even before the recession—even before the recession—fewer Colorado small businesses could offer coverage. I was wondering if you could talk a little bit about the small business situation because most of these people are working without insurance.

Mr. BENNET. I appreciate the Senator from New Mexico raising that. I remember a florist I talked to, a family-owned business since 1972 in my State, and he is now down to no employees, just his wife and himself. They are running the shop. They had health insurance for many years, and they took it, as so many small businesses

do, as an article of faith that part of their job was to offer insurance to their employees, to make sure their employees had the benefit of insurance. Now they are the only two employees. There is no one working for them. They do not have health insurance themselves.

Their daughter has been admitted to the University of Colorado. He said to me last week: MICHAEL, what was she supposed to do when she got to the box that said check the box if you have health insurance? If you don't, you have to pay this terrible fee.

So, first of all, people are having to make choices they should not have to make and they would not have to make in a rational private market that was working well. That is one of the issues.

The second thing is, as you know—I am sure it is true in New Mexico, and it is certainly true in Ohio—most of our jobs are created by small businesses. Depending on the numbers you look at, roughly 70 percent of our jobs are created by small businesses. And a higher percentage of those jobs are going to be responsible for the recovery that hopefully we are about to have in this country. It is harder and harder to do that if you are carrying the freight of double-digit cost increases in insurance every single year.

The last point I want to make—every small business owner understands this—as small business owners try to hang on to insurance for their employees and the price of that goes up and up, what that leads to is a choice between holding on to the insurance and compressing the wages of the employees because you can't do both. You can't give people the increases they deserve in their compensation and at the same time hold on to health insurance. So that is a reason we have seen all across this country, actually, a decline in median family income. It has gone down by \$300 over the last decade in the country, \$800 in my State, while the cost of insurance has gone up by 97 percent. That wage compression is directly linked to the problems people have holding on to insurance.

I appreciate the question. I yield.

Mr. BROWN. I thank the Senator from Colorado for his good work and his very good description particularly of how the cost of health care affects small businesses in such a negative way.

We will wrap up in the next 10 or 15 minutes.

Earlier today, a group of Democratic women Senators came to the Senate floor to talk about health care. And some of the things that amaze a lot of us as we work through this, some of the things we hear—in several States in this country, being a victim of domestic violence is considered a pre-existing condition. There are women in this country, believe it or not, who have been victims of domestic violence. Insurance companies have said: You cannot get insurance because of that because, presumably, you might be abused again, you might be hit again,

and it would cost us, the insurance company, far too much money. So, believe it or not, they actually can't get insurance because of that. Obviously, this legislation makes that—as Senator CASEY says, there will be no more preexisting condition denials of care, no more discrimination based on gender, based on geography, based on disability, based on age.

One of the other things the bill does that is important is it will eliminate copays for things such as mammograms. We want people, particularly when they get to be my age, when they are in their fifties, we want people to go in and get the right kind of preventive care and get the right kinds of tests. People should have a colonoscopy when they are 50, and people should be tested by mammography and should have mammograms and all of that. I mean, none of us probably goes in as often as we should for the preventive care and the tests, but an awful lot of people would like to do that and simply can't because of the cost.

This legislation would say: If you are going in for something like a mammogram or for something like a colonoscopy, there will be no copays. It will encourage people to get into the system. Then, if they are diagnosed with cancer, they are diagnosed typically in the early stages, and it is certainly more likely to save their lives, and it is much less expensive as a result of going into the system earlier. So it ultimately saves us money by telling insurance companies: You are not going to do that anymore.

That is so clear to me, that if we are going to do this right, we need to make sure women are treated better by this system, no longer preexisting conditions and all that.

I will close and then turn to Senator UDALL or Senator BENNET, if they would like.

I have another letter I got—exactly what I was talking about.

Darlene from Mahoning County:

I lost my job in May 2007 after 27 years with the company. For a while, I did not have any health problems. I paid for private coverage with my unemployment check and savings. Within the last year, I started having medical problems. I was diagnosed with diabetes. I had back surgery in July to relieve severe back pain. I now have to pay premiums with my savings. When my savings run out, so will my insurance. Please do something to help.

She is not yet eligible for Medicare.

So many of these letters just cry out: I am trying to get through the next year or the next 3 years, the next 6 years, whatever, until I am eligible for Medicare, I am just trying to get through. And it really is a call for help, and it really is a plea from people in my State, people in Warren and people in Bellaire and people in Gallipolis and people in Crestline: Please help us in these years when we are in our late fifties, early sixties. We are going to be in Medicare pretty soon. We know Medicare works for us. We know this gov-

ernment program works, a program that doesn't look much different from the public option. But I need just a few more years. It is a time in my life when I am starting to get more aches and pains or worse. It is a time in my life when I am much more likely to get sick, to get an expensive illness, when I am 56, 58, or 63.

These are people who know they will be embraced with a decent health care system. They know they will be in a decent health care system when they get to Medicare age, when they get to be 65.

They have friends who are in Medicare, and they know Medicare works for them. That is as good a testament to the public option as there is. Those are the kind of letters I am getting from people saying: Please include a public option. I am 58 years old. I am not yet eligible for Medicare. I was diagnosed with diabetes. I need to do this; I need to do that. That is what is so very important about the public option.

I yield to Senator UDALL.

Mr. UDALL of New Mexico. One of those charts you put up over there emphasized the point of competition in the marketplace and how much we need competition. We joined together with the majority of our colleagues in the caucus to sign a letter to our leadership. I think one of the paragraphs in this letter is particularly persuasive. The Senator's signature is the No. 1 signature on this letter, but we wrote:

Opponents of health care reform argue that a public option presents unfair competition to the private insurance companies. However, it is possible to create a public health insurance option that is modeled after private insurance. Rates are negotiated and providers are not required to participate in the plan. As you know, this is the Senate HELP Committee's approach.

This is the public option we are talking about that was passed out of the Kennedy committee and is available to be inserted in the bill on which we are going to vote.

The major differences between the public option and for-profit plans are that the public plan would report to taxpayers, not to shareholders, and the public plan would be available continuously in all parts of the country.

So small business people in New Mexico would have an opportunity to get into this public option insurance plan.

The number one goal of health reform must be to look out for the best interests of the American people—patients and taxpayers alike—not the profit margins of insurance companies.

We have to get competition into the market. We know that health insurance markets are effective monopolies or in some cases duopolies. In New Mexico we have two companies that hold 65 percent of the market. There is no incentive for competition. There is no incentive for lower cost. In fact, what we do under the law is, we allow these insurance companies to be exempted from antitrust laws. For most of the other businesses in America, we

have those antitrust laws out there, and the Justice Department and various State attorneys general can move in to bring competition when there gets to be too much consolidation of power. We don't have that when it comes to insurance companies. As a result, we see premiums skyrocket; in my home State of New Mexico, 120 percent skyrocketing premiums.

As I wrap up, I want to talk about a New Mexican, a woman from Raton. I met her at a townhall in August. She received a renewal notice. Her premium had gone up 24 percent alone this year. She can't afford an increase, but she doesn't have any other option. A public option would bring that woman the ability to get into a health care plan and take care of herself. That is what you and I are fighting for. We are going to keep doing this. We are going to keep doing this because we have a lot of days to keep pushing forward. We will make this happen.

With that, I know the Senator has a couple more things to say. You should show the Presiding Officer Alaska on that map. What does it say?

Mr. BROWN. More than 80 percent of insurance is controlled by two companies in Alaska. That is a pretty compelling case.

I thank Senator UDALL and also Senator BENNET from Colorado, as well as Senators SANDERS, WHITEHOUSE, CASEY, MERKLEY, and STABENOW. It shows the breadth of support for the public option because it injects competition into the system. It will keep the insurance companies honest, and it will bring pressure to keep prices down.

My last 5 minutes I yield to Senator BENNET who has a sobering issue he wishes to discuss.

Mr. BENNET. Mr. President, I thank the Senator from Ohio for letting me have the last 5 minutes.

(The remarks of Mr. BENNET are printed in today's RECORD under "Morning Business.")

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. COBURN. Mr. President, I listened very patiently to the last 2 hours about why we need a government-run plan. I want to concur with my colleagues about the problems in the insurance industry. There is no question they are great. But the reason the problems are great is because there is no real competition today. The rhetorical question is, you can't have it both ways. Nobody wants it both ways. The fact is, I saw this on the Internet this week. I thought it was appropriate for where we are. Here is a youngster walking on a street. She says:

I'm already \$38,375 in debt and I only own a doll house.

Everybody agrees we have a too costly health care system. Everybody agrees we need to fix that. What we don't agree on is how to fix it. We have heard 2 hours of what is wrong with the private insurance industry that has not been allowed to be competitive, has not been forced to be competitive. And yet

the answer to that question is that we want the government involved. The Senator from Pennsylvania talked about all the government programs. Sixty-one percent of all health care today comes through the government. Every government program is over budget, associated with fraud, and ineffective in its implementation on a cost basis. That doesn't mean we want to get rid of them. It means we want to make them better. The real problem with having the government do more is, right now 43 cents out of every dollar we are spending we are borrowing. We create a government plan. We put \$60 billion into it, and we can create competition. But we don't have competition now. Everybody agrees with that. Nobody denies that we don't have good competition. But we don't have good competition because we have failed to act.

The Senator from Ohio showed a chart of CEOs' pay. If they were having to compete, that pay wouldn't be there, especially not at that level. I don't disagree with that. But the way to control that is real competition. Forty-three cents of every dollar we spend this year we will borrow. And it will be worse next year. It will be 45, 46 cents next year of what we spend we will borrow.

This picture doesn't talk about what she owes. This is just what the debt is now, just the \$11.8 trillion. What she owes is another \$400,000, because we are paying out of Medicare what we have never created the tax base to fund. So in fact what we are doing is, we are going to charge this little girl for our Medicare. The impact of that is when she was born she owed \$400,000. By the time she is 20, she will owe \$800,000. What will happen to her?

There is no question we have positive benefits with Medicare. There is no question we are taking care of people who can't take care of themselves through Medicaid. There is a question of how effective we are doing with Native American tribes in terms of that. We are seeing improvements in veterans health care. We have all these different programs that are run through the government. So when you only have 39 percent of the health care in the country to put into the market, it is going to be very difficult to lower costs.

What is the problem with health care in America today? The problem is cost. It is too expensive. It is about 40 percent more expensive here than anywhere else in the world. Why is that? Well, there are a lot of reasons for it. But the first reason is, we will not allow real markets to develop in the health insurance industry. We have stopped it. And now we come and say: We are unhappy with it, so we want to create a government plan—a government plan that will compete.

I do not have any problem if you create a government plan if you fund it and make it competitive. But that is not what we are going to do. Because what we are going to do with a govern-

ment plan is we are going to turn it into another Medicare. It will supply people health care. It will lower their costs. But we are going to transfer the cost to this little girl. It is just \$440 billion spent on Medicare this year, of which \$80 billion of it was fraud.

So the problem is, which solution do you think works better? Do you think we have the history that says government-run health care is efficient and effective and, therefore, we ought to do more of it or should we say: We know what works in the rest of the industries and markets in this country. Maybe we ought to allow markets to truly compete—which nobody wants to do—to force the insurance industry into a competitive structure where you can actually see what you are getting and you can see what you are paying.

The other problem about this little number is, not only does she have \$38,000 in debt right now, and another \$800,000 when she gets ready to buy her insurance, we are going to tell her what she is going to buy. We are going to take the freedom away from her to decide what is best for her and her family. Then we are going to yoke her with a whole bunch more taxes.

There is no disagreement in this body that we need to make changes in health care; and the assumption that anybody would say that is absolutely erroneous and fictitious. We recognize that. The question is, which way do you fix health care? Do you fix it with a government that is bankrupt already, that has stolen the future from the next two generations, and add more on to them or do we get common sense back in and say: Well, first of all, we can eliminate 8 percent of the cost if we have good tort reform in this country because 8 percent of the cost of health care is defensive medicine.

I read a study this week. It is interesting—and I have some passion about this because I have been on the end of those lawsuits—I would note that the vast majority of those who have been discussing health care for the last 2 years are lawyers. They are not doctors. They never laid their hands on a patient. They never stayed up 20 hours in a row to take care of somebody who needed them. They have all the answers, but they have never been in health care.

Here are what the numbers are on malpractice lawsuits in the United States: Eighty percent of all the cases that are filed are thrown out of court. Of the remaining 20 percent, 89 percent are thrown out of court. So 3 percent of the cases are legitimate in this country. What do you think that is costing us? And we ignore it? We are not even going to talk about the fact that we have an extorted service going on in health care that does not cost the lawyers a thing? It costs everybody else in this country billions of dollars a year because we are doing tests that nobody needs, except the doctors to defend themselves. And that is \$200 billion a year out of \$2.4 trillion. That is what the number is.

So when less than 3 percent of the people—and I am all for compensating people who are truly injured. I have no problems with that. As a physician practicing over 25 years, there is no question I have made mistakes. There is no question. There are no doctors who are perfect, and, consequently, sometimes people are injured because of doctors' mistakes. Most of the time they are not. And it is not about not compensating the injured. It is about changing the mindset in this country that you can extort people into settling when you have no real claim, and that is what is going on with 85 to 90 percent of the cases.

So the answer for health care is: controlling costs. So how do we best do that? It is interesting, we have had the accusation that there are no other plans out there. My colleague from North Carolina and I introduced the first plan in Congress for health care.

What does it do versus what the Baucus bill or the public option bill will do, according to CBO? We cover 94 percent of Americans—identical to what the Baucus bill does. So 94 percent of all Americans will get covered under our bill. We save the Federal Government \$70 billion in the first 10 years, close to \$1 trillion in the second 10 years.

What does the Baucus bill do? It saves \$88 billion, and nobody knows what it is going to save after that. But it costs the States billions. Our bill saves the States, in the first 10 years, \$960 billion. We cover more people, with no increase in the cost to the Federal Government, versus a marked increase in the cost to the States by the Baucus bill, or by the public option plan.

It eliminates preexisting condition. We all agree we need to do that. Nobody is fighting that. The question is, how do you do it? Do you do it in a competitive model that costs insurance companies pain if they are not covering the people properly? And if, in fact, there is an incentive to cover preexisting conditions, then you have an incentive for the insurance companies to invest in the management of chronic care rather than ignore covering somebody.

I do not deny there is cherry-picking going on right now, but it is only because we allow it. We do not have to allow it. But the answer does not have to automatically be another long-term, bankrupt plan run by the government. Nobody can deny the \$95 trillion, 100-year unfunded liability for Medicare. That is GAO, that is CBO, and that is the Medicare trustees. You cannot deny that.

So we have a program that seniors are fairly happy with, except the Baucus plan is going to cut a half a trillion dollars out of it. But we cannot pay for it. So we are not doing anything to drive that cost down, to drive in efficiency. What we are going to do is create more government, to have another plan that is going to get in the same shape as Medicare.

We all want the same thing. We want to get everybody covered in this country. We want the cost of health care to be affordable. And we do not want to bankrupt our children. We have already bankrupted them. So the danger of having a government-centered, government-centric, government-run, government-devised, government-managed health care program—just by history, look at what we have done.

Medicaid costs tons more than it was ever supposed to cost. SCHIP costs tons more than it was ever supposed to cost. Medicare costs tons more than it was ever supposed to cost. Indian health care—it does not cost more because we just let them suffer. We do not put the money into it. VA costs tons more than it was ever supposed to cost. TRICARE costs more than it was ever supposed to cost. They are all government programs. They are all way over budget.

So the question the American people ought to ask is: If we all want to get everybody covered, and we all want to drive down costs, does the government have a track record that says it has done that? No. As a matter of fact, it has done the opposite of that.

So it is not a matter of whether you trust in government. We have 61 percent of health care running through government. And as a physician who has practiced for over 25 years, I will tell you, it is my opinion the reason costs are out of control is not because of the insurance industry—and I am not a defender of them; as a matter of fact, I hate them about as bad as I hate anybody telling me what I am going to do to my patient—the problem is, we have directives coming from the government that have disrupted the market in health care and created this tremendous differential.

The other difference that we have in the Patients' Choice Act is that we do not put another burden on the States, which all these bills do. The States are swimming in debt. They are struggling to stay ahead, and we are transferring billions, almost—we are transferring trillions of dollars of expense to the State. We are making it nice for four States. We have picked four States and we have said: You don't have any cost the first 5 years. We just, out of the hat—because they are having a little worse economic time than others, we have said: You don't have it. But for the rest of the States, it is the mother of all mandates, and they will never be able to afford it.

There is also another little sneaky provision in the bills—both in the HELP bill, the House bill, and the Baucus bill—which is, we know we are not going to cut doctors' fees 21 percent. The Presiding Officer would agree to that, the Senator from Colorado knows we are not going to do that. But we are not going to recognize it. We are not going to recognize that cost. So we are playing games with the American people. We are saying: Here is what it costs, when we know it is going to cost

a lot more than that because we know we are not about to do that. But we do not have the courage to admit that. We do not have the courage to ask for an honest score.

The other difference is, we empower patients and States, not bureaucrats. We preserve the right, the inherent individual liberty right, of an individual to decide what is best for them rather than having the government decide what is best for them. In our bill, 9 out of 10 Americans get a tax cut.

So let me draw the parallel again. We do not have a government-run program. We save the Federal Government money. We save the States \$1 trillion. We get more people covered than any other plan that is out there. Nine out of 10 Americans get a tax cut. We eliminate preexisting illness. And we bend the cost curve down considerably.

And, oh, by the way, we do not destroy innovation in health care, which is 75 percent of the innovation in the world, which will go away if any of these other plans are instituted—the incentive to put capital at risk to create opportunity for medical innovation.

There is a lot I could say, but I think what I would like to do is yield to my colleague from North Carolina in terms of someone who has been with me, who knows health care, who has been from the start working with us to try to put forward a plan that says we can accomplish this same thing and save tons of money.

Mr. President, I yield to my colleague from North Carolina.

The PRESIDING OFFICER. The Senator from North Carolina.

Mr. BURR. Mr. President, I thank the doctor from Oklahoma, my colleague, my friend. Let me say from the start, 3½ years ago, TOM COBURN and I sat down and realized health care was unsustainable at its current level of investment.

The American people have complained because they have seen a process that has gone too quickly. Well, in the Patients' Choice Act you find 3½ years worth of work—a bill that was designed to take 4 years before we thought we had the right information we needed to do health care reform adequately.

With the change in the administrations, the new President and his timeframe, we accelerated it. But let me say, right from the start, it is unsustainable at its current level of investment. It is 17 percent of our gross domestic product. Health care has to be reformed.

I personally believed the debate we were going to have in Washington was over what type of reform. Dr. COBURN raises a good point: cost. Where are we from the standpoint of our Nation?

I happened to gaze, as I was waiting for the last speakers to finish, on the page of this publication. It says: Baucus Bill Projected at \$829 billion. In the small box down at the bottom of the page—CBO: Deficit Hits Record \$1.4 trillion for Fiscal Year 2009.

Common sense would tell you that when you are in the type of financial shape the United States of America is in, not only do you stop spending, you begin to look for ways to curb spending and a way to invest to reduce the deficit. Because the deficit is what our children and our grandchildren will inherit. If you believe it is unsustainable at its current level of investment, then you sort of understand where Dr. COBURN and I are coming from.

The worst place we can start is: How much more money do we need to spend to do health care reform? But the truth is, the Baucus plan is not health care reform. It is health care expansion. The debate in Washington is not about how to reform health care. It is about how to expand health care. And once you determine the pool you are going to expand it to, the \$64 million question is: How do we pay for it so the CBO says we have paid for it?

What I would like to do is spend a little bit of time exploring how the Baucus plan pays for it with the caveat up front of saying—as it relates to Dr. COBURN and myself—we don't believe we have to spend more to reform health care. I think from what he said about the Patients' Choice Act, we have made the point. We were the first two people in the Congress—House or Senate—to introduce comprehensive legislation. We cover the same amount of additional Americans that the Baucus plan covers. We do it without making additional taxpayer investments in the expansion of coverage. Why? Because in addition to expanding coverage, we reform health care. We actually bend the cost curve. We change the tax application to where it is fair and equal for all people.

What we have to realize is, the Baucus plan is a 10-year plan. We collect revenues for 10 years and we pay out for the expansion in 6½ years. Let me say it again. We are collecting tax revenues for 10 years, but we are only paying benefit expansions for 6½ years. We have to look at years 10 through 20 if you want to see 10 years' worth of revenue collection and 10 years' worth of expenses. As a matter of fact, if you took the first 10 years and you applied what is done in the bill and said: Well, if they started making payments in the first year, this bill would actually cost \$1.8 trillion, not \$829 billion but \$1.8 trillion.

Incorporated in the Baucus bill are cuts to Medicare, cuts that equal \$449 billion. Dr. COBURN talked about the imminent reduction to physician reimbursements: 21 percent projected. We all agree we are never going to make that. One of the attractions for health care professionals was the Baucus bill said in year one, we are not going to make those cuts. Well, they are going to cut Medicare over 10 years by \$449 billion. This is giving with one hand and taking away with the other hand. Health care professionals around this country have realized that, even though their association that represents them doesn't.

The Baucus bill cuts \$117.4 billion in Medicare Advantage. My colleagues are probably saying: What is Medicare Advantage? Well, it is the preferred plan of 20 percent of America's seniors. Twenty percent of our seniors on Medicare have chosen Medicare Advantage, a private sector option to traditional Medicare, where they have looked at the two and they said: I would rather have Medicare Advantage, because when I go in the hospital, Medicare is going to charge me a \$750 deductible right off the bat. Medicare Advantage? Zero. For traditional Medicare, you are going to have to have Part A, Part B, Part D. Medicare Advantage, you get it all as one lump sum. You don't have to make separate selections. They provide you the doctor coverage, the hospital coverage, the drug coverage all in one plan.

Why is it under the target of some in Washington to cut \$117 billion? They say it is because we pay 114 percent of Medicare per person allocations to Advantage, where we pay 100 percent in traditional fee for service. That is exactly right. I remember the debate we had in Washington when we did it. Because the objective then was: How do you get Medicare Advantage to offer this plan in rural America? To offer it in rural America meant you had to offer a greater reimbursement. This isn't reflective of a windfall for the insurance companies; it was an incentive to offer this choice not just to urban seniors but to seniors everywhere in America. In my State of North Carolina, 17 percent of all the Medicare beneficiaries are enrolled in Medicare Advantage. When anybody gets up and says pass this bill, the Baucus bill, and you can keep your health care if you like it, there is a caveat to that. Unless you are 17 percent of the seniors in North Carolina or you are 23 percent of the seniors nationally, you lose your plan. You are going to go back into traditional Medicare. You are going to go back to where, when you enter the hospital, they are going to say write me a check for \$750 annually; where your Part B is a separate payment; where your Part D is something you have to figure out as to which plan you want versus something that is seamless and covers everything. I will assure everybody a \$117 billion cut to Medicare Advantage will eliminate that product from the marketplace. Nobody will offer it. Twenty percent of America's seniors will lose the insurance they prefer, not keep it.

Medicaid expansion. It seems like a sensible way to go if you want to expand coverage, which is where the debate has been in Washington. Well, let's simply take a coverage tool that is out there today—Medicaid—and let's raise the income limit so more people qualify for it. So instead of 100 percent of poverty, we raise it to 133 percent of poverty. It costs \$345 billion. There is \$33 billion in direct State spending. As Dr. COBURN said, four States are sort of split out of it, and they say: Well, we

are not going to charge you because you are in tough economic times. Well, North Carolina is at 10.8 percent. Why aren't we included? Our cost, when the Federal Government makes North Carolina ante up, is going to be south of \$1 billion a year for a State that had a \$4 billion shortfall. Where is my Governor in her outrage at the proposal to expand Medicaid to 133 percent of poverty?

The tough thing is, this plan has been sold that it is not going to cost anybody anything, and the truth is it is going to cost seniors, it is going to cost taxpayers, it is going to cost the unemployed but, more importantly, it is going to cost people who have health care insurance today. People who have the money to purchase theirs and people whose employer offers them health care, their cost is going to go up because of the restrictions and the mandates that exist within the Baucus bill.

The Baucus bill would impose an annual \$6.7 billion fee on insurance companies; \$6.7 billion a year; over 10 years, \$67 billion. So a \$67 billion new fee on the insurance companies that we are trying to make the American people believe are going to reduce premiums, reduce costs, and we are sticking them with a \$67 billion pricetag. There is nobody in America when they hear this who believes that health care is going to go down for the American people. For every person who currently has a plan today, I will assure my colleagues their premium will go up. They will pay more money, not less money.

We grow the IRS. There is something we haven't talked about because of the requirements in this bill to collect fees and to collect taxes. It is estimated by the Lewin Group that the IRS would need a 25-percent increase in their budget. The IRS currently gets \$12 billion annually for their administrative costs. The administration costs for implementing the exchange subsidies would add nearly \$40 billion from the Baucus bill. We have additional costs at the IRS because we have to increase by 25 percent the IRS requirements to go and collect and enforce this.

We tax the chronically ill. I thought this one was one of those myths that late night TV talks about. We tax the chronically ill in the Baucus bill. Let me explain what I mean. Current law says that if your health care charges exceed 7.5 percent of your annual income, then you can deduct that off your taxes. Clearly, the lower your income, the more likely you are to utilize the 7.5 percent exclusion. So what does the Baucus bill do to raise money? It raises the exclusion to 10 percent. Instead of at 7.5 percent of your adjusted gross income being able to deduct anything that exceeds that, it says you have to exceed 10 percent of your adjusted gross income. For somebody who makes \$1 million a year, this is no big deal. They probably have more than enough insurance to take care of it. For somebody who is on a limited income; for somebody who maybe doesn't

have all the insurance they need; for somebody who walks in and is chronically ill, has a chronic disease and they are making payments, they are covering their copays, they occasionally go to the hospital, they have that \$50 charge for walking in the door, even though they have insurance. They are making it at the end of the year, even though they make \$20,000 or \$25,000 a year, and all of a sudden, 2½ percent of their adjusted gross income is no longer a deduction they get. What is that? That is taxing the chronically ill in this country.

Listen, I have to give them credit. They have left nobody out of this bill from taxes. They have left nobody out of this bill from instituting a new fee. As a matter of fact, some of it we are going to have to take for granted is going to be applied to us in an indirect way because incorporated in the Baucus bill we collect a new device tax. To the heart patient who goes in and gets a heart catheterization, to the senior who goes in and gets a hip replacement, it is a device. For any medical device that is used, there is a \$40 billion device tax over 10 years.

What does that do for the innovation of new devices? Dr. COBURN can speak to it better than I can. When we were able to switch from open heart surgery to bypass surgery, we probably went from \$40,000 or \$60,000. When we were able to catheterize somebody and put a stent in, we reduced significantly the cost, we reduced significantly the invasion, we were able to raise the quality of life. We couldn't have done that if somebody hadn't innovated a cath and a stent. We would still be doing all bypass surgeries. You think through all the medical procedures we do in this country and you think about all the devices that have been created by companies and by doctors so they can be less invasive because they understand every time they go into somebody, every time they cut in, there is a fear of infection today; there is a consequence of recovery. It means a stay in the hospital is longer.

When you see a new device enter into the marketplace, you actually see a new efficiency come into health care. You see reduced health care costs because you are taking either somebody out of an inpatient setting and you are putting them in an outpatient setting, or you are taking an inpatient patient and you are getting them out of the hospital faster. Actually, you could make the case that innovation of medical devices is health care reform because it is driving down costs, because it is moving patients out, and the net result is the quality of life goes up. But, in this bill, we raise \$40 billion over 10 years, or \$4 billion a year on taxes on devices.

If you listen to the things I have talked about, you are probably sitting at home trying to figure this out: I am going to pay more in health care because they are taxing devices. I am going to pay more in health care if, in

fact, I have a chronic illness because I am not going to be able to deduct that out-of-pocket cost that is between 7½ percent and 10 percent of my adjusted gross income. I am going to have to cover, as a taxpayer, a 25-percent expansion in the IRS. They are going to impose a \$6.7 billion so-called fee on the insurance industry, or \$67 billion over 10 years, while I have an insurance policy, so that fee is going to be passed through to me as a covered life under the insurance plan.

I am going to pick up, in the State in which I live, the increase in the limitations on Medicaid when we go from 100 percent of poverty to 133 percent of poverty. How can you make a claim that this bends the cost curve? If you tried to make the claim, it bends the cost curve up not down.

Dr. COBURN and I listened very intently as the President kicked off this debate: Create a program that provides coverage for as many Americans as we possibly could. We did that. Bend the cost curve down. Well, we make a direct investment in prevention, wellness, and chronic disease management—the only three direct areas of savings in health care. We can talk all night about tort reform and about different aspects. They are indirect and there are significant savings we can achieve by incorporating those reforms into health care.

In the Patients' Choice Act, we elected to keep it narrowly targeted, and we invest in prevention, wellness, and chronic disease management. Why? Because we went to States, businesses, and self-insured companies that went 4 years and didn't have an increase in health care costs. Why? Because they changed the lifestyle of their workers. They actually paid their workers, in some cases, to quit smoking, to lose weight, to get exercise, or to take an education program on a chronic disease they had to make sure they got the treatment they needed.

The net result? In every case, the per-enrollee savings were so significant that the companies continued to try to figure out how they could spend more to reduce health care costs. The quality of life for their employees was better. The productivity of the employees was better, and they had no annual increase in their health care costs.

We are sitting here ignoring everything that has been learned in America by private self-insured companies and by some insurers who are doing creative things, targeting chronic disease, and actually paying doctors to educate. We have ignored all of this. Why? Because we are having a debate in Washington with the Baucus bill about coverage expansion, not about health care reform.

Coverage expansion costs a lot of money—\$829 billion. We are having that debate and telling the American people this is about reform. If you read the fine print, the bottom of the page, and if you read the part they don't want you to remember, it says this

year alone there is a \$1.4 trillion deficit. That is \$1.4 trillion we didn't have that we had to borrow.

The last thing we need is more money in health care. It is 16 percent of our GDP, and we cannot maintain that level of investment. The challenge is on us to come up with the reforms that continue to invest and promote innovation, that expand coverage and, more important, reduce costs.

What do the American people want? They want health care costs to go down, and they want quality to go up. We don't accomplish that in the Baucus bill, but you do in the Coburn-Burr bill. It is not perfect, but it heads in the right direction.

I yield to my good friend from Oklahoma.

Mr. COBURN. I thank the Senator. I am sitting here thinking, if I was sitting at home tonight listening to this, how do I hear the story that I heard for 2 hours on having a government-run plan and how bad the insurance industry is? As a physician, I don't like them a whole lot, I can tell you that. I don't like some of their tactics. I certainly don't like the way they cancel insurance policies on people. There is a lot about them I don't like. But I don't want to eliminate them. What I want to do is create a real market where they have to be savvy and compete and they have to be efficient and they have to help us help one another get well.

We are going to hear a lot over the next month on health care. We are going to hear all these claims, much like we did from Congressman GRAYSON, who made an outlandish claim that my side of the aisle wants people to die. That is what was said in the House of Representatives. What I want is people to live. I want this little girl in the picture to live too.

Do we have an unsolvable problem? No. Do we have ways of making health care costs much less in this country? Yes. Do we have ways of ensuring increased innovation and advanced disease prevention in this country? Yes. Do we have ways to protect this little girl in the photo? Yes. But the debate is over how we do that. One side says we do it by making the government a whole lot bigger—\$1 trillion bigger, \$3 trillion bigger over the next 20 years. That is one side of the debate.

Our side of the debate says this is inefficient health care. We want to cover everybody. We never want anybody to go bankrupt or to be denied care. We think you can do that without growing the government by 25 percent. We think there are other ways to do it. We are honestly worried about our track record in Washington when we have a \$1.4 trillion deficit this year and a Medicare Program that is absolutely bankrupt—it will run out of money in less than 7 years from now, totally out of money—and we are going to be borrowing it all then. Is there another way to do it? So either we make a large jump in the size of the Federal Government and add to the \$838,000 that this

little girl is going to have, or maybe we can work together and say the insurance companies are bad, but can we keep something like that and make them efficient? Can we allow people to buy across State lines? Can we give people opportunities to buy what they want to buy rather than being limited? Do we trust people to make good enough decisions for themselves?

The Baucus plan doesn't do that. It says we have three or four plans from which you get to choose, but we are going to tell you what you have to buy. And, by the way, you have to buy insurance in this country. Think about that.

I carry with me a copy of the the U.S. Constitution all the time. Every bill out there has said you don't have liberty because the Federal Government is going to tell you where you have to spend your money. You have to buy an insurance policy. So if you make a quarter million dollars a year, it doesn't matter if you want to fund that self-insurance, it doesn't count. You still have to do that. If you don't, you are liable to a tax. If you don't pay the tax, a \$25,000 fine. If you don't pay the fine, you are in jail for a year.

How do we get off telling people that and taking away that liberty, that freedom that is supposed to be guaranteed under the Constitution? The answer is, well, it is better for everybody because if we don't have everybody covered, then it is going to cost more because that is the big government answer to it. Maybe it will cost more if we force and drive competition, if we create transparent markets, where you know what something costs before you get it in health care. In fact, there is a real connection with the purchase of health care and the payment because everywhere we have tried that, it is working to control health care costs. But we refuse to do it.

Frankly, the reason our idea is rejected, which is changing the Tax Code to treat everybody the same under the Tax Code, is because the labor unions don't want that to happen. That is exactly why. Everybody knows that is the problem. Everybody in the country knows that is the problem, but we don't have the political courage to face up to how to fix the problem.

As soon as you make everybody the same under the Tax Code, you empower 35 million Americans who don't have insurance today to get it. You save the States \$1 trillion over the next 10 years, and you give 95 percent of Americans a tax cut, and guys like me will pay a little bit more for my health insurance and income tax. But we will not do that because the powers that deliver politicians to Washington are more powerful than the principles and the character to follow the pursuit of the Constitution.

This little girl in the picture, and everybody like her in this country, is at risk today. We are going to have this great big debate and say how bad the insurance companies are and how bad

the government programs are. But the fact is, we don't have a bipartisan bill. Our ideas were thrown out, 13-10, at both the Finance Committee and the HELP Committee—13-10, 13-10, 13-10—because the idea is they didn't want a compromise bill. They didn't want to solve the problems. They wanted their way or the highway.

So, consequently, we are going to get a bill. I have no doubt. But my little Lucy right here and her football—she is going to lose her football. She is not going to have any little Lucys because she is not going to be able to afford them. She is going to be paying off her \$800,000 worth of government obligations starting at age 20, and she will never climb out of the pit.

So when America thinks about health care, there are a lot of ways to solve it. One is to trust what makes America great—granted, with some changes—or the other is to trust the government to create more government programs.

I will just add this one point. Do you realize that in the bill that passed the HELP Committee there are 88 brandnew government programs—88; 219 times we have held the Secretary of HHS to write in-depth regulations. Now, 88 programs interfering in health care are going to be problem enough. But 219 new sets of regulations—oh, by the way, we created the comparative effectiveness committee with the stimulus bill, and we are going to have 26 people tell every doctor in the country how they are going to practice medicine, what is right and what is not right. And, by the way, in all the committees a prohibition on rationing was voted down.

What are we to think? We are going to create a large government program and grow the government by \$1 trillion over the next 10 years, \$2 billion-plus, maybe \$3 trillion in the next 10 years, and we are going to have Washington tell people how the physicians and caregivers will treat, what they will use to treat, and all the time little Lucy will not matter if she gets sick. We will have already made her sick because we have stolen her future, her absolute future.

It is a cute picture, but it sends a devastating message to us as leaders in this country. How dare we do that. I wanted to bring out my other charts tonight, but I didn't want to bore everybody. The fact is, the appropriations bills that were passed—if we keep doing what we are doing—America, hear this—we are going to double the size of the Federal Government in 3½ years.

We passed the Agriculture bill today, which is 22 percent bigger, and it was 15 percent last year, and that doesn't count any of the supplemental and the stimulus money. It doesn't take long, if you are growing something at 22 percent, for it to double.

My gray hair comes from the fact that I think we are missing a great opportunity to work together. I think we

can solve the health care problem. I think we can do it without enlarging the Federal Government. Especially when we pay 40 percent more than anybody in the world, there ought to be savings that we can get to make health care cost less and to cover everybody else. I know we have seen the studies that show that.

So why isn't it going to happen? Why isn't there going to be a bipartisan bill? It is all political. It is not about the people in this country, it is about the political power structure in this country.

Problems can be solved, common sense applied to limited government and restoring freedom to individuals.

There are going to be so many lawsuits in this country, most of them legitimate, over the health care bill. You will not be able to uphold a challenge to the Constitution of forcing me to pay, take my money that I earn privately and spend it on what you say I have to spend it on. It is one of the greatest denials of liberty I ever heard of, and it is going to get challenged. It is going to go through the courts fast, and I suspect the courts are going to uphold the citizens of this country rather than the power center.

I yield the floor or I yield back to my colleague from North Carolina.

Mr. BURR. Mr. President, I thank Senator COBURN for yielding. Let me just say the reason he is gray is because he cares. This is a Member of the Senate who typically on Monday morning delivers babies, and all weekend long. Before he comes back to Washington, he practices medicine.

This institution looked at what he did and said: You can't charge for what you do even though it costs you \$200,000 a year to keep your practice open, your license in place, to buy your liability insurance. They said that is illegal under Senate rules.

So TOM COBURN is a unique individual. He sees women who are pregnant. He delivers babies. But he doesn't take any payment for it. He keeps his license up to date. To some degree, it is charity care because he believes it is the right thing to do. More important, he understands that what we do here affects what our children and our grandchildren get in inheritance from us—not financial inheritance, in opportunity.

Why are we passionate about the debt? Why are we passionate about trampling on the Constitution? Because every time we do it, we take an opportunity away from the next generation. We reduce their ability to be successful, whatever their definition is.

TOM COBURN covered it very well. We are somewhat impassioned about our criticism toward the bills that passed out of the HELP Committee, the Finance Committee soon, and the three bills in the House. Why? Because we introduced our bill first. We laid our cards on the table. We offered to work in a bipartisan way with anybody, and we had no takers.

I believe when you lay it out there and you come up with a successful plan, you have every right to be critical. I do question the ones who do not offer an alternative. But we have offered a solution, and that solution was based on three fundamental principles:

One, it had to cover everybody. The way our bill is structured, every American receives the same financial stipend regardless of whether they work or whether they don't, regardless of where they live. We treat everybody the same.

Two, if you are going to get cost savings, then you have to make direct investments in prevention, wellness, and chronic disease management. The Patients' Choice Act makes direct investments in prevention, wellness, and chronic disease management.

Three, is it financially sustainable into the future? We probably should have started with this one versus save it for last. Why in the world would we create a health care system in America if it is not sustainable? If it is not financially sustainable, why would we even consider that legislation in the Congress of the United States? If it did not pass the test of time, why would it even be worthy of debate?

Unless we expect people outside of America to continue to finance our urge to spend, then I have to tell you, we are not going to have any money—either that or we are going to have to tax the American people to a point where they are not going to want to be successful, they are not going to want to work overtime, they are not going to want to switch jobs because the benefit to them of being successful is to be punished by taxes.

This bill is filled with new fees, new taxes. True reform that expands coverage would pay for itself. Think about that. If you truly reformed health care, would the reforms through savings not pay for the expansion? Shouldn't this be a net sum game?

We have left out of the bill shopping across State lines for insurance. It saves money. The American people are sitting there: Why aren't you doing this? Tort reform saves money. The American people are sitting there: Why aren't you doing this?

Let me end on one that I think the American people are really plugged into. Congress, which plan are you putting yourself under? You designed this plan for everybody in America. Is it the plan you are going to have? You know what, in the Finance Committee, in the HELP Committee, in the House committees, there have been amendments that said Congress has to take the plan they create for the American people. That government option, that is what Congress has to be under. It has been rejected every time it has been offered.

But you see, Dr. COBURN and I took a different approach because in the Patients' Choice Act, we had to set what the basic minimum plan was going to be. Do you know what we put? The Federal Employees Health Benefits

Program. We didn't put them into the FEHBP, but we said it had to be equivalent to what Members of Congress had. How could we ask the American people on a plan we create to have less than we have? The American people expect us to look after them, they don't expect us to give them less than we have.

It was rejected every time that was offered to move Congress to their plan. But I think it tells you a lot about the way TOM COBURN and I approached the bill we worked on because we never thought about taking us and putting us into their plan, we thought about taking them and raising them to our plan. There is a big difference in that. There is a big difference in looking at the American people and saying, you should be here; not the American people saying, you should be where we are.

We want people to be successful in this country. TOM COBURN said this is not a bipartisan bill. He is right. But I will end with this tonight: This is also not a reform bill. If you want to talk about expanding coverage, it does an equal job to what the Coburn-Burr bill does. If you want to judge it based upon reform, it accomplishes no reform.

I encourage those who are not satisfied with the options that have been presented in the House or the Senate or that will be debated, go on TOM's Web site, go on my Web site, Google "Patients' Choice Act." Read the bill. It is only 200-some pages, it is not 1,000.

The truth is, if we have a real debate—at some point, we will have one about health care reform—I could suggest to the American people one word that would drastically reform health care, that could replace all 1,000 pages of a House or Senate bill. It is called portability. It is called the ability for an individual employee to take their insurance from one employer to another, not to be construed in any way because they have a preexisting condition, but also to recognize the fact that when you do portability, you change drastically the way insurers look at covered lives.

I think the American people would be shocked to know the average person is under a health care plan for an average of 4½ years right now. Ask yourself: If I am an insurer and I am going to invest in somebody's lifestyle changes and I am only going to have them 4½ years—how much are you going to invest? The answer is, probably very little. By the time they lose weight or quit smoking, you haven't reaped the benefits of those savings, and all of a sudden you create portability. That means a 24-year-old covered by an insurance company—that insurance company has an opportunity to keep him until he is 64 years old, 40 years. How much are you going to invest in that insured if you are going to have them for 40 years? You are going to invest a heck of a lot because you will want to keep him well as long as you can. You are going to reimburse doctors to do

the education; you are going to make sure you keep them out of the hospital; you are going to make sure that if they go into the hospital you get them the treatment they need to get them out as quickly as you can. You are not going to deny a prescription a doctor wrote for them. You are not going to question a treatment a doctor chose because all of a sudden the doctor is a partner to the insurance versus just a cost to the insurance.

You see, true reform has to change health care across the board. It has to change the relationship between patients and insurers, between doctors and insurers, between hospitals and insurers.

Ask yourself: Does the Baucus plan accomplish any of it? The simple answer is no, it does not. That is why it costs \$829 billion, and that is why it pays for it you don't get it through savings, you get it through taxing and fees. You get it through the insurance costs of everybody who has it. You achieve the costs by cutting Medicare, by knocking seniors off the health care plan they prefer. You get there by increasing the income limitations on Medicaid, making States actually pay for the expansion of 11 million Americans who are going to be covered under the most inefficient health care system in the country, Medicaid, where only 60 percent of the health care professionals will even see Medicaid beneficiaries because the reimbursements are so low. But we are going to grow that population by 11 million people.

We are doing an injustice to these people to put them in a plan where only 60 percent of the health care professionals will see them. They will not get the education they need for chronic disease management. They will not make the lifestyle changes because Medicaid does not pay for prevention, wellness, or chronic disease management, nor does Medicare, nor does the VA, nor does Indian Health. Show me a government plan that pays for prevention, wellness, and chronic disease management, and I will quit coming to the floor and quit talking about the lack of reform.

The truth is, the Baucus plan tries to replicate what the Federal Government has, and it does not have prevention, wellness, and chronic disease management today. It will not have it tomorrow, and it will not have it next year.

Mr. President, I thank you for your patience. I assure you and our other colleagues that Dr. COBURN and I will be frequent visitors here as we get ready for this debate, as we have this debate, and probably after this debate is over, depending upon the outcome of it.

But let me make it perfectly clear, if any Member in this debate is looking to try to achieve a bipartisan solution to health care, you can sign TOM COBURN and RICHARD BURR up today to sit at the table with you, to forget about who is the author of legislation, to talk about real solutions to real

problems that deal with health care. I am committed to doing it, but I am not committed to rolling over and just accepting another expansion of the Federal Government and Federal Government spending.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Colorado.

Mr. BENNET. Mr. President, as you could hear from the remarks of the Senator from North Carolina and the Senator from Oklahoma, there is agreement on some issues. We know the status quo is not going to work when it comes to health care. We know our families cannot endure another decade of double-digit cost increases every single year in their health insurance premiums. We know we can do better than devoting a fifth of our GDP to health care, when every other industrialized country in the world devotes less than half that to health care. We know the biggest drivers of our outyear budget and debt—which we do need to be enormously concerned about—are rising Medicare and Medicaid costs, and the biggest drivers of those are rising health care costs.

I would say, again, as I have said before, I hope we can start on where the areas of agreement are and try to work from there. Because our small businesses and working families all across this country, including in my State of Colorado, cannot endure another 10 years like the 10 years they have endured. We will not be able to compete effectively in this global economy, where we are devoting more than twice what any other industrialized country in the world is devoting to just one sector of our economy—health care—and we are not going to keep the kind of commitment the Senator from Oklahoma was talking about to the young girl in the photograph or, for that matter, to my three daughters at home, who are 10, 8, and 5. I am deeply concerned about where we are with respect to our deficits and our debt.

So while we are disagreeing about the outcomes, I think there is a growing understanding that the current system just will not do.

AFGHANISTAN

Mr. President, I am here to talk a little bit about Afghanistan, and just for a few minutes because yesterday we reached the 8-year anniversary of the war in Afghanistan. On this occasion, we should remember how unified our entire country was over our mission there when it began. The Nation came together after 9/11 to support our military as it bravely took the fight to the Taliban and the terrorists in Afghanistan. We had one ultimate goal: Removing al-Qaida's safe haven.

Our military succeeded in toppling the Taliban government, which had allowed al-Qaida to use Afghanistan as a staging ground and a hiding place. Once the Taliban was removed from power, an international coalition, led by U.S. forces, went about the long and difficult task of defeating al-Qaida for good.

Yet now, 8 years later and with a new administration trying to determine America's best way forward, many Americans are understandably concerned and frustrated. Afghanistan is not where any of us want it to be, and our ultimate goal has not yet been met. Al-Qaida is still there and in Pakistan as well. Afghanistan's Government has not been able to take centralized control of the country. Elections there have not added to the legitimacy of the Karzai government. We have been left to reassess our position, and we must do this reassessment together.

Policymakers are asking the important and right question: What are the proper goals for our military effort in Afghanistan? How best can we accomplish them? Are these goals purely military goals? Can they be better solved with more troops or fewer? Do we need a more complex new mission in our future, which the military aspect is only one small part?

Unless we are sure, unless all of us are sure that more troops can help us meet our goals, we should not send them. Our soldiers already have sacrificed much. This time, in particular, is a difficult one for servicemembers and their families, and it is also proving to be a difficult one for those of us making policy.

As we decide what our direction will be in Afghanistan, the fallen brave soldiers we lost from Fort Carson this week are solemn reminders of how consequential our decisions have been and will be. Those of us who opposed going to war in Iraq, including President Obama, believed then it was the wrong war at the wrong time. We believed that Washington's focus on Iraq was diverting precious resources from our efforts in Afghanistan. We are still dealing with the consequences of the decision to focus on Iraq, both in Iraq and in Afghanistan.

Recalling recent history is so important because now we have to find new wisdom on Afghanistan. At the same time, all 100 Members of this body know we must take great care as we make decisions that will affect the lives of our men and women in uniform and their families. For every soldier who answers our Nation's call to serve in combat, a new deployment is akin to a new decision to go to war. That is why our national purpose and their mission must be absolutely clear.

That is also why, as Members of this body, we must be willing to ask hard questions. The country will be counting on the Senate to scrutinize and understand the purpose of any decision to deploy additional troops. As we, together, debate a new approach to Afghanistan, I will be motivated by the memory of the Fort Carson soldiers who died this past week, as well as all those who have fallen in rank and Afghanistan. I know all of us feel the same way. They served honorably. So must we.

Mr. President, I yield the floor.

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

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

The assistant legislative clerk proceeded to call the roll.

Mr. BEGICH. 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. BEGICH. Mr. President, I ask unanimous consent that the Senate proceed to a period of morning business, with the Senators permitted to speak for up to 10 minutes each.

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

HONORING OUR ARMED FORCES

FORT CARSON SOLDIERS

Mr. UDALL of Colorado. Mr. President, I rise today to pay tribute to eight young men from Fort Carson in Colorado who perished last weekend in Afghanistan. This was the heaviest U.S. loss of life in a single battle since July 2008, when nine American soldiers were killed in Afghanistan.

In highlighting the lives of these young soldiers, I do not want to diminish the loss of other brave servicemen and women who have given their lives for our country. Before last weekend, Fort Carson alone had lost 270 soldiers in Iraq and Afghanistan, and we must continue to honor the courage of our fallen, our wounded, and those who continue the fight.

But I hope the stories of these eight young men today speak to the loved ones of all the brave men and women who have lost their lives in Afghanistan and Iraq in recent years. I honor their service, their courage, their dedication, their love of country and family. I thank their wives, husbands, children, parents, and other family members and friends for their support of these brave servicemen and women. And I want to express my deepest sympathy to them as they mourn their loss.

These eight soldiers were all from the same platoon—Bravo Troop of the 3rd Squadron, 61st Cav, 4th Infantry Division, based at Fort Carson. The 4th BCT has worked since May to secure territory throughout a four-province region near Jalalabad in some of Afghanistan's most rugged terrain, training in the nearby hills to prepare for high-altitude battle. A major achievement included providing security for Afghanistan's presidential election in August, enabling local Afghans to go to the polls.

I met with the 4th BCT commander, COL Randy George, back in April in Colorado, before Colonel George and his soldiers departed for Afghanistan. I know how hard Colonel George worked to get these soldiers ready for the

fight, and they were ready. These eight young men and their fellow soldiers fought valiantly, taking on about 200 insurgents in their remote outpost in Afghanistan's Nuristan province.

As MAJ Daniel Chandler, the rear detachment commander for the 4th

BCT, said: "They were attacked, the unit fought bravely, and in the end, they won the day."

I would like to say a few words about each of these men.

SPC Michael Scusa of Villas, NJ, was 22 years old. He joined the Army after graduating from high school and was on his second tour in Afghanistan. A former teacher said: He was a boy any mom would be proud to have. He leaves behind his wife and 1-year-old son in Colorado, as well as immediate family in New Jersey and Nebraska. SPC Christopher Griffin was 24 years old. He grew up in the small town of Kincheloe, MI. A high school classmate said that the "whole town" knew that Christopher would enlist someday. The Army was his calling—and he was very proud of it. He leaves behind his family in Michigan.

PFC Kevin Thomson of Reno, NV, was 22, and joined the Army in April 2008. Friends said that he could make anyone smile, that he valued friendship, and that he had a strong relationship with his mother. His photo hangs in Scolari's grocery store in southeast Reno, where he used to work. He leaves behind his family in Nevada and California.

SGT Vernon Martin of Savannah, GA, was 25 years old, and leaves behind a wife and three children and family in Georgia and New York. He joined the Army 6 years ago and had served in Iraq before being shipped to Afghanistan. His wife said that he hoped to work with kids someday—and that Vernon was the best thing that ever happened to her and their children.

SPC Stephan Mace of Lovettsville, VA, was 21 years old, and is survived by his family in West Virginia and Virginia. His mother said that he loved sports, wildlife, and the outdoors, and that he always had a smile on his face. He learned about patriotism from his grandfather, who served in the CIA during the Vietnam war, and had a strong love of his country and the military. Stephan's youngest brother just graduated from boot camp at Fort Sill—he wants to join the Army like his brother.

SGT Joshua Kirk—originally of Bonners Ferry, ID—was 30 years old. He leaves behind his wife and 2-year-old daughter in Colorado and mother in Idaho.

SGT Joshua Hardt of Applegate, California, was 24 years old, and was an outgoing and athletic young man—so talented at high school football that his helmet was retired. When Joshua was stationed at Fort Carson, he and his wife moved to Colorado together. Joshua leaves behind his wife and immediate family in California.

SGT Justin Gallegos of Tucson, AZ, was 27 years old. His friends called him "a man of excitement, courage, leadership, and kindness," and a strong man, a go-getter. He leaves behind family and friends in Tucson.

There is so much more to say about each one of these soldiers—and about each of the men and women who have given their lives in the service of our country. Now is a time to honor their memories and pay tribute to them for their tremendous sacrifice and dedication to our Nation. We will not forget you.

The PRESIDING OFFICER. The Senator from Ohio is recognized.

Mr. BROWN. Mr. President, I appreciate the words of the senior Senator from Colorado and his words about soldiers in his State and around the country. We all share that sentiment today in the Veterans' Committee. We heard from soldiers and family members about people who died in the line of service, not in battle but for other reasons—contaminated drinking water in some cases, in other cases open-pit burning. It is important we honor our men and women, as Senator UDALL did, but also that we, frankly, treat them better when they are in the service. Their commanding officers sometimes need to pay more attention to that and how we treat the families of our men and women, our soldiers, and our veterans. But I thank the senior Senator from Colorado.

Mr. BENNET. Mr. President, it is with a heavy heart that I rise today to recognize the tragic loss of nine soldiers stationed at Fort Carson, CO, who were killed this past weekend in Afghanistan.

Last Saturday, eight soldiers from the 4th Infantry Division's 4th Brigade Combat Team at Fort Carson were killed in a firefight by insurgents in a remote area of Afghanistan. From what we know, as many as 200 insurgents attacked two of our mountain outposts, and U.S. and Afghan soldiers responded together. The fighting lasted most of the day. When it was over, Fort Carson had seen our most costly day since Vietnam.

These eight young men made the ultimate sacrifice for their country. All Coloradans and all Americans honor their bravery and their service. We owe them and their families a great debt.

I wish to read the names of these courageous soldiers into the RECORD, and recognize that a ninth tragedy has also apparently now occurred, and say a few words about each:

SGT Vernon Martin was 25 years old. He leaves behind a wife and three children. After joining the Army 5 years ago, Vernon had already served bravely in Iraq. His wife has told people that he hoped to work with kids in the future. She also said he was the best thing that ever happened to her and their children.

SGT Justin Gallegos was 27 years old. A native of Tucson, AZ, his friends described him as a man of excitement,

courage, leadership, and kindness. He is remembered for his constant smile and his generosity. Justin leaves behind a 5-year-old son. His family and friends will miss him dearly.

SGT Michael Scusa was 22 years old. After graduating from high school in New Jersey, he joined the Army to serve his country. Michael was serving his second tour in the region. Before he died, he had told his wife that if he was killed, he wanted to be buried in Colorado Springs to be close to his son. This son had been named after a friend of Michael's who was lost in Iraq.

SGT Joshua Kirk was 30 years old. He grew up in Idaho where his family still lives. He had followed his childhood dream of entering the Army and was serving his second tour in Afghanistan. He is survived by his wife and 2-year-old daughter.

SPC Stephan Mace was 21 years old. Born in Virginia, he grew up loving sports, wildlife, and the outdoors. His mother said that he always had a smile on his face. His grandfather, who had served in the CIA, taught Stephan what it means to serve your country. Stephan recently returned home for a 15-day leave trip, and his mother said that he returned to his post without fear.

PFC Kevin C. Thomson was 22 years old. He joined the Army just last year. Originally from Reno, his friends described him as the type of person who could make anyone laugh. He cared little for material things and put more emphasis on the people around him. His photograph hangs in the Reno grocery store where he worked after high school. He will be missed by his family and friends in Nevada and California.

SGT Joshua Hardt was 24 years old. He was described by family and friends as an extrovert and athlete. He was so talented on the field, actually, that his high school football helmet was retired. Seeing the successes of his older brother in the military, he followed his brother into the Army. He is survived by his wife, his hometown sweetheart, who moved with him to Colorado after he was stationed at Fort Carson.

SPC Christopher Griffin was 24 years old. Coming from a small town in Michigan, friends say they knew he would end up serving his country. Serving in the Army was his longtime goal. He played football and wrestled in high school, and made his friends laugh. Christopher's family in Michigan is proud of his service, and his hometown has made plans to name a street after him.

In addition, we recently have learned that a ninth Fort Carson soldier was killed in Afghanistan this weekend in a separate attack. SPC Kevin O. Hill, of New York, died on Sunday. He was 23 years old.

At great personal risk, these nine men braved a war in a faraway land. They pushed forward into great danger to protect us here at home. When asked, they answered the call of duty and performed their missions with distinction.

Coloradans are immensely grateful for their selfless dedication, and our thoughts and prayers are with their families and loved ones today. I hope their pain is eased by the knowledge that these soldiers will always be remembered and honored.

Let us all remember the incredible sacrifices made by nine young people for America's freedom and our safety here at home. I know I speak for all 100 Members of the Senate in offering America's condolences and gratitude to all nine of these mourning families on this day.

PENNSYLVANIA'S 56TH STRYKER BRIGADE

Mr. CASEY. Mr. President, I wish to recognize the contributions of the 56th Stryker Brigade which recently returned to homes and families across the Commonwealth of Pennsylvania. For 9 months the 56th Stryker Brigade has been deployed in Iraq. Here these civilian soldiers, known as the Independence Brigade, worked side by side with Iraqi counterparts to continue to bring stability and security to the Iraqi people. On the front lines they patrolled neighborhoods, targeted insurgents, and swept for improvised explosive devices. They performed more than 800 combined operations, captured 7 brigade-level, high-value targets, and discovered more than 80 enemy weapons caches. Any success we have had in Iraq is not only the result of military achievements. In this regard, it is equally important to recognize the \$22 million in reconstruction efforts the 56th Stryker Brigade assisted with in coordination with an embedded U.S. provincial reconstruction team.

While these young men and women are now home, we must also remember those who fell in battle. Two members of the 56th gave, as Lincoln said so long ago, "the last full measure of devotion" to their country. SPC Chad Edmundson of Williamsburg was killed by an IED, and SSGT Mark Baum of Quakertown was killed by enemy small arms fire. To these soldiers' families and friends, I express our condolences and gratitude on behalf of the people of Pennsylvania for their sacrifice. Please know that our prayers are with you and that we will never take for granted their personal courage and sacrifice. We pray for Chad and Mark, and we also pray for ourselves, that we may be worthy of their valor.

While deployed, many things have changed for these members of the Pennsylvania National Guard. Some members met their sons and daughters for the first time. For all our troops, a time of readjustment and reintegration back into their communities and daily lives lies ahead. I want the National Guard to know I will always be committed to helping them during this battle. I know there are other guard members who bear scars from battle, whether visible or not. The Senate must ensure our citizen soldiers' jobs are maintained while they are deployed, and we must provide opportunities for them to find employment upon their return.

For this reason, I will continue to urge colleagues to take up and adopt the Service Members Access to Justice Act and the FORCE Act which will make National Guard assistance programs more effective and responsive and ensure that National Guard troops keep their jobs and employment benefits as required under law.

Again, I express my appreciation to the 56th Stryker Brigade and all of the men and women in service.

SATURN'S DEMISE

Mr. ALEXANDER. Mr. President, I ask unanimous consent to have printed in the RECORD remarks I made this weekend on the Saturn car company, which has lived and apparently passed away in the State of Tennessee but has contributed a lot to our State over the last 20 years.

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

I spent almost all the state's \$450,000 advertising budget to buy a full page ad in the Wall Street Journal saying, "Well, Saturn finally found its home . . . in Spring Hill, Tennessee."

The ad answered a question that was on the mind of millions of Americans for a few days in August, 1985: "Why Spring Hill, Tennessee?"

General Motors had looked everywhere for the best place to put its \$5 billion Saturn plant. The biggest corporation in the world was making the largest one-time investment in U.S. history.

Three banks of GM computers analyzed 1000 sites in 38 States. Then (so the ad went) the top brass answered the question: "Where is the best place in America to build the highest quality car at the lowest cost, a small car that will compete with the Japanese imports?"

General Motors hadn't spent a penny yet advertising Saturn, but the intense competitions for the Saturn plant made the front pages for months during 1985. As a result, twice as many Americans were able to identify a Saturn as could identify a Pontiac even though Pontiac had been building cars since 1926 and Saturns wouldn't be produced until 1990.

Governors had made fools of themselves making pilgrimages to Detroit and sitting on stools on Phil Donahue's television show arguing the merits of their States. I hadn't done that but had met GM President Roger Smith in a hotel room in Memphis after he made a United Way Speech. I knew that the big Nissan plant, which had just located in Smyrna, would be either the hook or the kiss of death. So I said to Mr. Smith, "Why don't you put your plant right next to your competitor's plant, and tell your union and tell your management, if the Japanese can do it, you can do it, too."

That's is exactly what GM decided to do. The Nissan and Saturn decisions put Tennessee on the map for companies looking for plant sites. (Nissan was the largest Japanese investment ever in the U.S.) Then, Tennesseans had almost no auto jobs and one of the country's lowest average family incomes. Today, thanks to the good work of Governors McWhorter, Sundquist and Bredeisen and Tennesseans' work ethic one-third of our jobs are auto jobs and our family incomes are a good deal higher.

The Nissan plant became the most efficient auto plant in North America and will begin

making electric cars next year. Its future seems secure—and so does that of hundreds of suppliers—who have migrated to Tennessee because it is now central to the American auto industry's most efficient assembly plants as well as its market and because it is a right-to-work State with one of the "best 4" lane highway systems.

Saturn started off with a bang, created almost a cult following of owners but never made a profit. Its apparent death this week when Roger Penske couldn't find anyone to make Saturns so he could sell them is like any death, sad but full of memories.

Most of the memories are good. Saturn's life was a good life, for Tennesseans. It helped put us on the map, job wise. It helped raise our incomes. There is still that \$5 billion plant there, with another billion or so spent to improve it, waiting for GM or someone else to start making cars again. We Tennesseans will miss Saturn but are grateful for its short but good life that truly made our lives better.

TRIBUTE TO MARLA AND TOM LETIZIA

Mr. REID. Mr. President, I rise today to honor Marla and Tom Letizia on their being named "Menschen" of the Year by Congregation Ner Tamid. The award is intended to reflect the ultimate values of their congregation, which is to give selflessly of oneself to benefit the community. Marla and Tom have helped make Las Vegas and Nevada a better place with their business and community involvement.

Mr. Letizia started out as an account executive for many Las Vegas television stations including KLAS TV-8. He founded Letizia Ad Team in 1974. The firm specializes in television, radio, newspaper, direct mail, internet and outdoor advertising. Mr. and Mrs. Letizia owned radio and television outlets in Reno, Las Vegas, Laughlin and Tonopah NV. They cofounded Tonopah's first radio station, KPAH-FM, which was sold in 1992, and the first radio station dual signal property in Laughlin/Las Vegas, KROL-AM, which was later sold in 1993. The Letizias were part owners of the first independent television station in Reno, KAME-TV, which later became a FOX affiliate before being sold in 1994.

In 2001, Mrs. Letizia founded Big Traffic Mobile Billboards Worldwide, which implements trucks that provide four-sided advertising space and environmentally friendly WOBI® walking billboards. She has over 35 years of marketing and journalism experience, beginning her career with KLAS-TV 8 as an assistant production manager and organizer and was subsequently promoted to director of the live television news broadcasts at 5 p.m. and 11 p.m. She gained distinction as the first female director in the history of Las Vegas, as well as the first female hired in production in Las Vegas, running the audio department during production and during live news broadcasts.

The Letizias help their community by acting as founding members of the Board of Trustees for the Meadows School. They are also on the advisory

board of the Make-A-Wish foundation of southern Nevada. Marla and Tom also compassionately care about our planet Earth. One of their innovations was a green friendly walking billboard.

With their innovative business approach and compassionate approach to their fellow Nevadans, Marla and Tom represent this country at its best. They have achieved great things and I know their future, both as a family and a business remains, as bright as the neon lights from the Las Vegas Strip. I congratulate Mr. and Mrs. Letizia on their tremendous accomplishment.

BUDGET SCOREKEEPING REPORT

Mr. CONRAD. Mr. President, I rise to submit to the Senate the third budget scorekeeping report for the 2010 budget resolution. The report, which covers fiscal year 2009, was prepared by the Congressional Budget Office pursuant to section 308(b) and in aid of Section 311 of the Congressional Budget Act of 1974, as amended. This is the final report for 2009.

The report shows the effects of congressional action through September 30, 2009, and includes the effects of legislation since I filed my last report on August 4, 2009. The new legislation is Public Law 111-68, an act making appropriations for the legislative branch for the fiscal year ending September 30, 2010, and for other purposes. The estimates of budget authority, outlays, and revenues are consistent with the technical and economic assumptions of S. Con. Res. 13, the 2010 budget resolution.

The estimates show that for fiscal year 2009 current level spending was \$3 billion above the level provided for in the budget resolution for budget authority and \$7.8 billion above it for outlays while current level revenues match the budget resolution level.

I ask unanimous consent that the letter and accompanying tables from CBO be printed in the RECORD.

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

CONGRESSIONAL BUDGET OFFICE,

Washington, DC, October 8, 2009.

Hon. KENT CONRAD,
Chairman, Committee on the Budget, U.S. Senate, Washington, DC.

DEAR MR. CHAIRMAN: The enclosed report shows the effects of Congressional action on the fiscal year 2009 budget and is current through September 30, 2009. This report is submitted under section 308(b) and in aid of section 311 of the Congressional Budget Act, as amended.

The estimates of budget authority, outlays, and revenues are consistent with the technical and economic assumptions of S. Con. Res. 13, the Concurrent Resolution on the Budget for Fiscal Year 2010, as approved by the Senate and the House of Representatives.

Pursuant to section 403 of S. Con. Res. 13, provisions designated as emergency requirements are exempt from enforcement of the budget resolution. As a result, the enclosed current level report excludes these amounts (see footnote 2 of Table 2 of the report).

Since my last letter dated August 4, 2009, the Congress has cleared and the President has signed an act making appropriations for the Legislative Branch for the fiscal year ending September 30, 2010, and for other purposes (Public Law 111-68). This act affects budget authority and outlays for fiscal year 2009.

Sincerely,

ROBERT A. SUNSHINE,
For Douglas W. Elmendorf, Director.

TABLE 1—SENATE CURRENT LEVEL REPORT FOR SPENDING AND REVENUES FOR FISCAL YEAR 2009, AS OF SEPTEMBER 30, 2009

[In billions of dollars]

	Budget Resolution ¹	Current Level ²	Current Level Over/Under (–) Resolution
ON-BUDGET			
Budget Authority	3,668.6	3,671.6	3.0
Outlays	3,357.2	3,365.0	7.8
Revenues	1,532.6	1,532.6	0.0
OFF-BUDGET			
Social Security Outlays ³	513.0	513.0	0.0
Social Security Revenues	653.1	653.1	0.0

¹ S. Con. Res. 13, the Concurrent Resolution on the Budget for Fiscal Year 2010, includes \$7.2 billion in budget authority and \$1.8 billion in outlays as a disaster allowance to recognize the potential cost of disasters; those funds will never be allocated to a committee. At the direction of the Senate Committee on the Budget, the budget resolution totals have been revised to exclude those amounts for purposes of enforcing current level.

² Current level is the estimated effect on revenues and spending of all legislation, excluding amounts designated as emergency requirements (see footnote 2 of table 2), that the Congress has enacted or sent to the President for his approval. In addition, full-year funding estimates under current law are included for entitlement and mandatory programs requiring annual appropriations, even if the appropriations have not been made.

³ Excludes administrative expenses of the Social Security Administration, which are off-budget, but are appropriated annually.
SOURCE: Congressional Budget Office.

TABLE 2—SUPPORTING DETAIL FOR THE CURRENT LEVEL REPORT FOR ON-BUDGET SPENDING AND REVENUES FOR FISCAL YEAR 2009, AS OF SEPTEMBER 30, 2009

[In millions of dollars]

	Budget Authority	Outlays	Revenues
Previously Enacted ¹			
Revenues	n.a.	n.a.	1,532,571
Permanents and other spending legislation	2,186,897	2,119,086	n.a.
Appropriation legislation	2,031,683	1,851,797	n.a.
Offsetting receipts	–640,548	–640,548	n.a.
Total, Previously enacted	3,578,032	3,330,335	1,532,571
Enacted this session:			
Helping Families Save Their Homes Act of 2009 (P.L. 111–22) ²	106	3,896	0
An act to protect the public health by providing the Food and Drug Administration with certain authority to regulate tobacco products...and for other purposes (P.L. 111–31)	11	2	8
Supplemental Appropriations Act, 2009 (P.L. 111–32) ²	89,682	26,992	0
An act to make technical corrections to the Higher Education Act of 1965, and for other purposes (P.L. 111–39)	–187	–202	0
An act to authorize the Director of the United States Patent and Trademark Office to use funds...and for other purposes (P.L. 111–45)	0	5	0
An act to restore sums to the Highway Trust Fund, and for other purposes (P.L. 111–46) ³	–40	–40	0
An act making appropriations for the Legislative Branch for the fiscal year ending September 30, 2010, and for other purposes (P.L. 111–68) ⁴	4,000	4,000	0
Total, enacted this session	93,572	34,653	8
Total Current Level ^{2,3,4,5}	3,671,604	3,364,988	1,532,579
Total Budget Resolution ⁶	3,675,736	3,358,952	1,532,579
Adjustment to budget resolution for disaster allowance ⁷	–7,150	–1,788	0
Adjusted Budget Resolution	3,668,586	3,357,164	1,532,579
Current Level Over Budget Resolution	3,018	7,824	0
Current Level Under Budget Resolution	n.a.	n.a.	0
SOURCE: Congressional Budget Office. Note: n.a. = not applicable; P.L. = Public Law.			
¹ Includes the Children's Health Insurance Program Reauthorization Act of 2009 (P.L. 111–3), the American Recovery and Reinvestment Act (ARRA) (P.L. 111–5), and the Omnibus Appropriations Act, 2009 (P.L. 111–8), which were enacted by the Congress during this session, before the adoption of S. Con. Res. 13, the Concurrent Resolution on the Budget for Fiscal Year 2010. Although the ARRA was designated as an emergency requirement, it is now included as part of the current level amounts.			
² Pursuant to section 403 of S. Con. Res. 13, provisions designated as emergency requirements (and rescissions of provisions previously designated as emergency requirements) are exempt from enforcement of the budget resolution. The amounts so designated for fiscal year 2009, which are not included in the current level totals, are as follows:			
Helping Families Save Their Homes Act of 2009 (P.L. 111–22)	–630	–630	0
Supplemental Appropriations Act, 2009 (P.L. 111–32)	16,169	3,530	0
Total, amounts designated as emergency	15,539	2,900	0
³ Section 1 of P.L. 111–46 appropriated \$7 billion to the Highway Trust Fund. The enactment of this legislation followed an announcement by the Secretary of Transportation on June 24, 2009, of an interim policy to slow down payments to states from the Highway Trust Fund. The Congressional Budget Office estimates that P.L. 111–46 will reverse this policy and restore payments to states at levels already assumed in current level. Thus, enactment of section 1 results in no change to current level totals. Other provisions of the act will reduce budget authority and outlays by \$40 million in 2009.			
⁴ Section 164 of Division B of P.L. 111–68 reduces the required transfer from the Postal Service Fund to the Postal Service Retiree Health Benefits Fund for fiscal year 2009 by \$4 billion. The transfer does not affect unified budget totals; however, since the Postal Service Fund is off-budget, and current level does not include off-budget amounts, only the on-budget piece of the transfer (an increase in spending of \$4 billion) is shown in current level totals.			
⁵ For purposes of enforcing section 311 of the Congressional Budget Act in the Senate, the budget resolution does not include budget authority, outlays, or revenues for off-budget amounts. As a result, current level excludes these items.			
⁶ Periodically, the Senate Committee on the Budget revises the totals in S. Con. Res. 13, pursuant to various provisions of the resolution:			
Original Budget Resolution Totals	3,675,927	3,356,270	1,532,571
Revisions:			
For the Supplemental Appropriations Act, 2009 (section 401(c)(4))	–1,530	2,240	0
For an act to protect the public health by providing the Food and Drug Administration with certain authority to regulate tobacco products...and for other purposes (sections 311(a) and 307)	11	2	8
For further revisions to the Supplemental Appropriations Act, 2009 (section 401(c)(4))	1,515	642	0
For an act to make technical corrections to the Higher Education Act of 1965, and for other purposes (section 303)	–187	–202	0
Revised Budget Resolution Totals	3,675,736	3,358,952	1,532,579

⁷ S. Con. Res. 13 includes \$7,150 million in budget authority and \$1,788 million in outlays as a disaster allowance to recognize the potential cost of disasters; those funds will never be allocated to a committee. At the direction of the Senate Committee on the Budget, the budget resolution totals have been revised to exclude those amounts for purposes of enforcing current level.

VOTE EXPLANATIONS

Mr. KERRY. Mr. President, I am necessarily absent for the vote today on the McCain amendment, Senate Amendment No. 2626 to the fiscal year 2010 Commerce, Justice, Science Appropriations bill (H.R. 2847). If I were able to attend today's session, I would have opposed the McCain amendment.

Mr. President, I was necessarily absent for the vote on the fiscal year 2010 Agriculture appropriations conference

report and the Ensign motion to recommit the Senate fiscal year 2010 Commerce, Justice, and Science appropriations bill, H.R. 2847. If I were able to attend today's session, I would have supported the fiscal year 2010 Agriculture conference report and opposed the Ensign motion to recommit H.R. 2847.

REMEMBERING SENATOR EDWARD KENNEDY

Mr. BARRASSO. Mr. President, in this chamber we have witnessed incredibly moving eulogies and remembrances of our departed colleague Senator Edward Kennedy. Obituaries in national and international newspapers convey the historic milestones of his life that none could forget, as well as more personal stories of the man that fewer knew.

So much has been said and written since Senator Kennedy's death August 25, 2009. Many of these stories paint the picture of his family, his life, his accomplishments, his legacy all of it extraordinary. Many of us are students of history. Indeed Senator Kennedy lived history.

I am reminded of the recollections of one of my predecessors as U.S. Senator for Wyoming, and a dear friend of Senator Kennedy, Senator Al Simpson. In an interview from 1997 given to the Institute of International Studies at the University of California as part of their "Conversation of History" project, Senator Simpson was asked: Who was the finest legislator he had ever worked with? Senator Simpson replied:

The finest legislator I ever worked with was Ted Kennedy. He had a magnificent staff, he even had a parliamentarian on that staff of his. So when you were in the legislative arena and you were bringing your lunch and staying late, you wanted to get Ted on your side or at least use some of his expertise. I would go to him sometimes early on and say look, you'll have to trust me, what the hell do I do right now to move this bill? Boy I'll tell you he had ways to do it and as you can see he uses those skills on issues in which I was totally on the other side. I can't remember them all there were so many. We were never on the same side. But he is a legislator.

And so he was. He was a quintessential legislator. There is no question about that.

Most of those who have so eloquently written and spoken since his death knew the Senator much better than I. Presidents, Senators, world leaders, and other dignitaries, members of his family and friends back in New England. They recall the Senator all of us in the Senate knew, even if only briefly a kind, caring, passionate, and deliberate figure.

Others have detailed his accomplishments they are legendary and lasting. What can I add to these recollections?

I was neither a close friend, confidante, nor legislative partner to Senator Kennedy. I was a new Senator from Wyoming when I first met him. But the story I have, I would like to share, as it is meaningful and illustrates his larger than life personality in the U.S. Senate.

On June 25, 2007, I was sworn in to the U.S. Senate. Senator Kennedy was one of a handful of Democrats in the Chamber. As you would expect, I had a lot of family members in the gallery. Later, they joined me along with Malcolm Wallop, former U.S. Senator for Wyoming, and Senator Mike Enzi in a reception off this floor.

As I was walking up the center aisle to leave the Chamber, there was a booming voice that reverberated through the Chamber. "Senator, Senator!" I was new. I had been a U.S. Senator at that point for all of 60 seconds, so I ignored the calls. At that moment a hand grabbed my shoulder, I turned and heard this booming voice again "Hi, I'm Ted Kennedy." Senator Kennedy through his voice and his presence knew how to get your attention.

All of those who came to see me sworn in—family, friends from Wyoming—they heard it too and we all broke out laughing. "Senator Kennedy, we know who you are."

Senator Kennedy began to tell me stories of his life and about his visits to Wyoming. He spoke about a trip to Rock Springs, WY, when his brother John was running for President. He spoke of Wyoming casting the votes to secure the nomination for John.

He told me about the people he had met—members of the Wyoming Democrat Party at the time—relationships he had built nearly 50 years ago. He named one after another as if he was reading from text. It was a stunning moment to watch Senator Kennedy recall places, events, and people in my home State from 1960.

At my welcoming reception he took personal time with my son Peter and my daughter Emma, both in college. He said to them, "So you're the brother and you're the sister—you know I had some brothers." He talked about John and Robert and Joe. A living history lesson. He invited them up to his office to show them pictures and other memorabilia.

In his office in the Russell Building he must have spent half an hour with Peter and Emma going over pictures of his father Joe, mother Rose, and the Kennedy kids. He shared letters, notes from history.

I think he enjoyed it nearly as much as we did. He beamed when he spoke about his family.

Senator Kennedy leaves behind an astonishing legislative record of accomplishment. He achieved his goals to a degree that perhaps no other Senator in history has. As a public servant, he has few equals.

But he was so much more. Ted also leaves us with the memory of the man—the memory of his kindness and grace, his humility.

Books will detail Ted Kennedy's legislative victories. His moments in history. I will remember the moments he took to warmly and unexpectedly welcome this new Senator and touch the lives of my family that day as well.

To Vicki, we extend our family's sympathy and hope the coming days are filled with more love, God's grace and strength to go on. Bobbi and I wish the Kennedy family our best and our prayers are with you.

Ms. MURKOWSKI. Mr. President, I was deeply saddened by the passing of Senator Edward M. Kennedy in August, my colleague on the Health, Education, and Labor Committee, a statesman in every sense of the word, and a Senator not just for the people of Massachusetts but for every corner of the Nation. I am grateful for the time I shared with him as a colleague and as a friend.

Senator Kennedy may be best known in this body for his consistent leadership on the big national issues. Whether you agreed with him or not Senator Kennedy was "all in" on the issues he

cared about, like health care and education, and a formidable force to be reckoned with.

While Senator Kennedy was firm in his convictions, he was open to the ideas of other Senators, regardless of party affiliation. As most Senators who worked with him know, Senator Kennedy had an unequaled reputation for compromise and negotiation. As legislation was being written and developed, he recognized the importance of other Senators' perspectives on an issue, including mine, and was therefore willing to alter legislative proposals for the sake of cooperation and finding middle ground with Senators from any political party. The two years I spent on the HELP Committee with him as my chairman were truly a blessing.

There was so much to admire about Senator Kennedy's career. But the thing I really admired about Senator Kennedy was his ability to look beyond the beltway to take up causes that might seem obscure to many in this body—causes that offended Senator Kennedy's sense of justice. Let me offer a few examples from my State of Alaska.

Federal law requires agencies to reinstate civil servants who go on active duty in the National Guard and Reserves when their service is complete. The law goes by the acronym USERRA. When Bob Traut of Palmer, AK, completed his active duty service with the Alaska National Guard, he was not reinstated to his position in the Indian Health Service. His position had been eliminated and he was not offered another. He filed a USERRA complaint with the Department of Labor, which was passed around among investigators and ultimately lost. Several years after he started this process he was offered a Federal position at a U.S. Coast Guard base hundreds of miles from his home. He couldn't drive to his new workplace—he had to fly there because Kodiak is an island not connected by road to the rest of Alaska. Even then his back pay claims were lost in a morass of bureaucracy, in spite of repeated inquiries from my office. Bob Traut's fortunes changed when Senator Kennedy decided to hold an oversight hearing about USERRA focused on Bob Traut's case.

The Alaska Native Claims Settlement Act, the 1971 law which resolved the aboriginal land claims of Alaska's first peoples, is truly one of the landmark pieces of federal Indian legislation. The administration offered Alaska's Native people 10 million acres of land. Senator Kennedy came to the floor on several occasions to argue that the number of acres should be no less than 40 million. The ultimate settlement was 44 million acres. A settlement which might not have been possible without Senator Kennedy's leadership.

As the chairman of the Subcommittee on Indian Education, Kennedy joined a few other Senate colleagues on a trip to several Alaska Native villages in April 1969. Kennedy recalls being stunned by the poverty and despair in the villages, many of which still lack basic sanitation and are plagued by high rates of sexual assault, domestic violence, and suicide. It affected Senator Kennedy so deeply that he found it difficult to "numb the pain."

The course of Senator Kennedy's life brought him many blessings and accomplishments. He was a father of three beautiful children and two stepchildren, a Harvard graduate, a nine-term Senator with the third longest time serving in the U.S. Senate in American history, a veteran of the Army, a talented football player who almost went pro but opted instead for a life of public service . . . the list goes on.

My condolences and blessings go out to his family, especially his wife and children. Despite Ted's passing, his spirit lives on. There is little doubt in my mind that this spirit will inspire generations of our colleagues in the years ahead to take up his causes and ensure that the vulnerable in America, the often forgotten Americans who live in remote places like rural Alaska, are never forgotten.

Ted, thank you for your service.

COMMENDING SENATOR MEL MARTINEZ

Mr. ENZI. Mr. President, it is always a bittersweet moment when we have to say goodbye to a colleague who is retiring from the Senate. We are sorry to see them go, but we are also very appreciative of all they have brought to our deliberations during their years of service to the people of their home State and the Nation.

Mel Martinez is such a person—the kind who makes the Senate the great deliberative body that it is, for Mel has a great story to tell of his life and how he came to the United States to pursue his own version of the American dream.

If you would have told Mel when he was young that he would someday serve as an elected official in the U.S. Government, I am not sure he would have believed you. He began his life in a small city in Cuba, under the repressive regime of Fidel Castro. At the age of 15 he escaped and began to pursue his destiny in the United States. At every stage of his life he was determined to do everything he could to make a difference. Looking back, I think it's clear he has succeeded beyond his wildest dreams.

From the time he first arrived in the United States, Mel was grateful for the opportunities that were available to him, and he was determined to give something back to show his appreciation for them.

He began in his own backyard when he served as mayor of Orange County.

As a former mayor myself, I know how difficult a job that can be. For Mel, it was a chance to make the lives of his neighbors and fellow citizens better and that became his focus and his top priority.

He did a good job and quickly earned the respect and support of his fellow townspeople. He also caught the attention of then President-elect George Bush who was looking for someone to serve in his Cabinet who had experience dealing with housing issues and the problems that were facing our cities and towns. That is something that Mel had been dealing with in Florida, so he became the first Cuban American appointed to a President's Cabinet when he was named to serve as our Secretary of Housing and Urban Development.

Soon after Mel was sworn in he found himself in the middle of a challenge as great as any that had ever been faced by a Cabinet Secretary before. In the aftermath of the terrorist attacks of September 11, Mel was assigned the responsibility of working on the reconstruction of lower Manhattan.

Then, having served on both the local and national level, Mel then decided to take on another challenge—representing the people of Florida in the Senate. Mel proved to more than up to the task as he has taken on a variety of issues and served on several different committees. Through it all, he has worked hard to put his principles and values into practice every day and he has a great deal to show for his service to the people of Florida in the Senate.

In the years to come, I will always remember Mel's remarkable life story that stems from the years he spent in Cuba living under a dictatorship. They were a matter of great interest to me when I was a student, but for him, it was his life. While I had only read about and watched the drama unfold during my years at George Washington University, Mel had lived it. It was a time that helped to shape his character and mold his destiny and make him appreciate the great gift of citizenship that far too many of us take for granted.

Mel has also impressed me as a man of great faith who takes his relationship with God very seriously. He shared his belief with us at one of our Prayer Breakfasts and he impressed us all with his great sincerity and his unshakeable belief that God had placed him where He needed him and that was why he was in the Senate. He saw it as an opportunity to serve God and the people back home in Florida, as well as those he left behind in Cuba and many more just like them all over the world.

Too often when we say goodbye to one of our fellow members, we forget that there is just as much life outside of the beltway as there is inside it. Our focus on Washington and our work in the Senate sometimes makes us think that this is the only place where we can pursue our dreams and make a difference in the world around us. Mel is

proof positive that there are many ways that we can make this a better world and in the years to come, as this chapter in his life ends and another begins, I have no doubt we will see Mel continue his efforts to address the problems of this world to ensure that those who have lived for too long in fear and oppression in Cuba and all over the world will someday claim the rights and freedoms we all cherish as their own.

Good Luck, Mel. I hope you and Kitty enjoy the years to come. Together you have made a great team and we know there is still much more to come in this great adventure of your lives. Good luck and God bless.

Mr. CORNYN. Mr. President, I join my colleagues in appreciation and admiration of Senator Mel Martinez.

Mel lived the first 15 years of his life under communist dictatorship in Cuba. That experience gave him a special appreciation for the blessings of liberty. As Mel's own career in public service took him from Florida to Washington, he never forgot the people living under totalitarianism in his homeland. And he never wavered in his conviction that the people of Cuba deserved the same rights as the rest of us, especially the rights to choose our leaders, worship as we please, and live in freedom.

Mel distinguished himself as a lawyer in central Florida, then won elective office as mayor of Orlando, and was appointed by President Bush to serve as his first Secretary of Housing and Urban Development. Secretary Martinez helped the people of lower Manhattan rebuild after the terrorist attacks of September 11, 2001, and he worked to expand opportunities for home owners nationwide. Mel was proud that he was the first Cuban-American to ever serve in a President's Cabinet.

Mel was also the first Cuban-American to serve in the U.S. Senate. In this Chamber, he raised his voice to strengthen our national defense, especially the Navy's shipbuilding program. He supported the development of America's natural resources in an environmentally responsible way. He had a heart for victims of Alzheimer's disease and their families, and supported greater Federal research funding to help find a cure.

Senator Martinez and I shared a concern about waste, fraud, and abuse in Medicare and Medicaid. So earlier this year, he and I introduced legislation to do something about it. The Seniors and Taxpayers Obligation Protection Act or the STOP Act would give Federal agencies greater tools and authority to detect waste, fraud, and abuse before they happen. The STOP Act has sponsors on both sides of the aisle, and I believe its provisions should be a part of our efforts to reform our health care system.

Mel served less than a full term in the Senate, but he has helped shape legislation that will govern our Nation for years to come. He and his wife

Kitty are now back home in central Florida, and Sandy and I wish them both the very best.

Ms. MURKOWSKI. Mr. President, I rise to remember a good friend who is leaving the Senate after a career of public service, Senator Mel Martinez.

Mel Martinez came to the Senate in 2005 after serving as Secretary of Housing and Urban Development under President George W. Bush. Senator Martinez was the first Cuban American to serve in the U.S. Senate. Born in Cuba, Senator Martinez arrived in the United States at age 15.

During his tenure as Secretary of Housing and Urban Development, Mel Martinez addressed the National Congress of American Indians, pledging to strengthen the government to government relationship with tribes in the Federal Indian programs administered by his agency. He was keenly interested in ameliorating the third world housing conditions that exist in the Native villages of rural Alaska. Alaska's tribe and tribal housing authorities benefit greatly from Federal funding available under the Native American Housing Assistance and Self Determination Act and other Federal housing programs, which were strengthened under Senator Martinez' leadership at HUD.

Despite the fact that the States we represent are as far away geographically as States can be, we have always been good friends.

I was proud to serve with Senator Martinez on the Energy and Natural Resources Committee. Senator Martinez was a close ally on energy issues, and he was always a fierce advocate for the interests of his Floridian constituents. We shared a common interest in promoting Federal energy efficiency standards, responsible nuclear waste storage, and we worked together on the 2005 Energy Policy Act. He was a tough bargainer on the more recent 2007 Energy Independence and Security Act as he aggressively pursued the interests of his constituents with respect to Federal Outer Continental Shelf energy development.

I wish Mel Martinez and his wife Kitty the best of luck in their future endeavors.

MILITARY NOMINATIONS

Mr. LEVIN. Mr. President, from the Committee on Armed Services, I report favorably the attached listing of nominations:

Those identified with a single bullet • are to be placed on the Executive Calendar. Those identified with a double asterisk (**) are to lie on the Secretary's desk for the information of any Senator since these names have already appeared in the CONGRESSIONAL RECORD and to save the expense of printing again:

MILITARY NOMINATIONS PENDING WITH THE SENATE ARMED SERVICES COMMITTEE WHICH ARE PROPOSED FOR THE COMMITTEE'S CONSIDERATION ON OCTOBER 8, 2009

• LTG David M. Rodriguez, USA to be lieutenant general and Commander, International Security Assistance Force Joint Command (Reference No. 1067)

ENERGY AND WATER APPROPRIATIONS REQUEST

Mr. BOND. Mr. President, it has come to my attention that my name was incorrectly added next to the line item "St. John's Bayou and New Madrid Floodway" Project in the conference Report of the fiscal year 2010 Energy and Water Resources Development Appropriations Act. I ask that the RECORD reflect that this is a mistake. I did not make a request for funding for this project and my name should not be attached to this project.

PROTECTING OLDER WORKERS AGAINST DISCRIMINATION ACT

Mr. HARKIN. Mr. President, on Tuesday, October 6, I introduced S. 1756, the Protecting Older Workers Against Discrimination Act.

To appreciate the need for this bill, consider the case of a hard-working Iowan named Jack Gross. Mr. Gross gave the prime of his life, a quarter century of loyal service, to one company. How did that company reward him for his dedication and hard work? It brazenly demoted him and other employees over the age of 50, and gave their jobs to a younger employee.

Expressly to prevent this kind of discrimination, over 40 years ago Congress passed the Age Discrimination in Employment Act, ADEA. The ADEA, which made it unlawful to discriminate on the basis of age, was modeled on and used the same language as title VII of the Civil Rights Act of 1964, the law that prohibits employment discrimination on the basis of race, sex, national origin and religion.

When Mr. Gross sought to enforce his rights, a jury of Iowans heard the facts and found that his employer discriminated against him because of age. That jury awarded him almost \$47,000 in lost compensation.

The case was ultimately appealed to the Supreme Court. This past June, in *Gross v. FBL Financial, Inc.*, five Justices rewrote the rules—indeed, effectively rewrote the law—and ruled against Mr. Gross and other older workers. In doing so, the Court made it harder for those with legitimate age discrimination claims to prevail under the ADEA.

For decades, the law was clear. In 1989, in *Price Waterhouse v. Hopkins*, the Court ruled that if a plaintiff seeking relief under title VII of the Civil Rights Act demonstrated that discrimination was a "motivating" or "substantial" factor behind the employer's action, the burden shifted to the employer to show it would have taken the same action regardless of the plaintiff's membership in a protecting class. As part of the Civil Rights Act of 1991, Congress formally codified the "motivating factor" standard with respect to title VII.

Because the Age Discrimination in Employment Act uses the same language as title VII, was modeled off it, and had been interpreted consistent with the Civil Rights Act of 1964, courts correctly and consistently held

that a victim bringing suit under the ADEA need only show that membership in a protected class was a "motivating factor" in an employer's action—the same standard for plaintiffs claiming discrimination on the basis of race, sex, religion, or national origin. If an employee showed that age was one factor in an employment decision, the burden was on the employer to show it had acted for a legitimate reason other than age.

In *Gross*, the Court—addressing a question on which it did not grant certiorari—tore up this settled decades old standard. In its place, the Court applied an entirely new standard that makes it prohibitively difficult for a victim to prove age discrimination. According to the Court, a victim of age discrimination bears the full burden of proving that age was not only a motivating factor but the decisive factor.

This extremely high burden radically undermines older workers' ability to hold employers accountable. Bear in mind that unlawful discrimination is often difficult to detect. Obviously, those who discriminate do not often admit they are acting for discriminatory reasons. To the contrary, they go out of their way to conceal their true intent. Discrimination cases rarely involve a smoking gun.

The reality, however, is that while employers rarely post signs saying "older workers need not apply," ageism in the workforce does indeed exist, as Mr. Gross and his colleagues learned the hard way. Indeed, according to an AARP study, 60 percent of older workers have reported that they or someone they know has faced age discrimination in the workplace.

Countless thousands of American workers who are not yet ready to voluntarily retire find themselves jobless or passed over for promotions because of age discrimination. Older workers often face ugly, baseless stereotypes: That they are not as productive as younger workers; that they cannot learn new skills; that they somehow have a lesser need for income to provide for their families.

These stereotypes—and the discrimination they feed—are wrong and immoral. This is also harmful to our economy, inasmuch as it deprives us of the skills and talents of millions of older workers.

The timing of the Court's decision is particularly troubling. As our economy continues to struggle, older workers are being hit particularly hard. According to the Department of Labor, there are 2 million unemployed workers over the age of 55. This is an all-time high since the Bureau of Labor Statistics began matching age and unemployment in 1948. According to the Equal Employment Opportunity Commission, in 2008 nearly 25,000 age discrimination claims were filed, a 30-percent increase over 2007. Given the stereotypes that older workers face, it is no surprise that, on average they remain unemployed twice as long as all unemployed workers.

The Protecting Older Workers Against Discrimination Act reverses

the Court's decision and restores the law to what it was for decades. The bill makes clear that when an employee shows that discrimination was a "motivating factor" behind a decision, the burden is properly on the employer to show it complied with the law.

The act is modeled on part of the Civil Rights Act of 1991, which passed the Senate 93-5. As under title VII of the Civil Rights Act, once a plaintiff establishes that age was a motivating factor, the burden shifts to the employer. If the employer establishes that the same decision would have been made regardless of discrimination, the employer remains liable, but remedies are limited.

Only the employer is in a position to know his or her own mind and offer an explanation as to why a decision that involves discrimination was actually motivated by legitimate reasons. By putting the entire burden on the worker to demonstrate the absence or insignificance of other factors, the Court in effect gave employers license to discriminate, so long as they do not actually say they are singling out an employee solely because of age.

Finally, the Protecting Older Workers Against Discrimination Act makes clear that the "motivating factor" framework applies to all antidiscrimination and antiretaliation laws.

In *Gross*, Justice Thomas defended the Court's radical departure from well-established law by noting that the Court "cannot ignore Congress' decision to amend title VII's relevant provisions but not make similar changes to the ADEA." In other words, the Court found that because Congress, in the Civil Rights Act, codified the "motivating factor" framework for title VII of the Civil Rights Act, but not for the ADEA, Congress somehow must have intended Price Waterhouse not to apply to any statute but title VII. This is a serious misreading of the intent of Congress.

Unfortunately, this reasoning in *Gross* has already had reverberations in other civil rights cases since many antidiscrimination and antiretaliation statutes utilize similar language as title VII and the ADEA. As the Seventh Circuit recently held, "[Gross] holds that, unless a statute (such as the Civil Rights Act of 1991) provides otherwise, demonstrating but-for causation is part of the plaintiff's burden in all suits under federal law."

The Protecting Older Workers Against Discrimination Act, therefore makes clear that Congress is in no way questioning the "motivating factor" framework in other antidiscrimination and antiretaliation statutes.

The aim of this bill is very simple. It reiterates what Congress said 40 years ago when it passed the ADEA: When an employer makes an employment decision it is illegal for age to be a factor. A person should not be judged arbitrarily because he or she was born on or before a certain year, despite the fact that he or she still has the ability

to contribute as much, or more, as the next person. This bill will help ensure that all our citizens have an opportunity commensurate with their abilities, for productive employment.

AMERICA'S ECONOMIC STATE OF MIND

Mr. BARRASSO. Mr. President, I rise today to submit for the RECORD a letter I received from the mayor of Evanston, WY, William Davis.

Evanston is a wonderful community located in the Bear River Valley of southwest Wyoming. The town was founded in the 1800's during construction of the First Transcontinental Railroad. Today, over 11,000 people call Evanston home.

Mayor Davis wrote to me last week. He wanted me to know that individuals and communities across Wyoming are feeling the impact of America's current economic times. This does not come as a surprise. What I found of particular interest in Mayor Davis' letter was his observations regarding the primary factor driving our economy: Americans' anxiety about the future.

Like Mayor Davis, I hear regularly from the people of Wyoming who are concerned about the future of our country. They are anxious about the changes being proposed in Washington. They are concerned about losing control over their own lives to Federal bureaucracies. They are angry about the financial train wreck called the Federal deficit that is picking up steam and headed their way.

Mr. President, the mayor's sentiments are shared by thousands of people across Wyoming. I would ask that his letter be printed in the RECORD.

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

CITY OF EVANSTON, WYOMING,
September 28, 2009.

Senator MIKE ENZI,
Russell Senate Office Building,
Washington, DC.
Senator JOHN BARRASSO,
Dirksen Senate Office Building,
Washington, DC.
Representative CYNTHIA LUMMIS,
Longworth House Office Building,
Washington, DC.

DEAR SIRS AND MADAM, you have already heard that sales tax revenues in Wyoming have been plunging for quite some time as the economic times continue to challenge the people who live and work here. I am also confident that you are all well aware of the impact that these lost taxes have on local governments in the state— Uinta County's sales taxes for this fiscal year are down nearly 35% from this same time last year. Evanston's last distribution from the Department of Revenue was 48% less than for this same month last year!

It goes without saying that we are spending many hours looking into our budgets for ways to provide city services to our residents and citizens while facing head on the loss of such important revenues. We will survive but it will be painful to say the least.

This brings me to the reason for this letter. I have been giving much thought and consideration to the reasons that people are

not spending their money on those items that generate sales taxes that the local governments depend so heavily upon. Without trying to pick a fight I think that Congress shares much of the burden for the fears and feelings that are keeping citizens and businesses from spending money.

Every day we hear the news of a new \$800 billion program here or a \$1 trillion overhaul of the healthcare system. Seniors hear about a potential loss of Medicare benefits that will cost them more out of pocket for many of their daily needs. Young families see the prices of groceries and utilities on the rise. It is harder for them to afford the basic needs of their children when it comes to school supplies and new clothes. They hear that energy costs to heat their homes and drive their cars are going to go up because of a new cap and trade bill already passed by the House and awaiting action in the Senate. Businesses are stagnant as well while their owners and managers wait to see just what the federal government is going to change that will affect the way they do business. What costs will increase? Will I have to pay even more out from my shrinking bottom line to cover increased costs of unemployment? Healthcare? Utilities? With shrinking sales can I even afford to keep my current employees let alone hire anyone additional? The list just seems to go on and on.

Why would a business seek to expand or hire someone else until these issues are all ironed out? Why would a mother and father plan a vacation or purchase almost anything that is not a necessity when there is so much that is unknown about their future? Will there be an income? Will I have any benefits? Will the prices continue to rise? How can I save for my kids education expenses? What will my taxes be in the future? How much higher can my credit card interest rate go?

These are the questions in the real world that I live in everyday. I don't have to travel back to Wyoming to get this perspective. I hear about it everyday when I go the store or out to dinner. People share their fears and anxieties with me almost everywhere I go these days. Try as I might to offer some assurances that we can work together to make things better my efforts are not very successful.

My quick solution to these problems? Tell Congress to back off for awhile. Certainly there are many problems that need to be addressed on the national level. We all want to have a clean and healthy environment but we all want to have a job as well. All of us would like to see roads and bridges improved and made safer but we also need food to eat and clothes to wear. No one wants to see someone suffer because they don't have adequate health insurance but no one wants to lose that benefit themselves because their employer just laid people off or, worse yet, just closed the doors. In most communities people are used to rallying and supporting their neighbors when they face a sudden illness or get a terminal diagnosis, but if they can't pay the rent they can't do much for their neighbor either.

They read that the national debt ceiling just had to be raised but only by a couple of trillion dollars, so not that much more. The people that talk to me aren't stupid. They know the day of reckoning for all of this spending is coming. They are trying their best to be ready for it but they also know that they won't be able to save enough today to be ready for that tomorrow. They see the treasury print more money or sell more of our debt to a foreign nation and they know that this is not good. They used to be able to get some money to cover their debts from their house but this has gone away. They used to have some retirement funds in the market but this has gone away. They used to

think about retirement at some point in their lives but now figure they will be working much longer now than they had once thought.

Their decisions to not spend money really hurt on the local level in Wyoming. I suspect the same is true in many other states because we (local governments) do not have the means to reach directly into their pockets to get the necessary funds for our services like the federal and state governments do.

People and businesses are hunkered down and holding tight while they wait to see when the Congress is going to quit proposing massive and expensive changes to the entire landscape of the country. If this were a battlefield I would say that the current strategies being employed are a well thought out and all encompassing assault. We are effectively being surrounded. We have no open flanks to escape through. Almost every aspect of our lives appears to be exposed and we have no way to cover it up.

I ask the question then: are we creating more panic and fear with all that is going on? If we just settled down and got out of crisis mode would businesses begin to expand on their own? Would people once again shop without fear this could be their last shopping trip for awhile? If everyone just stopped and took in a very deep breath and exhaled slowly would the increased flow of oxygen into the body bring clearer thoughts and a more relaxing mood?

It is almost the first of October. It just doesn't seem to me that we need to disarm and dismantle all of the world's nuclear arms; create a massive overhaul of the world's best healthcare system; return the atmosphere to a pre 1950's condition; balance a federal budget; save every endangered species; find a cure for H1N1 virus; create a vaccine for HIV/AIDS; declare what is left of the public lands in the west as wilderness; save the polar ice cap; become energy self sufficient; tear down all of the coal fired generation facilities; replace every incandescent light bulb with a fluorescent one; paint every roof top in the United States white; and do everything else that is being talked about and have it all done by the end of this year. It makes no sense to me and I don't think it makes much sense to anyone else.

I realize that none of you belong to the party currently "in power" (such an awful term), but there may be something that you can do to just slow things down some. The people of this country need time to catch their breath.

Thank you for letting me share my thoughts with you. We will continue to do the best we can at picking up the pieces that are left to us. We will also continue to hope for bigger pieces to come our way.

Respectfully yours,

WILLIAM R. DAVIS,
Mayor.

ADDITIONAL STATEMENTS

TRIBUTE TO DR. FORREST M. BIRD

• Mr. CRAPO. Mr. President, today I am proud to honor and congratulate Idaho resident Dr. Forrest M. Bird for a lifetime of service and achievement. I had the pleasure today of meeting with Dr. Bird and his wife Pam, and very much enjoyed that short visit. Dr. Bird is well and widely known around the world for his lifesaving inventions: the Bird Mark 7 respirator, which was the first reliable and low-cost respirator in

the world; and the Baby Bird respirator, which has greatly decreased infant mortality rates. In addition to being a brilliant inventor and scientist, Dr. Bird is a former pilot and founder of the Bird Aviation Museum and Invention Center, which is located in Sagle, ID, where his company, Percussionaire Corporation, produces his lifesaving medical devices. He has been the recipient of numerous awards, including two Lifetime Scientific Achievement awards, and has been inducted into the National Inventors Hall of Fame. In 2008, he was awarded the Presidential Citizens Medal by President Bush and received the National Medal of Technology and Innovation by President Obama just this week.

Dr. Bird's interest in aviation and his invention of the world-renowned Bird respirators are remarkably intertwined. His father served as a pilot in World War I, and, after earning a degree in aeronautics, Dr. Bird served as an Army Air Corps pilot in WWII. At the time, airplanes were designed to reach higher altitudes, but pilots were increasingly unable to breathe as the altitude increased. Dr. Bird's consideration of this problem, and his attendance at medical school after the war, eventually led him to the invention of the famous Bird respirator. In 2007, his twin interests of aviation and invention led him to open the Bird Aviation Museum and Invention Center.

Clearly there is good reason for the impressive list of honors that Dr. Bird has received throughout his life. It has been a life of service that has made an incredible mark upon the world. His inventions have touched, transformed, enhanced and saved the lives of millions around the world. His museum provides a great service to his community by educating and inspiring young visitors and by bringing long-lost memories alive for older visitors. For his groundbreaking contributions to America and the world, Idaho is proud to have produced such an impressive citizen. We appreciate and honor his remarkable achievements.●

REMEMBERING BRIGADIER GENERAL MILDRED INEZ CAROON BAILEY

• Mrs. HAGAN. Mr. President, today I honor a woman of great character; a woman who provided unquestionable leadership to our Nation and a woman who proudly hailed from North Carolina. Our State motto, "Esse Quam Videri," "To be, rather than to seem," richly describes BG Mildred Inez Caroan Bailey; a trailblazer who thrived on challenges, especially when she was told, "it can't be done." As a member of the Senate Armed Services Committee, I am proud to recognize General Bailey's contributions to the U.S. Army in this Chamber today.

Brigadier General Bailey was born in 1919 in Fort Barnwell, NC, and raised in nearby Kinston. Inez, as she was known

to her friends, directed the Women's Army Corps, WAC, from 1971 to 1975. Enlisting at a time when a woman's role in uniform was unclear, she experienced unquestionable changes for women in the military throughout her 33-year career. General Bailey was the third female to be promoted to brigadier general, a rank she never sought, but would never have thought to turn down.

When she wasn't studying her favorite subject, French, Inez worked in her parents' grocery store. Upon graduation, she enrolled in Flora McDonald College in Red Springs, NC, and later transferred to the Woman's College of the University of North Carolina—now the University of North Carolina at Greensboro. She graduated in 1940 with a degree in education and one professional goal—to be a French teacher. She eventually accepted a job teaching French in Taylorsville, NC.

When World War II broke out, this North Carolina French teacher thought a job in the Army Air Corps might be interesting, but it wasn't until a friend dragged her along to Fort Bragg that she really gave the military a second thought. The Army needed women to take the place of male soldiers who worked nonbattlefield jobs in order to free them for service on the front lines. Six months after Pearl Harbor, Inez joined the Women's Army Auxiliary Corps, WAAC, the predecessor to WAC, at Fort Bragg. Although her parents were unhappy about her decision, they supported her nonetheless. Although women held primarily administrative, clerical and supply-type positions, she was encouraged to discover that women were also packing parachutes and were even mechanics. Due to her college degree, General Bailey was eligible for officer candidate school.

Her first unit command was at George Field Army Air Base in Illinois. There, she became very good at marching. She said, "I didn't know any women who didn't like marching. We thought it was fun and we were proud of our marching, we could keep a good beat with the Colonel Bogey March!" They even added words to the march, "Duty is calling you and me. We have a date with destiny. Ready, the WACs are ready. Our hearts are steady, the world to set free. Service, we're in it heart and soul. Victory is our only goal. We love our country's honor, and we'll defend it against any foe."

Eventually the Army made use of her background as a French teacher, assigning her to teach English to freed French prisoners of war who had been held in Morocco. She was thrilled to teach the soldiers because they were excited to learn, unlike the high school students she taught before joining the Army. At the end of the war, the debate about women serving in the military continued. Brigadier General Bailey could have left, but by then she was married and making, as she recalled, "a magnificent sum of \$166.60 and 2/3 cents a month—much more than a

teacher's salary." She commanded a WAC attachment in the 98th General Hospital in Munich, where she was the highest ranking first lieutenant, male or female, in the European Command. She made first lieutenant within 6 months after she joined the service and had many great assignments that she described as "wonderful assignments—but there were no promotions involved, because women weren't promoted."

Eventually General Bailey returned to the States where she was initially assigned to intelligence work in the Military District of Washington before reporting for duty as a recruiter in charge of recruiting women in the seven Southeastern States; including North Carolina. Recruiting was a turning point for Inez Bailey. She discovered she was a "ham and loved being interviewed on television and making speeches." She led a team of recruiters who exhibited around the country with a program that highlighted the historic contributions of women in every branch of the military. The exhibit included Belle Boyd, a Confederate spy who was a captain and honorary aide de camp to GEN Stonewall Jackson. After recruiting, Brigadier General Bailey became the Army's Senate liaison. She said for the first few weeks, all she saw were the backs of the Senators' heads from the Senate galleries.

After 29 years of service, she was assigned to Fort McClellan, AL, as the deputy commander of the training center. When General Westmoreland summoned her to Washington, she asked if the meeting could be postponed because she was involved in a theater production she didn't want to miss. All the while she thought, "If General Westmoreland suggests I might be the new director of the Women's Army Corps, I'm just going to say no thank you. If I'm your first choice, then take the second choice." She didn't get a chance to argue when he told her she would be the new WAC director. She was needed because the Army needed to recruit more women. Under her tenure the number of women in the Army tripled; from 13,000 to 39,000. And for the first time, women were allowed to command men.

She retired from the Army with the rank of brigadier general. Her military decorations included the Distinguished Service Medal and the Legion of Merit. General Bailey will be interred at Arlington National Cemetery on October 14. Her husband, Marine Sergeant Major Roy C. Bailey, died in a traffic accident in 1966.●

RECOGNIZING THE INTERNATIONAL FERTILIZER DEVELOPMENT CENTER

● Mr. SHELBY. Mr. President, I wish to honor the International Fertilizer Development Center, IFDC, as it celebrates the 35th anniversary of its founding today, October 8.

In the wake of the worldwide food and energy shortages of the 1970s, the

IFDC was established in Muscle Shoals, AL, to be a national center of excellence with expertise in fertilizers to service the needs of developing countries. Since its inception, the IFDC has worked to address issues such as international food security, the alleviation of global hunger and poverty, environmental protection, and the promotion of economic development and self-sufficiency.

Today, with staff members working in 30 nations throughout Africa, the Near and Far East, and Latin America, the IFDC is critical to ensuring underdeveloped countries have more efficient fertilizer and, therefore, food for their people. The IFDC has helped increase sustainable food production in more than 130 nations and has also contributed to the development of institutional capacity-building through training.

I sincerely congratulate the IFDC on its anniversary and wish it continued success in Muscle Shoals and abroad.●

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.)

MESSAGE RELATIVE TO THE WORLD TRADE ORGANIZATION WAIVER REQUIRED BY THE CLEAN DIAMOND TRADE ACT—PM 32

The PRESIDING OFFICER laid before the Senate the following message from the President of the United States which was referred to the Committee on Finance:

To the Congress of the United States:

The Clean Diamond Trade Act (Public Law 108-19) (the "Act") authorizes the President to "prohibit the importation into, or exportation from, the United States of any rough diamond, from whatever source, that has not been controlled through the Kimberley Process Certification Scheme." The Act takes effect on the date that the President certifies to the Congress that (1) an applicable waiver that has been granted by the World Trade Organization (WTO) is in effect, or (2) an applicable decision in a resolution adopted by the United Nations Security Council pursuant to Chapter VII of the Charter of the United Nations is in effect. The Act remains in effect during those periods in which, as certified by the Presi-

dent to the Congress, such an applicable waiver or decision is in effect.

On July 29, 2003, the President certified that the WTO General Council had adopted a decision granting a waiver pursuant to Article IX of the Marrakesh Agreement Establishing the World Trade Organization concerning the Kimberley Process Certification Scheme for rough diamonds. The waiver applies to the United States and other WTO members that requested the waiver and to any WTO member that notifies the WTO of its desire to be covered by the waiver. The waiver was scheduled to have effect from January 1, 2003, through December 31, 2006. On December 19, 2006, the WTO General Council adopted a decision to extend the waiver through December 31, 2012.

I hereby certify that an applicable waiver, within the meaning of the Act, granted by the World Trade Organization has been in effect since January 1, 2003, and will remain in effect through December 31, 2012.

BARACK OBAMA.
THE WHITE HOUSE, October 8, 2009.

MESSAGES FROM THE HOUSE

At 11:38 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, without amendment:

S. 1717. An act to authorize major medical facility leases for the Department of Veterans Affairs for fiscal year 2010, and for other purposes.

At 12:42 p.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 bills, in which it requests the concurrence of the Senate:

H.R. 2092. An act to amend the National Children's Island Act of 1995 to expand allowable uses for Kingman and Heritage Islands by the District of Columbia, and for other purposes.

H.R. 2174. An act to designate the facility of the United States Postal Service located at 18 Main Street in Howland, Maine, as the "Clyde Hichborn Post Office".

H.R. 3547. An act to designate the facility of the United States Postal Service located at 936 South 250 East in Provo, Utah, as the "Rex E. Lee Post Office Building".

The message also announced that the House agrees to the amendment of the Senate to the bill (H.R. 1035) to amend the Morris K. Udall Scholarship and Excellence in National Environmental and Native American Public Policy Act of 1992 to honor the legacy of Stewart L. Udall, and for other purposes; with an amendment, in which it requests the concurrence of the Senate.

At 3:44 p.m., a message from the House of Representatives, delivered by Ms. Niland, one of its reading clerks, announced that the House agrees to the report of the committee of conference on the disagreeing votes of the two Houses on the amendment of the Senate to the bill (H.R. 2647) to authorize appropriations for fiscal year 2010

for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, to provide special pays and allowances to certain members of the Armed Forces, expand concurrent receipt of military recruitment and VA disability benefits to disabled military retirees, and for other purposes.

The message further announced that the House agrees to the following concurrent resolution, in which it requests the concurrence of the Senate:

H. Con. Res. 196. Concurrent resolution making corrections in the enrollment of the bill H.R. 2647.

At 4:24 p.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 bills, in which it requests the concurrence of the Senate:

H.R. 3590. A bill to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes.

H.J. Res. 26. A joint resolution proclaiming Casimir Pulaski to be an honorary citizen of the United States posthumously.

The message also announced that the House agrees to the amendment of the Senate to the bill (H.R. 1016) to amend title 38, United States Code, to provide advance appropriations authority for certain accounts of the Department of Veterans Affairs, and for other purposes; with an amendment, in which it requests the concurrence of the Senate.

MEASURES REFERRED

The following bills and joint resolution were read the first and the second times by unanimous consent, and referred as indicated:

H.R. 2092. An act to amend the National Children's Island Act of 1995 to expand allowable uses for Kingman and Heritage Islands by the District of Columbia, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

H.R. 2174. An act to designate the facility of the United States Postal Service located at 18 Main Street in Howland, Maine, as the "Clyde Hichborn Post Office"; to the Committee on Homeland Security and Governmental Affairs.

H.R. 3547. An act to designate the facility of the United States Postal Service located at 936 South 250 East in Provo, Utah, as the "Rex E. Lee Post Office Building"; to the Committee on Homeland Security and Governmental Affairs.

H.J. Res. 26. Joint resolution proclaiming Casimir Pulaski to be an honorary citizen of the United States posthumously; to the Committee on the Judiciary.

MEASURES READ THE FIRST TIME

The following bills were read the first time:

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

H.R. 3590. An act to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes.

S. 1772. A bill to require that all legislative matters be available and fully scored by CBO 72 hours before consideration by any subcommittee or committee of the Senate or on the floor of the Senate.

EXECUTIVE AND OTHER COMMUNICATIONS

The following communications were laid before the Senate, together with accompanying papers, reports, and documents, and were referred as indicated:

EC-3291. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "C10-C18-Alkyl dimethyl amine oxides; Exemption from the Requirement of a Tolerance" (FRL No. 8437-3) received in the Office of the President of the Senate on October 5, 2009; to the Committee on Agriculture, Nutrition, and Forestry.

EC-3292. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Ammonium chloride; Exemption from the Requirement of a Tolerance" (FRL No. 8438-1) received in the Office of the President of the Senate on October 6, 2009; to the Committee on Agriculture, Nutrition, and Forestry.

EC-3293. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Quinclorac; Pesticide Tolerance for Emergency Exemption" (FRL No. 8434-3) received in the Office of the President of the Senate on October 6, 2009; to the Committee on Agriculture, Nutrition, and Forestry.

EC-3294. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Sodium and Ammonium Naphthalenesulfonate Formaldehyde Condensates; Exemption from the Requirement of a Tolerance" (FRL No. 8439-1) received in the Office of the President of the Senate on October 6, 2009; to the Committee on Agriculture, Nutrition, and Forestry.

EC-3295. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Pyraclostrobin; Pesticide Tolerances" (FRL No. 8793-2) received in the Office of the President of the Senate on October 5, 2009; to the Committee on Agriculture, Nutrition, and Forestry.

EC-3296. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, a Uniform Resource Locator (URL) for a document entitled "Issuance of 2009 Revised CERCLA Model Remedial Design/Remedial Action Consent Decree" received in the Office of the President of the Senate on October 6, 2009; to the Committee on Environment and Public Works.

EC-3297. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation,

Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Operating Permit Programs; Flexible Air Permitting Rule" (FRL No. 8964-8) received in the Office of the President of the Senate on October 5, 2009; to the Committee on Environment and Public Works.

EC-3298. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Standard of Performance for Coal Preparation and Processing Plants" (FRL No. 8965-3) received in the Office of the President of the Senate on October 5, 2009; to the Committee on Environment and Public Works.

EC-3299. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Approval and Promulgation of Air Quality Implementation Plans; Delaware; Regulation to Reduce Idling of Heavy-Duty Vehicles" (FRL No. 8967-1) received in the Office of the President of the Senate on October 6, 2009; to the Committee on Environment and Public Works.

EC-3300. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Approval and Promulgation of Implementation Plans; Corrections to the Arizona and Nevada State Implementation Plans" (FRL No. 8966-3) received in the Office of the President of the Senate on October 6, 2009; to the Committee on Environment and Public Works.

EC-3301. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Approval and Promulgation of Air Quality Implementation Plans; Indiana; Extended Permit Terms for Renewal of Federally Enforceable State Operating Permits" (FRL No. 8963-4) received in the Office of the President of the Senate on October 5, 2009; to the Committee on Environment and Public Works.

EC-3302. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "Taxation of Fringe Benefits" (Rev. Rul. 2009-28) received in the Office of the President of the Senate on October 5, 2009; to the Committee on Finance.

EC-3303. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "Definition of Omission from Gross Income" (RIN1545-BI94) received in the Office of the President of the Senate on October 5, 2009; to the Committee on Finance.

EC-3304. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "Update of Weighted Average Interest Rates, Yield Curves, and Segment Rates" (Notice No. 2009-76) received in the Office of the President of the Senate on October 7, 2009; to the Committee on Finance.

EXECUTIVE REPORTS OF COMMITTEES

The following executive reports of nominations were submitted:

By Mr. LEVIN for the Committee on Armed Services.

*Army nomination of Lt. Gen. David M. Rodriguez, to be Lieutenant General.

By Mr. BINGAMAN for the Committee on Energy and Natural Resources.

*John R. Norris, of the District of Columbia, to be a Member of the Federal Energy Regulatory Commission for the remainder of the term expiring June 30, 2012.

*Jose Antonio Garcia, of Florida, to be Director of the Office of Minority Economic Impact, Department of Energy.

*Joseph G. Pizarchik, of Pennsylvania, to be Director of the Office of Surface Mining Reclamation and Enforcement.

By Mr. LEAHY for the Committee on the Judiciary.

Brendan V. Johnson, of South Dakota, to be United States Attorney for the District of South Dakota for the term of four years.

Karen Louise Loeffler, of Alaska, to be United States Attorney for the District of Alaska for the term of four years.

Steven Gerard O'Donnell, of Rhode Island, to be United States Marshal for the District of Rhode Island for the term of four years.

*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.

(Nominations without an asterisk were reported with the recommendation that they be confirmed.)

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. FRANKEN (for himself, Mr. WHITEHOUSE, and Mr. BROWN):

S. 1763. A bill to amend the Internal Revenue Code of 1986 to deny the deduction for advertising and promotional expenses for prescription pharmaceuticals; to the Committee on Finance.

By Mr. LAUTENBERG:

S. 1764. A bill to clarify the application of section 14501(d) of title 19, United States Code, to prevent the imposition of unreasonable transportation fees; to the Committee on Commerce, Science, and Transportation.

By Mr. CARDIN (for himself, Ms. COLLINS, Mr. BROWN, Ms. MIKULSKI, Mr. WHITEHOUSE, Mr. SCHUMER, and Mr. BURRIS):

S. 1765. A bill to amend the Hate Crime Statistics Act to include crimes against the homeless; to the Committee on the Judiciary.

By Mr. BROWN (for himself and Mrs. HAGAN):

S. 1766. A bill to enhance reciprocal market access for United States domestic producers in the negotiating process of bilateral, regional, and multilateral trade agreements; to the Committee on Finance.

By Mr. BURR (for himself and Mrs. HAGAN):

S. 1767. A bill to authorize a land exchange to acquire land for the Blue Ridge Parkway from the Town of Blowing Rock, North Carolina, and for other purposes; to the Committee on Energy and Natural Resources.

By Mr. BURR (for himself and Mrs. HAGAN):

S. 1768. A bill to adjust the boundaries of Pisgah National Forest in McDowell County, North Carolina; to the Committee on Agriculture, Nutrition, and Forestry.

By Mr. VITTER:

S. 1769. A bill to amend the Internal Revenue Code of 1986 to allow certain coins to be acquired by individual retirement accounts and other individually directed pension plan accounts, and for other purposes; to the Committee on Finance.

By Ms. MURKOWSKI (for herself, Mr. CRAPO, and Mr. NELSON of Nebraska):

S. 1770. A bill to recognize the heritage of recreational fishing, hunting, and shooting on Federal public lands and ensure continued opportunities for these activities; to the Committee on Energy and Natural Resources.

By Mr. CASEY (for himself and Mr. SPECTER):

S. 1771. A bill to authorize the Secretary of Health and Human Services to establish a program of grants to newly accredited allopathic medical schools for the purpose of increasing the supply of physicians; to the Committee on Health, Education, Labor, and Pensions.

By Mr. BUNNING:

S. 1772. A bill to require that all legislative matters be available and fully scored by CBO 72 hours before consideration by any subcommittee or committee of the Senate or on the floor of the Senate; read the first time.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. REID (for himself and Mr. ENSIGN):

S. Res. 309. A resolution recognizing and celebrating the 145th anniversary of the entry of Nevada into the Union as the 36th State; considered and agreed to.

By Mr. CASEY (for himself, Mr. ROBERTS, Mr. SANDERS, Mr. BROWN, Mr. FEINGOLD, and Mr. AKAKA):

S. Res. 310. A resolution expressing support for the designation of October 20, 2009, as the National Day on Writing; considered and agreed to.

ADDITIONAL COSPONSORS

S. 484

At the request of Mrs. FEINSTEIN, the name of the Senator from Hawaii (Mr. INOUE) was added as a cosponsor of S. 484, a bill to amend title II of the Social Security Act to repeal the Government pension offset and windfall elimination provisions.

S. 624

At the request of Mr. DURBIN, the name of the Senator from Nebraska (Mr. JOHANNIS) was added as a cosponsor of S. 624, a bill to provide 100,000,000 people with first-time access to safe drinking water and sanitation on a sustainable basis by 2015 by improving the capacity of the United States Government to fully implement the Senator Paul Simon Water for the Poor Act of 2005.

S. 632

At the request of Mr. BAUCUS, the name of the Senator from New Hampshire (Mr. GREGG) was added as a cosponsor of S. 632, a bill to amend the Internal Revenue Code of 1986 to require that the payment of the manufacturers' excise tax on recreational equipment be paid quarterly.

S. 825

At the request of Mrs. LINCOLN, the name of the Senator from South Dakota (Mr. JOHNSON) was added as a cosponsor of S. 825, a bill to amend the Internal Revenue Code of 1986 to restore, increase, and make permanent the exclusion from gross income for amounts received under qualified group legal services plans.

S. 844

At the request of Mr. LAUTENBERG, the name of the Senator from New Jersey (Mr. MENENDEZ) was added as a cosponsor of S. 844, a bill to amend the Public Health Service Act to prevent and treat diabetes, to promote and improve the care of individuals with diabetes, and to reduce health disparities relating to diabetes within racial and ethnic minority groups, including African-American, Hispanic American, Asian American, Native Hawaiian and Other Pacific Islander, and American Indian and Alaskan Native communities.

S. 868

At the request of Mr. BAUCUS, the name of the Senator from Idaho (Mr. RISC) was added as a cosponsor of S. 868, a bill to repeal certain provisions of the Federal Lands Recreation Enhancement Act.

S. 870

At the request of Mrs. LINCOLN, the name of the Senator from Georgia (Mr. ISAKSON) 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. 883

At the request of Mr. KERRY, the names of the Senator from Vermont (Mr. SANDERS), the Senator from Texas (Mrs. HUTCHISON), the Senator from Utah (Mr. HATCH), the Senator from West Virginia (Mr. ROCKEFELLER) and the Senator from Florida (Mr. NELSON) were added as cosponsors of S. 883, a bill 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.

S. 907

At the request of Mr. CARPER, the name of the Senator from Florida (Mr. LEMIEUX) was added as a cosponsor of S. 907, a bill to establish procedures for

the expedited consideration by Congress of certain proposals by the President to rescind amounts of budget authority.

S. 941

At the request of Mr. CRAPO, the name of the Senator from South Dakota (Mr. THUNE) was added as a cosponsor of S. 941, a bill to reform the Bureau of Alcohol, Tobacco, Firearms, and Explosives, modernize firearm laws and regulations, protect the community from criminals, and for other purposes.

S. 1076

At the request of Mr. MENENDEZ, the name of the Senator from Oregon (Mr. MERKLEY) was added as a cosponsor of S. 1076, a bill to improve the accuracy of fur product labeling, and for other purposes.

S. 1160

At the request of Mr. SCHUMER, the name of the Senator from New Mexico (Mr. UDALL) was added as a cosponsor of S. 1160, a bill to provide housing assistance for very low-income veterans.

S. 1232

At the request of Mr. DORGAN, the name of the Senator from Virginia (Mr. WEBB) was added as a cosponsor of S. 1232, a bill to amend the Federal Food, Drug, and Cosmetic Act with respect to the importation of prescription drugs, and for other purposes.

S. 1366

At the request of Mrs. BOXER, the name of the Senator from New Mexico (Mr. UDALL) was added as a cosponsor of S. 1366, a bill to amend the Internal Revenue Code of 1986 to allow taxpayers to designate a portion of their income tax payment to provide assistance to homeless veterans, and for other purposes.

S. 1395

At the request of Mr. CRAPO, the name of the Senator from Nebraska (Mr. NELSON) was added as a cosponsor of S. 1395, a bill to amend the Marine Mammal Protection Act of 1972 to allow importation of polar bear trophies taken in sport hunts in Canada before the date on which the polar bear was determined to be a threatened species under the Endangered Species Act of 1973.

S. 1547

At the request of Mr. REED, the name of the Senator from New Mexico (Mr. UDALL) was added as a cosponsor of S. 1547, a bill to amend title 38, United States Code, and the United States Housing Act of 1937 to enhance and expand the assistance provided by the Department of Veterans Affairs and the Department of Housing and Urban Development to homeless veterans and veterans at risk of homelessness, and for other purposes.

S. 1660

At the request of Ms. KLOBUCHAR, the name of the Senator from Georgia (Mr. ISAKSON) was added as a cosponsor of S. 1660, a bill to amend the Toxic Substances Control Act to reduce the emis-

sions of formaldehyde from composite wood products, and for other purposes.

S. 1678

At the request of Mr. CARDIN, the name of the Senator from Connecticut (Mr. DODD) was added as a cosponsor of S. 1678, a bill to amend the Internal Revenue Code of 1986 to extend the first-time homebuyer tax credit, and for other purposes.

S. 1694

At the request of Mr. ROCKEFELLER, the name of the Senator from Virginia (Mr. WARNER) was added as a cosponsor of S. 1694, a bill 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.

S. 1744

At the request of Mr. SCHUMER, the name of the Senator from Vermont (Mr. LEAHY) was added as a cosponsor of S. 1744, a bill to require the Administrator of the Federal Aviation Administration to prescribe regulations to ensure that all crewmembers on air carriers have proper qualifications and experience, and for other purposes.

S. CON. RES. 14

At the request of Mrs. LINCOLN, the name of the Senator from Oklahoma (Mr. INHOFE) was added as a cosponsor of S. Con. Res. 14, a concurrent resolution supporting the Local Radio Freedom Act.

S. RES. 307

At the request of Mr. BUNNING, the name of the Senator from Alaska (Ms. MURKOWSKI) was added as a cosponsor of S. Res. 307, a resolution to require that all legislative matters be available and fully scored by CBO 72 hours before consideration by any subcommittee or committee of the Senate or on the floor of the Senate.

AMENDMENT NO. 2393

At the request of Mr. JOHANNES, the name of the Senator from Georgia (Mr. ISAKSON) was added as a cosponsor of amendment No. 2393 proposed to H.R. 2847, a bill making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes.

AMENDMENT NO. 2627

At the request of Mr. LEVIN, the names of the Senator from Rhode Island (Mr. WHITEHOUSE) and the Senator from New Hampshire (Mrs. SHAHEEN) were added as cosponsors of amendment No. 2627 proposed to H.R. 2847, a bill making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes.

AMENDMENT NO. 2636

At the request of Ms. LANDRIEU, the name of the Senator from New Hampshire (Mrs. SHAHEEN) was added as a cosponsor of amendment No. 2636 intended to be proposed to H.R. 2847, a

bill making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes.

AMENDMENT NO. 2637

At the request of Mr. BROWN, the names of the Senator from Maine (Ms. SNOWE) and the Senator from Louisiana (Ms. LANDRIEU) were added as cosponsors of amendment No. 2637 intended to be proposed to H.R. 2847, a bill making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes.

AMENDMENT NO. 2642

At the request of Mr. LEAHY, the name of the Senator from Vermont (Mr. SANDERS) was added as a cosponsor of amendment No. 2642 proposed to H.R. 2847, a bill making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes.

AMENDMENT NO. 2647

At the request of Mr. DURBIN, the name of the Senator from Pennsylvania (Mr. CASEY) was added as a cosponsor of amendment No. 2647 proposed to H.R. 2847, a bill making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes.

AMENDMENT NO. 2648

At the request of Mr. ENSIGN, the name of the Senator from Texas (Mr. CORNYN) was added as a cosponsor of amendment No. 2648 proposed to H.R. 2847, a bill making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes.

AMENDMENT NO. 2652

At the request of Mr. FEINGOLD, the name of the Senator from Vermont (Mr. LEAHY) was added as a cosponsor of amendment No. 2652 intended to be proposed to H.R. 2847, a bill making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes.

AMENDMENT NO. 2653

At the request of Mr. BUNNING, the names of the Senator from Tennessee (Mr. ALEXANDER), the Senator from Wyoming (Mr. ENZI), the Senator from New Hampshire (Mr. GREGG) and the Senator from Idaho (Mr. CRAPO) were added as cosponsors of amendment No. 2653 proposed to H.R. 2847, a bill making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes.

STATEMENTS ON INTRODUCED
BILLS AND JOINT RESOLUTIONS

By Mr. FRANKEN (for himself,
Mr. WHITEHOUSE, and Mr.
BROWN):

S. 1763. A bill to amend the Internal Revenue Code of 1986 to deny the deduction for advertising and promotional expenses for prescription pharmaceuticals; to the Committee on Finance.

Mr. FRANKEN. Mr. President, I am pleased today to introduce the Protecting Americans from Drug Marketing Act. Health care spending is out of control, and this bill represents a small but significant step toward reigning in unnecessary health care costs.

Right now, the Federal Government gives pharmaceutical companies a tax break every time you see a drug advertisement on TV—and for every free mug your doctor receives that has a pharmaceutical company logo on it. These tax breaks add up to billions of dollars of lost revenue for the Federal Government.

Pharmaceutical companies are getting a huge boost at a time when thousands of Americans are going bankrupt because of health care bills, and millions more are struggling to pay for health insurance coverage. This legislation will remove these unfair tax benefits so pharmaceutical companies can focus their dollars on developing new drugs, not excessive marketing schemes.

Nationwide, prescription drug spending rose 500 percent between 2000 and 2005, from \$40 billion to \$200.7 billion per year. But while costs to patients are growing exponentially, the pharmaceutical industry is spending an astonishing \$30 billion annually on marketing. Of course, these companies have the right to advertise. But taxpayers shouldn't be subsidizing these expenses.

Research has shown that glossy advertisements and logo-laden pens don't add any value to our health care system. Instead, drug companies are trying to use both consumers and doctors as pawns in order to maximize profits. The Federal Government should not subsidize these activities.

It is challenging enough to navigate our health care system; the recent explosion of prescription drug ads on television, on the Internet, and in magazines just confuses things further. Many ads encourage consumers to use expensive drugs over cheaper alternatives that may work just as well. Other ads provide a skewed view of what the drug does, minimizing the risks while overemphasizing the benefits. Health care already costs enough—taxpayers shouldn't be paying to subsidize these unhelpful and confusing messages.

Drug companies are capitalizing on this confusion. Studies have shown that every dollar spent on advertising to consumers yields an additional \$4.20 in sales for drug manufacturers. This is

a very high return on investment, and so not unsurprisingly companies have increased spending on ads to consumers by 536 percent from 1996 to 2007. That is 536 percent. In 2007 alone, pharmaceutical companies spent nearly \$4.8 billion on these excessive marketing campaigns. This spending is passed on to consumers, resulting in higher prescription drug costs for Americans. This bill will simply take away tax breaks that encourage drug companies to do this.

The Protecting Americans from Drug Marketing Act is also needed to make sure doctors and other providers are making decisions based on the best scientific evidence. Today, doctors frequently receive information about prescription drugs from the drug companies themselves. The Protecting Americans from Drug Marketing Act also takes away the tax break that drug companies receive for sending representatives to hospitals and doctors' offices to encourage them to use their drugs. These representatives are the ones who leave behind the pens and coffee mugs—or even nicer gifts—that you see at the clinic, logoed with the names of specific drugs.

We have created a culture in which doctors receive far too much biased information about drugs—and how they can be used in unapproved ways—from pharmaceutical reps who aren't doctors, often have no scientific training, and most certainly have a vested interest in selling the newest, most expensive products. This bill won't end that practice, but it will end the lucrative tax breaks that encourage it. For this reason, it will help providers make medical decisions based on objective, peer-reviewed research—not on biased materials from companies standing to profit from doctors' prescription pads and patients' wallets.

The Federal Government could save up to \$3.5 billion every year by eliminating these tax breaks used every day by drug companies. In this small way, we can help stem the tide of confusing and misleading drug ads that you and your family see every day on TV and in magazines. Just as importantly, we can bring down the cost of health care, make prescription drugs more affordable for all Americans, and help pay for the cost of health reform that is so sorely needed.

Americans are struggling just to keep their health insurance and pay their bills. Let us end this counterproductive subsidy and spend our taxpayer dollars more wisely. I thank Senators WHITEHOUSE and BROWN for joining me in introducing this important legislation, and I urge my colleagues to work with us to include it in health reform legislation.

By Mr. CARDIN (for himself, Ms. COLLINS, Mr. BROWN, Ms. MIKULSKI, Mr. WHITEHOUSE, Mr. SCHUMER, and Mr. BURRIS):

S. 1765. A bill to amend the Hate Crime Statistics Act to include crimes

against the homeless; to the Committee on the Judiciary.

Mr. CARDIN. Mr. President, I rise today to introduce the Hate Crimes Against the Homeless Statistics Act of 2009. I am joined in this effort by Senator COLLINS. I am also joined by the Presiding Officer, Senator BROWN, Senator MIKULSKI, Senator WHITEHOUSE, and Senator SCHUMER.

This week marks the 1-year anniversary of the tragic murder of John Robert McGraham. Mr. McGraham was a well-known member of the Wilshire neighborhood of Los Angeles, CA, for more than 20 years. On October 9, 2008, he was doused with gasoline and set ablaze as he slept. By the time neighbors and residents ran to his rescue, his clothes had been burned off and his face blackened. The attacker apparently had a dislike toward homeless individuals. Known for rarely asking for money and not bothering anyone in the community, Mr. McGraham lost his life because of his homeless status. Days after his murder, hundreds of people gathered at the spot of his death and created a memorial for him.

Mr. McGraham is just one of many homeless individuals who have suffered hate crimes because they were homeless. In a popular men's magazine, under the blurb titled "Hunt for the Homeless," the following was displayed: "Kill one for fun. We're 87 percent sure it's legal." We have heard the horrific stories: A woman sleeping was pushed into a river; a man was beaten, soaked in beer and urine and covered with trash; a woman was beaten in the face with a tire iron; and many more unfortunate stories. This behavior should not and cannot be tolerated in our society. What kind of society would we be if we allowed these types of attacks to continue without standing up against them?

The Hate Crimes Statistics Act of 1990 requires the Department of Justice to collect data from law enforcement agencies about "crimes that manifest evidence of prejudice based upon race, religion, sexual orientation or ethnicity." In 1994, Congress expanded coverage to require reporting on crimes based on disability. Data collection provides the needed information to policymakers, law enforcement, and communities so they can make informed decisions as to how best to proceed with the problem presented to us. The Hate Crimes Against the Homeless Statistics Act will again expand coverage by adding "homeless status" to the list of categories required to be reported on by the Department of Justice.

In order to measure the level of bias-motivated crimes, data is needed. Currently, there is a significant problem in establishing a baseline for meaningful comparison. The best way to prove or disprove an issue's validity is data collection. According to the National Coalition for the Homeless, which has tracked these types of attacks since 1999, they have reported an increase in the number of hate crimes targeted at

homeless individuals in the last decade. If we take the statistics provided by this coalition and compare them to the available statistics currently being collected by the FBI under the Hate Crimes Statistics Act, the results are startling.

The number of hate crimes resulting in death among listed members, those in the statute, is lower than the known number of fatal attacks on homeless individuals. Between 1999 and 2007, there were 94 hate crime fatalities among the listed individuals, compared to 218 fatalities in the same period directed at homeless individuals. I am introducing this bill today in an effort to get uniform data collection on these attacks so that we have a uniform basis on which to know how serious the problem is.

There are approximately 3.5 million people a year who are likely to experience homelessness. They are mothers, fathers, and children, and they are among the most vulnerable members of our society. Veterans account for 20 percent of our homeless population. Families displaced because of domestic violence make up another 28 percent of the homeless population. With increased funding to provide housing for the homeless, the previous administration had seen a 20-percent drop in family homelessness. However, because of the current economic crisis, an increase in the homeless population has been reported.

The 2008 annual homeless assessment report to Congress revealed that the number of homeless families, particularly those in suburban and rural areas, has increased. The number of families seeking shelter has increased by 9 percent overall and by nearly 56 percent in suburban and rural areas. Our current economic crisis has reversed the progress that we made between 2005 and 2007. There is also evidence that when State and local budgets are cut, homeless services are affected. With an increase in the vulnerable population, with the government unable to provide funding, at a minimum we have a duty to report senseless violence against this risk population.

That is what I am asking, pure and simple, that we find out exactly how many homeless people are being victimized in a uniform way by having reliable data and information so that we, the policymakers, can make the right policy decisions.

Homeless people are part of America. Every day we see veterans, men, women, and families who have been forced by circumstances to live on the streets. We have walked by them on our way to work or to school. In an effort to monitor bias-motivated violence, the first step is to realize the scope of the situation by gathering the data.

I urge my colleagues to support this modest legislation so that we are better prepared to deal with this challenge.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 309—RECOGNIZING AND CELEBRATING THE 145TH ANNIVERSARY OF THE ENTRY OF NEVADA INTO THE UNION AS THE 36TH STATE

Mr. REID (for himself and Mr. ENSIGN) submitted the following resolution; which was considered and agreed to:

S. RES. 309

Whereas October 31, 2009, marks the 145th anniversary of President Abraham Lincoln's proclamation admitting Nevada into the Union as the 36th State;

Whereas Nevadans celebrate the anniversary of "Battle Born" statehood every year as Nevada Day;

Whereas Nevada's State motto is "All for Our Country", reflecting the patriotism and sense of duty demonstrated by countless Nevadans since the State's entrance into the Union;

Whereas Nevada's brave veterans and service members have made critical contributions to our Nation's security in times of war and of peace;

Whereas the Henderson magnesium mines and the Nevada Test Site played key roles in the United States' victories during World War II and the Cold War, respectively;

Whereas Nevada is honored to host our Nation's Armed Forces at Nellis Air Force Base, Creech Air Force Base, Naval Air Station Fallon, and the Hawthorne Army Depot, as well as National Guard Armories and Reserve Readiness Centers throughout the State;

Whereas Nevada is a premier destination for tourists, business travelers, family vacationers, and outdoor enthusiasts throughout the United States and around the globe;

Whereas Nevada's unique features attract vacationers and locals alike, including the pastoral Washoe Valley, the crags of the Ruby Mountains, the "Biggest Little City in the World", the Las Vegas Strip, the Hoover Dam, Lovers Lock Plaza, and the annual National Cowboy Poetry Gathering;

Whereas mining became an important industry to the Silver State with the 1859 discovery of the Comstock Lode, the most valuable deposit of silver in the Nation;

Whereas Nevada produces more gold than all other States combined and is one of the largest sources of gold in the world;

Whereas the entrepreneurial spirit of Nevadans is reflected in a versatile economy, from the world's largest gaming establishments to small businesses that make up the vast majority of Nevada's employers;

Whereas Nevada has a rich cultural heritage that draws from diverse populations, from multi-generational ranching families to new residents, from Hispanic Americans to Asian Americans and Pacific Islanders, and from Basque communities to Mormon pioneers;

Whereas Nevada recognizes the language, culture, and generosity of Nevada's first dwellers, the Northern and Southern Paiutes, Shoshone, and Washoe peoples;

Whereas Nevada celebrates Thocmentony, or Sarah Winnemucca, the first Native American woman to author a publication in English, whose statue graces Emancipation Hall in the Capitol Visitor Center;

Whereas the snow-capped mountains of Nevada (pronounced Neváda) were the inspiration for the Spanish origin of its name;

Whereas Nevada offers beautiful outdoor settings ranging from vibrant desert landscapes to grand ski slopes, and from picturesque hiking trails to flowing river currents;

Whereas Lake Tahoe is one of the deepest and clearest alpine lakes in the world, and Lake Mead is the largest engineered reservoir in the United States;

Whereas Nevada is home to Great Basin National Park, 17 State parks, 2 national forests, and 3,400,000 acres of wilderness, including Sloan Canyon, Red Rock Canyon, and Black Rock Desert;

Whereas Nevada exemplifies the independence, opportunity, and pioneering spirit of the West; and

Whereas Nevada's delegation to the 111th Congress—Senator Harry Reid, Senator John Ensign, Representative Shelley Berkley, Representative Dean Heller, and Representative Dina Titus—invite all to join in the celebration of Nevada statehood: Now, therefore, be it

Resolved, That the Senate recognizes and celebrates the 145th anniversary of the entry of Nevada into the Union as the 36th State.

SENATE RESOLUTION 310—EXPRESSING SUPPORT FOR THE DESIGNATION OF OCTOBER 20, 2009, AS THE NATIONAL DAY ON WRITING

Mr. CASEY (for himself, Mr. ROBERTS, Mr. SANDERS, Mr. BROWN, Mr. FEINGOLD, and Mr. AKAKA) submitted the following resolution; which was considered and agreed to:

S. RES. 310

Whereas people in the 21st century are writing more than ever before for personal, professional, and civic purposes;

Whereas the social nature of writing invites people of every age, profession, and walk of life to create meaning through composing;

Whereas more and more people in every occupation deem writing as essential and influential in their work;

Whereas writers continue to learn how to write for different purposes, audiences, and occasions throughout their lifetimes;

Whereas developing digital technologies expand the possibilities for composing in multiple media at a faster pace than ever before;

Whereas young people are leading the way in developing new forms of composing by using different forms of digital media;

Whereas effective communication contributes to building a global economy and a global community;

Whereas the National Council of Teachers of English, in conjunction with its many national and local partners, honors and celebrates the importance of writing through the National Day on Writing;

Whereas the National Day on Writing celebrates the foundational place of writing in the personal, professional, and civic lives of Americans;

Whereas the National Day on Writing provides an opportunity for individuals across the United States to share and exhibit their written works through the National Gallery of Writing;

Whereas the National Day on Writing highlights the importance of writing instruction and practice at every educational level and in every subject area;

Whereas the National Day on Writing emphasizes the lifelong process of learning to write and compose for different audiences, purposes, and occasions;

Whereas the National Day on Writing honors the use of the full range of media for composing, from traditional tools like print, audio, and video, to Web 2.0 tools like blogs, wikis, and podcasts; and

Whereas the National Day on Writing encourages all Americans to write, as well as to enjoy and learn from the writing of others: Now, therefore, be it

Resolved, That the Senate—

(1) supports the designation of October 20, 2009, as the National Day on Writing;

(2) strongly affirms the purposes of the National Day on Writing and encourages participation in the National Gallery of Writing, which serves as an exemplary living archive of the centrality of writing in the lives of Americans; and

(3) encourages educational institutions, businesses, community and civic associations, and other organizations to promote awareness of the National Day on Writing and celebrate the writing of their members through individual submissions to the National Gallery of Writing.

AMENDMENTS SUBMITTED AND PROPOSED

SA 2656. Mr. BROWNBACK (for himself and Mr. SCHUMER) submitted an amendment intended to be proposed by him to the bill H.R. 2847, making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes; which was ordered to lie on the table.

SA 2657. Mr. DODD submitted an amendment intended to be proposed by him to the bill H.R. 2847, supra; which was ordered to lie on the table.

SA 2658. Ms. CANTWELL submitted an amendment intended to be proposed by her to the bill H.R. 2847, supra; which was ordered to lie on the table.

SA 2659. Mr. VITTER submitted an amendment intended to be proposed by him to the bill H.R. 2847, supra; which was ordered to lie on the table.

SA 2660. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 2847, supra; which was ordered to lie on the table.

SA 2661. Mr. COBURN submitted an amendment intended to be proposed by him to the bill H.R. 2847, supra; which was ordered to lie on the table.

SA 2662. Mr. THUNE submitted an amendment intended to be proposed by him to the bill H.R. 2847, supra; which was ordered to lie on the table.

SA 2663. Mr. VITTER submitted an amendment intended to be proposed by him to the bill H.R. 2847, supra; which was ordered to lie on the table.

SA 2664. Mr. VITTER submitted an amendment intended to be proposed by him to the bill H.R. 2847, supra; which was ordered to lie on the table.

SA 2665. Mr. SESSIONS submitted an amendment intended to be proposed by him to the bill H.R. 2847, supra; which was ordered to lie on the table.

SA 2666. Mrs. HUTCHISON (for herself, Mr. CORNYN, Mr. KYL, and Mr. MCCAIN) submitted an amendment intended to be proposed by her to the bill H.R. 2847, supra; which was ordered to lie on the table.

SA 2667. Mr. COBURN submitted an amendment intended to be proposed by him to the bill H.R. 2847, supra; which was ordered to lie on the table.

SA 2668. Mr. REID (for himself, Mr. BAUCUS, Mr. REED, Mrs. SHAHEEN, Mr. DODD, Mr. DURBIN, Mr. SCHUMER, Mr. HARKIN, Mr. LEAHY, Mr. CASEY, Mr. CARDIN, Mr. LEVIN, Mr. SANDERS, Mr. KAUFMAN, Mr. BROWN, Ms. STABENOW, Mr. UDALL of Colorado, Mr. BENNET, Ms. KLOBUCHAR, Mr. LAUTENBERG, Mr. AKAKA, Mr. ROCKEFELLER, Mr. BYRD, Mrs. MCCASKILL, Mr. WEBB, Ms. MIKULSKI, Mr.

BURRIS, Mrs. GILLIBRAND, Mrs. BOXER, Mr. BEGICH, Mr. FRANKEN, Mrs. MURRAY, Mr. KERRY, Mr. MENENDEZ, Mr. BINGAMAN, and Mrs. FEINSTEIN) 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.

SA 2669. Mr. GRAHAM (for himself, Mr. MCCAIN, and Mr. LIEBERMAN) proposed an amendment to the bill H.R. 2847, making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes.

SA 2670. Mr. DURBIN submitted an amendment intended to be proposed by him to the bill H.R. 2847, supra; which was ordered to lie on the table.

SA 2671. Mr. THUNE submitted an amendment intended to be proposed by him to the bill H.R. 2847, supra; which was ordered to lie on the table.

SA 2672. Mr. BINGAMAN (for himself, Mr. CORNYN, Mrs. LINCOLN, Mr. UDALL of New Mexico, and Mr. CRAPO) submitted an amendment intended to be proposed by him to the bill H.R. 2847, supra; which was ordered to lie on the table.

SA 2673. Mr. BROWNBACK (for himself and Mr. SCHUMER) submitted an amendment intended to be proposed by him to the bill H.R. 2847, supra; which was ordered to lie on the table.

SA 2674. Mr. ROCKEFELLER submitted an amendment intended to be proposed by him to the bill H.R. 2847, supra; which was ordered to lie on the table.

SA 2675. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 2847, supra; which was ordered to lie on the table.

TEXT OF AMENDMENTS

SA 2656. Mr. BROWNBACK (for himself and Mr. SCHUMER) submitted an amendment intended to be proposed by him to the bill H.R. 2847, making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes; which was ordered to lie on the table; as follows:

On page 108, line 4, strike the period at the end and insert the following: “: *Provided further*, That of the amount appropriated under this heading, not less than \$1,000,000 shall be made available for overseas end use checks to curtail the transshipment or reexportation of goods originating in the United States to Iran.”.

SA 2657. Mr. DODD submitted an amendment intended to be proposed by him to the bill H.R. 2847, making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. _____. Section 129 of the Continuing Appropriations Resolution, 2010 (Public Law 111-68) is amended by striking “by substituting” and all that follows through the period at the end, and inserting “by substituting June 30, 2010 for the date specified in each such section.”.

SA 2658. Ms. CANTWELL submitted an amendment intended to be proposed by her to the bill H.R. 2847, making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes; which was ordered to lie on the table; as follows:

On page 125, between lines 10 and 11, insert the following:

SEC. 111. (a) ADDITIONAL AMOUNT FOR THE UNITED STATES PATENT AND TRADEMARK OFFICE TO PROVIDE TECHNICAL ASSISTANCE PROGRAMS TO BUILD CAPACITY RELATED TO THE PROTECTION AND ENFORCEMENT OF INTELLECTUAL PROPERTY RIGHTS IN THE PEOPLE'S REPUBLIC OF CHINA.—The amount appropriated by title I under the heading “SALARIES AND EXPENSES” under the heading “UNITED STATES PATENT AND TRADEMARK OFFICE” is hereby increased by \$1,000,000, with the amount of the increase to be available to provide technical assistance to build capacity related to the protection and enforcement of intellectual property rights in the People's Republic of China in accordance with subsection (b).

(b) TECHNICAL ASSISTANCE.—The United States Patent and Trademark Office shall provide technical assistance to the Government of the People's Republic of China to build capacity related to the protection and enforcement of intellectual property rights in China, based on existing memoranda of understanding between the United States Patent and Trademark Office and the Government of China, by—

(1) providing joint seminars with, and technical assistance to, officials of the Government of China, including patent and trademark examiners, judges, and prosecutors;

(2) exchanging information and best practices with respect to the administration of offices in China with responsibility for protecting and enforcing intellectual property rights; and

(3) collaborating with the Government of China with respect to educating persons that hold intellectual property rights about how to protect those rights in China and how to use the intellectual property rights protection system of China to have those rights enforced.

(c) OFFSET.—The amount appropriated by title I under the heading “OPERATIONS AND ADMINISTRATION” under the heading “INTERNATIONAL TRADE ADMINISTRATION” and made available for the Trade Promotion and United States and Foreign Commercial Service is hereby decreased by \$1,000,000.

SA 2659. Mr. VITTER submitted an amendment intended to be proposed by him to the bill H.R. 2847, making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. _____. Of amounts made available by this Act for activities authorized under the Second Chance Act of 2007 to facilitate the successful reentry of prisoners into communities following incarceration \$25,000,000 shall be made available to the United States Marshals Service account to fulfill the requirements of the Adam Walsh Child Protection and Safety Act of 2006 to hire and equip at least 500 new Deputy Marshals over the next 3 to 5 years.

SA 2660. Mr. ENSIGN submitted an amendment intended to be proposed by

him to the bill H.R. 2847, making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes; which was ordered to lie on the table; as follows:

On page 170, between lines 19 and 20, insert the following:

SEC. 220. ADDITIONAL FUNDING FOR DRUG COURTS.

(a) IN GENERAL.—For an additional amount under the heading “STATE AND LOCAL LAW ENFORCEMENT ASSISTANCE” under the heading “OFFICE OF JUSTICE PROGRAMS” under this title, there is appropriated, for the fiscal year ending September 30, 2010, \$5,000,000 for Drug Courts, as authorized by section 1001(25)(A) of title I of the 1968 Act.

(b) OFFSET.—All amounts appropriated under this Act, except for amounts appropriated for Drug Courts, as authorized by section 1001(25)(A) of title I of the 1968 Act under the heading “STATE AND LOCAL LAW ENFORCEMENT ASSISTANCE” under the heading “OFFICE OF JUSTICE PROGRAMS” under this title, shall be reduced on a pro rata basis by the amount necessary to reduce the total amount appropriated under this Act, except for amounts appropriated for Drug Courts, as authorized by section 1001(25)(A) of title I of the 1968 Act under the heading “STATE AND LOCAL LAW ENFORCEMENT ASSISTANCE” under the heading “OFFICE OF JUSTICE PROGRAMS” under this title, by \$5,000,000.

SA 2661. Mr. COBURN submitted an amendment intended to be proposed by him to the bill H.R. 2847, making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. _____. (a) ADDITIONAL AMOUNT FOR OFFICE OF INSPECTOR GENERAL.—The amount appropriated by this title under the heading “OFFICE OF INSPECTOR GENERAL” is hereby increased by \$3,499,000.

(b) OFFSET.—The amount appropriated by this title under the heading “HERBERT C. HOOVER BUILDING RENOVATION AND MODERNIZATION” is hereby decreased by \$5,000,000.

SA 2662. Mr. THUNE submitted an amendment intended to be proposed by him to the bill H.R. 2847, making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. _____. Not later than 180 days after the date of enactment of this Act, the Attorney General shall establish the Emergency Plan for Indian Safety and Health as required by section 601 of Public Law 110-293.

SA 2663. Mr. VITTER submitted an amendment intended to be proposed by him to the bill H.R. 2847, making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes; which was ordered to lie on the table; as follows:

On page 125, between lines 10 and 11, insert the following:

SEC. 111. The Secretary of Commerce shall submit to the Committee on Appropriations and the Committee on Commerce, Science, and Transportation of the Senate and the Committee on Appropriations and the Committee on Natural Resources of the House of Representatives a report on the manner in which implementation of all future catch share programs in fisheries that include commercial and recreational fishers will—

(1) provide improvements in management and data collection for both categories of fishers; and

(2) resolve fishery allocation disputes between those categories of fishers.

SA 2664. Mr. VITTER submitted an amendment intended to be proposed by him to the bill H.R. 2847, making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes; which was ordered to lie on the table; as follows:

On page 125, between lines 10 and 11, insert the following:

SEC. 111. None of the funds made available in this Act may be used to issue offshore aquaculture permits for the Gulf of Mexico until after the date that the Secretary of Commerce submits to the Committee on Appropriations and the Committee on Commerce, Science, and Transportation of the Senate and the Committee on Appropriations and the Committee on Natural Resources of the House of Representatives a report on the manner in which offshore aquaculture in the Gulf of Mexico will be properly regulated to prevent adverse environmental impacts and the escape of pen-raised fin-fish species.

SA 2665. Mr. SESSIONS submitted an amendment intended to be proposed by him to the bill H.R. 2847, making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes; which was ordered to lie on the table; as follows:

On page 203, between lines 23 and 24, insert the following:

SEC. 533. Section 401(b) of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (division C of Public Law 104-208; 8 U.S.C. 1324a note) is amended by striking “Unless” and all that follows.

SEC. 534. The head of each agency or department of the United States that enters into a contract shall require, as a condition of the contract, that the contractor participate in the pilot program described in 404 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (division C of Public Law 104-209; 8 U.S.C. 1324a note) to verify the employment eligibility of—

(1) all individuals hired during the term of the contract by the contractor to perform employment duties within the United States; and

(2) all individuals assigned by the contractor to perform work within the United States the under such contract.

SEC. 535. (a)(1) Sections 401(c)(1), 403(a), 403(b)(1), 403(c)(1), and 405(b)(2) of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (division C of Public Law 104-208; 8 U.S.C. 1324a note) are amended by striking “basic pilot program” each place that term appears and inserting “E-Verify Program”.

(2) The heading of section 403(a) of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 is amended by striking “BASIC PILOT” and inserting “E-VERIFY”.

(b) Section 404(h)(1) of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (Public Law 104-208; 8 U.S.C. 1324a note) is amended by striking “under a pilot program” and inserting “under this subtitle”.

SA 2666. Mrs. HUTCHISON (for herself, Mr. CORNYN, Mr. KYL, and Mr. MCCAIN) submitted an amendment intended to be proposed by her to the bill H.R. 2847, making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes; which was ordered to lie on the table; as follows:

On page 170, between lines 19 and 20, insert the following:

SEC. 220. INCREASE IN STATE CRIMINAL ALIEN ASSISTANCE PROGRAM FUNDING.

(a) IN GENERAL.—For an additional amount under the heading “STATE AND LOCAL LAW ENFORCEMENT ASSISTANCE” under the heading “OFFICE OF JUSTICE PROGRAMS” under this title, there is appropriated, for the fiscal year ending September 30, 2010, \$172,000,000 for the State Criminal Alien Assistance Program, as authorized by section 241(i)(5) of the Immigration and Nationality Act (8 U.S.C. 1231(i)(5)).

(b) OFFSET.—The total amount appropriated under the heading “OPERATIONS, RESEARCH, AND FACILITIES” under the heading “NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION” under title I is reduced by \$172,000,000.

SA 2667. Mr. COBURN submitted an amendment intended to be proposed by him to the bill H.R. 2847, making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. _____. (a) ADDITIONAL AMOUNT FOR OFFICE OF INSPECTOR GENERAL.—The amount appropriated by title I under the heading “OFFICE OF INSPECTOR GENERAL” under the heading “DEPARTMENTAL MANAGEMENT” under the heading “DEPARTMENT OF COMMERCE” is increased by \$4,499,000.

(b) OFFSET.—The amount appropriated by title I under the heading “HERBERT C. HOOVER BUILDING RENOVATION AND MODERNIZATION” under the heading “DEPARTMENTAL MANAGEMENT” under the heading “DEPARTMENT OF COMMERCE” is decreased by \$5,000,000.

SA 2668. Mr. REID (for himself, Mr. BAUCUS, Mr. REED, Mrs. SHAHEEN, Mr. DODD, Mr. DURBIN, Mr. SCHUMER, Mr. HARKIN, Mr. LEAHY, Mr. CASEY, Mr. CARDIN, Mr. LEVIN, Mr. SANDERS, Mr. KAUFMAN, Mr. BROWN, Ms. STABENOW, Mr. UDALL of Colorado, Mr. BENNETT, Ms. KLOBUCHAR, Mr. LAUTENBERG, Mr. AKAKA, Mr. ROCKEFELLER, Mr. BYRD, Mrs. MCCASKILL, Mr. WEBB, Ms. MIKULSKI, Mr. BURRIS, Mrs. GILLIBRAND, Mrs. BOXER, Mr. BEGICH, Mr. FRANKEN, Mrs. MURRAY, Mr. KERRY, Mr. MENENDEZ, Mr. BINGAMAN, and Mrs. FEINSTEIN) 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:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Emergency Unemployment Compensation Extension Act of 2009”.

SEC. 2. REVISIONS TO SECOND-TIER BENEFITS.

(a) IN GENERAL.—Section 4002(c) of the Supplemental Appropriations Act, 2008 (Public Law 110-252; 26 U.S.C. 3304 note) is amended—

(1) in paragraph (1)—

(A) in the matter preceding subparagraph (A), by striking “If” and all that follows through “paragraph (2)” and inserting “At the time that the amount established in an individual’s account under subsection (b)(1) is exhausted”;

(B) in subparagraph (A), by striking “50 percent” and inserting “54 percent”; and

(C) in subparagraph (B), by striking “13” and inserting “14”;

(2) by striking paragraph (2); and

(3) by redesignating paragraph (3) as paragraph (2).

(b) EFFECTIVE DATE.—The amendments made by this section shall apply as if included in the enactment of the Supplemental Appropriations Act, 2008, except that no amount shall be payable by virtue of such amendments with respect to any week of unemployment commencing before the date of the enactment of this Act.

SEC. 3. THIRD-TIER EMERGENCY UNEMPLOYMENT COMPENSATION.

(a) IN GENERAL.—Section 4002 of the Supplemental Appropriations Act, 2008 (Public Law 110-252; 26 U.S.C. 3304 note) is amended by adding at the end the following new subsection:

“(d) THIRD-TIER EMERGENCY UNEMPLOYMENT COMPENSATION.—

“(1) IN GENERAL.—If, at the time that the amount added to an individual’s account under subsection (c)(1) (hereinafter ‘second-tier emergency unemployment compensation’) is exhausted or at any time thereafter, such individual’s State is in an extended benefit period (as determined under paragraph (2)), such account shall be further augmented by an amount (hereinafter ‘third-tier emergency unemployment compensation’) equal to the lesser of—

“(A) 50 percent of the total amount of regular compensation (including dependents’ allowances) payable to the individual during the individual’s benefit year under the State law; or

“(B) 13 times the individual’s average weekly benefit amount (as determined under subsection (b)(2)) for the benefit year.

“(2) EXTENDED BENEFIT PERIOD.—For purposes of paragraph (1), a State shall be considered to be in an extended benefit period, as of any given time, if—

“(A) such a period would then be in effect for such State under such Act if section 203(d) of such Act—

“(i) were applied by substituting ‘4’ for ‘5’ each place it appears; and

“(ii) did not include the requirement under paragraph (1)(A) thereof; or

“(B) such a period would then be in effect for such State under such Act if—

“(i) section 203(f) of such Act were applied to such State (regardless of whether the State by law had provided for such application); and

“(ii) such section 203(f)—

“(I) were applied by substituting ‘6.0’ for ‘6.5’ in paragraph (1)(A)(i) thereof; and

“(II) did not include the requirement under paragraph (1)(A)(ii) thereof.

“(3) LIMITATION.—The account of an individual may be augmented not more than once under this subsection.”.

(b) CONFORMING AMENDMENT TO NON-AUGMENTATION RULE.—Section 4007(b)(2) of the Supplemental Appropriations Act, 2008 (Public Law 110-252; 26 U.S.C. 3304 note) is amended—

(1) by striking “then section 4002(c)” and inserting “then subsections (c) and (d) of section 4002”; and

(2) by striking “paragraph (2) of such section)” and inserting “paragraph (2) of such subsection (c) or (d) (as the case may be))”.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply as if included in the enactment of the Supplemental Appropriations Act, 2008, except that no amount shall be payable by virtue of such amendments with respect to any week of unemployment commencing before the date of the enactment of this Act.

SEC. 4. FOURTH-TIER EMERGENCY UNEMPLOYMENT COMPENSATION.

(a) IN GENERAL.—Section 4002 of the Supplemental Appropriations Act, 2008 (Public Law 110-252; 26 U.S.C. 3304 note), as amended by section 3(a), is amended by adding at the end the following new subsection:

“(e) FOURTH-TIER EMERGENCY UNEMPLOYMENT COMPENSATION.—

“(1) IN GENERAL.—If, at the time that the amount added to an individual’s account under subsection (d)(1) (third-tier emergency unemployment compensation) is exhausted or at any time thereafter, such individual’s State is in an extended benefit period (as determined under paragraph (2)), such account shall be further augmented by an amount (hereinafter ‘fourth-tier emergency unemployment compensation’) equal to the lesser of—

“(A) 24 percent of the total amount of regular compensation (including dependents’ allowances) payable to the individual during the individual’s benefit year under the State law; or

“(B) 6 times the individual’s average weekly benefit amount (as determined under subsection (b)(2)) for the benefit year.

“(2) EXTENDED BENEFIT PERIOD.—For purposes of paragraph (1), a State shall be considered to be in an extended benefit period, as of any given time, if—

“(A) such a period would then be in effect for such State under such Act if section 203(d) of such Act—

“(i) were applied by substituting ‘6’ for ‘5’ each place it appears; and

“(ii) did not include the requirement under paragraph (1)(A) thereof; or

“(B) such a period would then be in effect for such State under such Act if—

“(i) section 203(f) of such Act were applied to such State (regardless of whether the State by law had provided for such application); and

“(ii) such section 203(f)—

“(I) were applied by substituting ‘8.5’ for ‘6.5’ in paragraph (1)(A)(i) thereof; and

“(II) did not include the requirement under paragraph (1)(A)(ii) thereof.

“(3) LIMITATION.—The account of an individual may be augmented not more than once under this subsection.”.

(b) CONFORMING AMENDMENT TO NON-AUGMENTATION RULE.—Section 4007(b)(2) of the Supplemental Appropriations Act, 2008 (Public Law 110-252; 26 U.S.C. 3304 note), as amended by section 3(b), is amended—

(1) by striking “and (d)” and inserting “, (d), and (e) of section 4002”; and

(2) by striking “or (d)” and inserting “, (d), or (e) (as the case may be))”.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply as if included in the enactment of the Supplemental Appropriations Act, 2008, except that no amount shall be payable by virtue of such amendments with respect to any week of unemployment commencing before the date of the enactment of this Act.

SEC. 5. COORDINATION.

Section 4002 of the Supplemental Appropriations Act, 2008 (Public Law 110-252; 26 U.S.C. 3304 note), as amended by section 4, is amended by adding at the end the following new subsection:

“(f) COORDINATION RULE.—Notwithstanding an election under section 4001(e) by a State to provide for the payment of emergency unemployment compensation prior to extended compensation, such State may pay extended compensation to an otherwise eligible individual prior to any emergency unemployment compensation under subsection (c), (d), or (e) (by reason of the amendments made by sections 2, 3, and 4 of the Emergency Unemployment Compensation Extension Act of 2009), if such individual claimed extended compensation for at least 1 week of unemployment after the exhaustion of emergency unemployment compensation under subsection (b) (as such subsection was in effect on the day before the date of the enactment of this subsection).”.

SEC. 6. TRANSFER OF FUNDS.

Section 4004(e)(1) of the Supplemental Appropriations Act, 2008 (Public Law 110-252; 26 U.S.C. 3304 note) is amended by striking “Act;” and inserting “Act and sections 2, 3, and 4 of the Emergency Unemployment Compensation Extension Act of 2009;”.

SEC. 7. EXPANSION OF MODERNIZATION GRANTS FOR UNEMPLOYMENT RESULTING FROM COMPELLING FAMILY REASON.

(a) IN GENERAL.—Clause (i) of section 903(f)(3)(B) of the Social Security Act (42 U.S.C. 1103(f)(3)(B)) is amended to read as follows:

“(i) One or both of the following offenses as selected by the State, but in making such selection, the resulting change in the State law shall not supercede any other provision of law relating to unemployment insurance to the extent that such other provision provides broader access to unemployment benefits for victims of such selected offense or offenses:

“(I) Domestic violence, verified by such reasonable and confidential documentation as the State law may require, which causes the individual reasonably to believe that such individual’s continued employment would jeopardize the safety of the individual or of any member of the individual’s immediate family (as defined by the Secretary of Labor); and

“(II) Sexual assault, verified by such reasonable and confidential documentation as the State law may require, which causes the individual reasonably to believe that such individual’s continued employment would jeopardize the safety of the individual or of any member of the individual’s immediate family (as defined by the Secretary of Labor).”.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply with respect to State applications submitted on and after January 1, 2010.

SEC. 8. TREATMENT OF ADDITIONAL REGULAR COMPENSATION.

The monthly equivalent of any additional compensation paid by reason of section 2002 of the Assistance for Unemployed Workers and Struggling Families Act, as contained in Public Law 111-5 (26 U.S.C. 3304 note; 123 Stat. 438) shall be disregarded after the date of the enactment of this Act in considering

the amount of income and assets of an individual for purposes of determining such individual's eligibility for, or amount of, benefits under the Supplemental Nutrition Assistance Program (SNAP).

SEC. 9. ADDITIONAL EXTENDED UNEMPLOYMENT BENEFITS UNDER THE RAILROAD UNEMPLOYMENT INSURANCE ACT.

(a) **BENEFITS.**—Section 2(c)(2)(D) of the Railroad Unemployment Insurance Act, as added by section 206 of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5), is amended—

(1) in clause (iii)—

(A) by striking “June 30, 2009” and inserting “June 30, 2010”; and

(B) by striking “December 31, 2009” and inserting “December 31, 2010”; and

(2) by adding at the end of clause (iv) the following: “In addition to the amount appropriated by the preceding sentence, out of any funds in the Treasury not otherwise appropriated, there are appropriated \$175,000,000 to cover the cost of additional extended unemployment benefits provided under this subparagraph, to remain available until expended.”.

(b) **ADMINISTRATIVE EXPENSES.**—Section 206 of division B of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5; 123 Stat. 445) is amended by adding at the end of subsection (b) the following: “In addition to funds appropriated by the preceding sentence, out of any funds in the Treasury not otherwise appropriated, there are appropriated to the Railroad Retirement Board \$807,000 to cover the administrative expenses associated with the payment of additional extended unemployment benefits under section 2(c)(2)(D) of the Railroad Unemployment Insurance Act, to remain available until expended.”.

SEC. 10. 0.2 PERCENT FUTA SURTAX.

(a) **IN GENERAL.**—Section 3301 of the Internal Revenue Code of 1986 (relating to rate of tax) is amended—

(1) by striking “through 2009” in paragraph (1) and inserting “through 2010 and the first 6 months of calendar year 2011”; and

(2) by striking “calendar year 2010” in paragraph (2) and inserting “the remainder of calendar year 2011”, and

(3) by inserting “(or portion of the calendar year)” after “during the calendar year”.

(b) **EFFECTIVE DATE.**—The amendments made by this section shall apply to wages paid after December 31, 2009.

SA 2669. Mr. GRAHAM (for himself, Mr. MCCAIN, and Mr. LIEBERMAN) proposed an amendment to the bill H.R. 2847, making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes; as follows:

At the appropriate place in title II, insert the following:

SEC. _____. (a) **PROHIBITION ON USE OF FUNDS FOR PROSECUTION OF 9/11 TERRORISTS IN ARTICLE III COURTS.**—None of the funds appropriated or otherwise made available for the Department of Justice by this Act may be obligated or expended to commence or continue the prosecution in an Article III court of the United States of an individual suspected of planning, authorizing, organizing, committing, or aiding the attacks on the United States and its citizens that occurred on September 11, 2001.

(b) **ARTICLE III COURT OF THE UNITED STATES DEFINED.**—In this section, the term “Article III court of the United States” means a court of the United States established under Article III of the Constitution of the United States.

SA 2670. Mr. DURBIN submitted an amendment intended to be proposed by him to the bill H.R. 2847, making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes; which was ordered to lie on the table; as follows:

On page 157, line 8, after “Act,” insert the following: “of which, the Attorney General may use up to \$5,000,000 for community-based violence prevention strategies that focus on street-level outreach, conflict mediation, and the changing of community norms to reduce violence, and”.

SA 2671. Mr. THUNE submitted an amendment intended to be proposed by him to the bill H.R. 2847, making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. _____. Not later than December 31, 2009, the Attorney General shall establish the Emergency Plan for Indian Safety and Health as required by section 601 of Public Law 110-293.

SA 2672. Mr. BINGAMAN (for himself, Mr. CORNYN, Mrs. LINCOLN, Mr. UDALL of New Mexico, and Mr. CRAPO) submitted an amendment intended to be proposed by him to the bill H.R. 2847, making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes; which was ordered to lie on the table; as follows:

On page 108, line 14, before the period at the end, insert “: *Provided further*, That the funds appropriated by this Act for trade adjustment assistance for communities shall not be allocated among the regional offices of the Economic Development Administration until such time as 50 percent of the total amount of the funds appropriated by the American Recovery and Reinvestment Act of 2009 (Public Law 111-5) for that purpose have been distributed to grantees: *Provided further*, That the Secretary of Commerce shall reevaluate the spending plan for trade adjustment assistance based on up-to-date economic data before allocating those funds among the regional offices”.

SA 2673. Mr. BROWNBACK (for himself and Mr. SCHUMER) submitted an amendment intended to be proposed by him to the bill H.R. 2847, making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes; which was ordered to lie on the table; as follows:

On page 108, line 4, strike the period at the end and insert the following: “: *Provided further*, That of the amount appropriated under this heading, not less than \$1,000,000 shall be made available to the Bureau of Industry and Security Export Enforcement to curtail the illicit transshipment, reexportation, or diversion of U.S.-origin items to Iran.”.

SA 2674. Mr. ROCKEFELLER submitted an amendment intended to be

proposed by him to the bill H.R. 2847, making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

NOAA CHIEF SCIENTIST

SEC. _____. Chapter 53 of title 5, United States Code, is amended—

(1) by striking “Chief Scientist, National Oceanic and Atmospheric Administration” in section 5316; and

(2) by adding “Chief Scientist, National Oceanic and Atmospheric Administration” at the end of section 5315.

SA 2675. Mr. ENSIGN submitted an amendment intended to be proposed by him to the bill H.R. 2847, making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes; which was ordered to lie on the table; as follows:

On page 163, line 6, strike “\$179,000,000” and insert “\$174,000,000”.

On page 163, line 8, strike “\$125,830,000” and insert “\$120,830,000”.

On page 170, between lines 19 and 20, insert the following:

SEC. 220. ADDITIONAL FUNDING FOR DRUG COURTS.

For an additional amount under the heading “STATE AND LOCAL LAW ENFORCEMENT ASSISTANCE” under the heading “OFFICE OF JUSTICE PROGRAMS” under this title, there is appropriated, for the fiscal year ending September 30, 2010, \$5,000,000 for Drug Courts, as authorized by section 1001(25)(A) of title I of the 1968 Act.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON BANKING, HOUSING, AND URBAN AFFAIRS

Mr. CONRAD. 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 8, 2009, at 9:30 a.m., to conduct a hearing entitled “Future of the Mortgage Market and the Housing Enterprises.”

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

COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. CONRAD. 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 8, 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 FOREIGN RELATIONS

Mr. CONRAD. Mr. President, I ask unanimous consent that the Committee on Foreign Relations be authorized to meet during the session of the Senate on October 8, 2009, at 2:30 p.m.

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

COMMITTEE ON THE JUDICIARY

Mr. CONRAD. Mr. President, I ask unanimous consent that the Committee on the Judiciary be authorized to meet during the session of the Senate on October 8, 2009, at 10 a.m. in SD-226 of the Dirksen Senate Office Building, to conduct an executive business meeting.

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

COMMITTEE ON VETERANS AFFAIRS

Mr. CONRAD. Mr. President, I ask unanimous consent that the Committee on Veterans' Affairs be authorized to meet during the session of the Senate on October 8, 2009, at 9:30 a.m. to conduct a hearing on VA/DOD Response to Certain Military Exposures. The Committee will meet in room 562 of the Dirksen Senate Office Building.

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

SELECT COMMITTEE ON INTELLIGENCE

Mr. CONRAD. Mr. President, I ask unanimous consent that the Select Committee on Intelligence be authorized to meet during the session of the Senate on October 8, 2009, at 2:30 p.m.

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

SUBCOMMITTEE ON IMMIGRATION, REFUGEES, AND BORDER SECURITY

Mr. CONRAD. Mr. President, I ask unanimous consent that the Committee on the Judiciary, Subcommittee on Immigration, Refugees, and Border Security, be authorized to meet during the session of the Senate on October 8, 2009, at 3 p.m. in room SD-226 of the Dirksen Senate Office Building, to conduct a hearing entitled "Comprehensive Immigration Reform: Faith-Based Perspectives."

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

SUBCOMMITTEE ON PUBLIC LANDS AND FORESTS

Mr. CONRAD. Mr. President, I ask unanimous consent that the Subcommittee on Public Lands and Forests be authorized to meet during the session of the Senate to conduct a hearing on October 8, 2009, at 2:30 p.m., in room SD-366 of the Dirksen Senate Office Building.

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

ANNIVERSARY OF NEVADA'S STATEHOOD

Mr. REID. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of S. Res. 309, submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The legislative clerk read as follows:

A resolution (S. Res. 309) recognizing and celebrating the 145th anniversary of the entry of Nevada into the Union as the 36th State.

There being no objection, the Senate proceeded to consider the resolution.

Mr. REID. Mr. President, does my distinguished colleague from Nevada wish to speak on this matter?

The PRESIDING OFFICER. The Senator from Nevada.

Mr. ENSIGN. Mr. President, I just want to applaud the senior Senator from Nevada, the leader of the Senate, for this resolution recognizing the 145th anniversary of Nevada's statehood.

Mr. REID. Mr. President, as it approaches Halloween, which is the real day, I will have more to say on this resolution.

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; that there be no intervening action or debate, and any statements relating to this matter be printed in the RECORD.

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

The resolution (S. Res. 309) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 309

Whereas October 31, 2009, marks the 145th anniversary of President Abraham Lincoln's proclamation admitting Nevada into the Union as the 36th State;

Whereas Nevadans celebrate the anniversary of "Battle Born" statehood every year as Nevada Day;

Whereas Nevada's State motto is "All for Our Country", reflecting the patriotism and sense of duty demonstrated by countless Nevadans since the State's entrance into the Union;

Whereas Nevada's brave veterans and service members have made critical contributions to our Nation's security in times of war and of peace;

Whereas the Henderson magnesium mines and the Nevada Test Site played key roles in the United States' victories during World War II and the Cold War, respectively;

Whereas Nevada is honored to host our Nation's Armed Forces at Nellis Air Force Base, Creech Air Force Base, Naval Air Station Fallon, and the Hawthorne Army Depot, as well as National Guard Armories and Reserve Readiness Centers throughout the State;

Whereas Nevada is a premier destination for tourists, business travelers, family vacationers, and outdoor enthusiasts throughout the United States and around the globe;

Whereas Nevada's unique features attract vacationers and locals alike, including the pastoral Washoe Valley, the crags of the Ruby Mountains, the "Biggest Little City in the World", the Las Vegas Strip, the Hoover Dam, Lovers Lock Plaza, and the annual National Cowboy Poetry Gathering;

Whereas mining became an important industry to the Silver State with the 1859 discovery of the Comstock Lode, the most valuable deposit of silver in the Nation;

Whereas Nevada produces more gold than all other States combined and is one of the largest sources of gold in the world;

Whereas the entrepreneurial spirit of Nevadans is reflected in a versatile economy, from the world's largest gaming establishments to small businesses that make up the vast majority of Nevada's employers;

Whereas Nevada has a rich cultural heritage that draws from diverse populations, from multi-generational ranching families to new residents, from Hispanic Americans to Asian Americans and Pacific Islanders, and from Basque communities to Mormon pioneers;

Whereas Nevada recognizes the language, culture, and generosity of Nevada's first dwellers, the Northern and Southern Paiutes, Shoshone, and Washoe peoples;

Whereas Nevada celebrates Thocmentony, or Sarah Winnemucca, the first Native American woman to author a publication in English, whose statue graces Emancipation Hall in the Capitol Visitor Center;

Whereas the snow-capped mountains of Nevada (pronounced Neváda) were the inspiration for the Spanish origin of its name;

Whereas Nevada offers beautiful outdoor settings ranging from vibrant desert landscapes to grand ski slopes, and from picturesque hiking trails to flowing river currents;

Whereas Lake Tahoe is one of the deepest and clearest alpine lakes in the world, and Lake Mead is the largest engineered reservoir in the United States;

Whereas Nevada is home to Great Basin National Park, 17 State parks, 2 national forests, and 3,400,000 acres of wilderness, including Sloan Canyon, Red Rock Canyon, and Black Rock Desert;

Whereas Nevada exemplifies the independence, opportunity, and pioneering spirit of the West; and

Whereas Nevada's delegation to the 111th Congress—Senator Harry Reid, Senator John Ensign, Representative Shelley Berkley, Representative Dean Heller, and Representative Dina Titus—invite all to join in the celebration of Nevada statehood: Now, therefore, be it

Resolved, That the Senate recognizes and celebrates the 145th anniversary of the entry of Nevada into the Union as the 36th State.

EXECUTIVE SESSION

NOMINATIONS DISCHARGED

Mr. BEGICH. Mr. President, I ask unanimous consent that the Senate proceed to executive session and that the Agriculture Committee be discharged en bloc of the following: PN486, PN620, PN831, PN789, PN817, PN818, PN925, PN926, PN1021, PN1022; and that the Senate then proceed en bloc to their consideration; that the nominations be confirmed and the motions to reconsider be laid upon the table en bloc; that no further motions be in order and any statements relating to the nominations be printed in the Record; that the President be immediately notified of the Senate's action.

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

The nominations considered and confirmed are as follows:

COMMODITY FUTURES TRADING COMMISSION

Bartholomew Chilton, of Maryland, to be a Commissioner of the Commodity Futures Trading Commission for a term expiring April 13, 2013.

DEPARTMENT OF AGRICULTURE

Edward M. Avalos, of New Mexico, to be Under Secretary of Agriculture for Marketing and Regulatory Programs.

COMMODITY CREDIT CORPORATION

Edward M. Avalos, of New Mexico, to be a Member of the Board of Directors of the Commodity Credit Corporation.

COMMODITY FUTURES TRADING COMMISSION

Jill Sommers, of Kansas, to be a Commissioner of the Commodity Futures Trading Commission for a term expiring April 13, 2014.

FARM CREDIT ADMINISTRATION

Kenneth Albert Spearman, of Florida, to be a Member of the Farm Credit Administration Board, Farm Credit Administration for the remainder of the term expiring May 21, 2010.

Kenneth Albert Spearman, of Florida, to be a Member of the Farm Credit Administration Board, Farm Credit Administration for a term expiring May 21, 2016.

COMMODITY FUTURES TRADING COMMISSION

Scott D. O'Malia, of Michigan, to be a Commissioner of the Commodity Futures Trading Commission for the remainder of the term expiring April 13, 2010.

Scott D. O'Malia, of Michigan, to be a Commissioner of the Commodity Futures Trading Commission for a term expiring April 13, 2015.

DEPARTMENT OF AGRICULTURE

Harris D. Sherman, of Colorado, to be Under Secretary of Agriculture for Natural Resources and Environment.

COMMODITY CREDIT CORPORATION

Harris D. Sherman, of Colorado, to be a Member of the Board of Directors of the Commodity Credit Corporation.

EXECUTIVE CALENDAR

Mr. BEGICH. Mr. President, I ask unanimous consent that the Senate proceed to Calendar No. 484, the nomination of LTG David M. Rodriguez, reported today by the Armed Services Committee; that the nomination be confirmed and the motion to reconsider be considered made and laid upon the table; that no further motions be in order, and any statements relating to the nomination be printed in the RECORD; the President be immediately notified of the Senate's action, and the Senate then resume legislative session.

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

The nomination considered and confirmed is as follows:

IN THE ARMY

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. David M. Rodriguez

LEGISLATIVE SESSION

The PRESIDING OFFICER. Under the previous order, the Senate will return to legislative session.

NATIONAL DAY ON WRITING

Mr. BEGICH. Mr. President, I ask unanimous consent the Senate proceed to the immediate consideration of S. Res. 310, submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The assistant legislative clerk read as follows:

A resolution (S. Res. 310) expressing support for the designation of October 20, 2009, as the National Day on Writing.

There being no objection, the Senate proceeded to consider the resolution.

Mr. BEGICH. I ask unanimous consent 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 any statements related to the resolution be printed in the RECORD.

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

The resolution (S. Res. 310) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 310

Whereas people in the 21st century are writing more than ever before for personal, professional, and civic purposes;

Whereas the social nature of writing invites people of every age, profession, and walk of life to create meaning through composing;

Whereas more and more people in every occupation deem writing as essential and influential in their work;

Whereas writers continue to learn how to write for different purposes, audiences, and occasions throughout their lifetimes;

Whereas developing digital technologies expand the possibilities for composing in multiple media at a faster pace than ever before;

Whereas young people are leading the way in developing new forms of composing by using different forms of digital media;

Whereas effective communication contributes to building a global economy and a global community;

Whereas the National Council of Teachers of English, in conjunction with its many national and local partners, honors and celebrates the importance of writing through the National Day on Writing;

Whereas the National Day on Writing celebrates the foundational place of writing in the personal, professional, and civic lives of Americans;

Whereas the National Day on Writing provides an opportunity for individuals across the United States to share and exhibit their written works through the National Gallery of Writing;

Whereas the National Day on Writing highlights the importance of writing instruction and practice at every educational level and in every subject area;

Whereas the National Day on Writing emphasizes the lifelong process of learning to write and compose for different audiences, purposes, and occasions;

Whereas the National Day on Writing honors the use of the full range of media for composing, from traditional tools like print, audio, and video, to Web 2.0 tools like blogs, wikis, and podcasts; and

Whereas the National Day on Writing encourages all Americans to write, as well as to enjoy and learn from the writing of others: Now, therefore, be it

Resolved, That the Senate—

(1) supports the designation of October 20, 2009, as the National Day on Writing;

(2) strongly affirms the purposes of the National Day on Writing and encourages participation in the National Gallery of Writing, which serves as an exemplary living archive of the centrality of writing in the lives of Americans; and

(3) encourages educational institutions, businesses, community and civic associations, and other organizations to promote awareness of the National Day on Writing and celebrate the writing of their members through individual submissions to the National Gallery of Writing.

MEASURES READ THE FIRST TIME—H.R. 3548, H.R. 3590, S. 1772

Mr. BEGICH. Mr. President, I understand there are three bills at the desk. I ask for their first reading en bloc.

The PRESIDING OFFICER. The clerk will report the bills by title.

The assistant legislative clerk read as follows:

A 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.

A bill (H.R. 3590) to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes.

A bill (S. 1772) to require that all legislative matters be available and fully scored by CBO 72 hours before consideration by any subcommittee or committee of the Senate or on the floor of the Senate.

Mr. BEGICH. I now ask for the second reading en bloc and object to my requests en bloc.

The PRESIDING OFFICER. Objection is heard. The bills will be read on the next legislative day.

APPOINTMENTS

The PRESIDING OFFICER. The Chair, on behalf of the President pro tempore, pursuant to 22 U.S.C. 276n, as amended, appoints the following Senator as Chairman of the U.S.-China Interparliamentary Group conference during the 111th Congress: the Honorable PATTY MURRAY of Washington.

The Chair, pursuant to Executive Order 12131, renewed by Executive Order 13446, reappoints and appoints the following Members to the President's Export Council:

Reappointment: the Senator from Texas (Mr. CORNYN)

Appointment: the Senator from Idaho (Mr. CRAPO) vice the Senator from Wyoming (Mr. ENZI).

EXTENSION FOR TRIBUTES TO SENATORS KENNEDY AND MARTINEZ

Mr. BEGICH. I ask unanimous consent that the deadline for tributes to Senators Kennedy and Martinez to be submitted to the CONGRESSIONAL RECORD be extended until Wednesday, October 14, 2009.

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

Mr. BEGICH. 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. REID. I ask unanimous consent that the order for the quorum call be rescinded.

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

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

COMMERCE, JUSTICE, SCIENCE,
AND RELATED AGENCIES APPROPRIATIONS ACT, 2010—Continued

CLOTURE MOTION

Mr. REID. Mr. President, I have a cloture motion at the desk on the committee-reported substitute amendment to H.R. 2847.

The PRESIDING OFFICER. The clerk will report the bill by title.

The assistant legislative clerk read as follows:

A bill (H.R. 2847) making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, hereby move to bring to a close debate on the committee-reported substitute amendment to H.R. 2847, the Departments of Commerce, Justice and Science and Related Agencies Appropriations Act of Fiscal Year 2010.

Harry Reid, Barbara A. Mikulski, Barbara Boxer, Robert Menendez, Charles E. Schumer, Patty Murray, Tom Harkin, Patrick J. Leahy, Roland W. Burris, Mark Begich, Ben Nelson, Daniel K. Inouye, Debbie Stabenow, Bernard Sanders, Dianne Feinstein, John F. Kerry, Edward E. Kaufman.

CLOTURE MOTION

Mr. REID. Mr. President, I have a cloture motion on the bill. I ask that it be stated.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, hereby move to bring to a close debate on H.R. 2847, the Departments of Commerce, Justice and Science and Related Agencies Appropriations Act of Fiscal Year 2010.

Harry Reid, Barbara A. Mikulski, Barbara Boxer, Robert Menendez, Charles E. Schumer, Patty Murray, Tom Harkin, Patrick J. Leahy, Roland W. Burris, Mark Begich, Ben Nelson, Daniel K. Inouye, Debbie Stabenow, Bernard Sanders, Dianne Feinstein, John F. Kerry, Edward E. Kaufman.

Mr. REID. I ask unanimous consent that the cloture vote on the substitute amendment occur at 5:30 p.m., Tuesday, October 13, that the hour prior to the vote be for debate with respect to the cloture motion, the hour be equally divided and controlled between Senators MIKULSKI and SHELBY or their designees, and that the mandatory quorums be waived.

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

ENERGY AND WATER DEVELOPMENT AND RELATED AGENCIES APPROPRIATIONS ACT, 2010—CONFERENCE REPORT

Mr. REID. I ask unanimous consent that the Senate proceed to the consideration of the conference report to accompany H.R. 3183.

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

The report will be stated.

The legislative clerk read as follows:

The committee of conference on the disagreeing votes of the two Houses on the amendment of the Senate to the bill (H.R. 3183), making appropriations for energy and water development and related agencies for the fiscal year ending September 30, 2010, and for other purposes, having met, have agreed to recommend and do recommend to their respective Houses that the House recede from its disagreement to the amendment of the Senate and agree to the same with an amendment and the Senate agree to the same, signed by a majority of the conferees on the part of both Houses.

(The conference report is printed in the House proceedings of the RECORD of September 30, 2009.)

CLOTURE MOTION

Mr. REID. I have a cloture motion on the conference report at the desk. I ask that it be stated.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The assistant legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, hereby move to bring to a close debate on the conference report to accompany H.R. 3183, the Energy and Water Appropriations Act for Fiscal Year 2010.

Harry Reid, Charles E. Schumer, Patrick J. Leahy, Dianne Feinstein, Evan Bayh, Mark L. Pryor, Jon Tester, Robert Menendez, Frank R. Lautenberg, Kent Conrad, Patty Murray, John F. Kerry, Daniel K. Inouye, Sheldon Whitehouse, Carl Levin, Jack Reed, John D. Rockefeller IV, Bill Nelson.

Mr. REID. I ask unanimous consent that the cloture vote on the conference report occur upon disposition of H.R. 2847, provided that if cloture is not invoked on the substitute amendment to H.R. 2847, then a motion to reconsider the vote by which cloture was not invoked on the substitute be considered entered; that the cloture vote on the bill be delayed to occur upon reconsideration and cloture is not invoked on the substitute, then the cloture motion on the bill be withdrawn; further, that if cloture has not been invoked as specified above, then the vote on the motion to invoke cloture on the conference report to accompany H.R. 3183 occur 1 hour after the Senate convenes on Wednesday, October 14, and that the mandatory quorum be waived.

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

ORDERS FOR FRIDAY, OCTOBER 9, 2009, AND TUESDAY, OCTOBER 13, 2009

Mr. REID. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 10 a.m. tomorrow, Friday, October 9, for a pro forma session only, with no business conducted; that following the pro forma session, the Senate adjourn until 2 p.m. on Tuesday, October 13; that following the prayer and pledge on that day, 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 of morning business until 3 p.m., with Senators permitted to speak for up to 10 minutes each; that following morning business, the Senate resume consideration of H.R. 2847, the Commerce-Justice-Science appropriations bill. Finally, I ask that the filing deadline for first-degree amendments be at 3 p.m. on Tuesday.

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

PROGRAM

Mr. REID. Mr. President, the cloture vote on the substitute amendment to CJS will occur at 5:30 p.m. on Tuesday. That will be the first vote of the day. We are still hopeful and confident Senators SHELBY and MIKULSKI can work out a finite list of amendments to be voted on, and we will start voting on those Tuesday. I hope we can do that. If not, we will have to go forward. We worked all afternoon trying to come up with something, but the amendments kept coming. There was a time we had to draw the line. The number of amendments we received had nothing to do with this legislation, so it was determined to be the time to file cloture.

ADJOURNMENT UNTIL 10 A.M.
TOMORROW

Mr. REID. 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 9:18 p.m., adjourned until Friday, October 9, 2009, at 10 a.m.

NOMINATIONS

Executive nominations received by the Senate:

TENNESSEE VALLEY AUTHORITY

NEIL G. MCBRIDE, OF TENNESSEE, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE TENNESSEE VALLEY AUTHORITY FOR A TERM EXPIRING MAY 18, 2013, VICE SKILA HARRIS, RESIGNED.

DEPARTMENT OF STATE

DAVID HUEBNER, OF CALIFORNIA, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO NEW ZEALAND, AND TO SERVE CONCURRENTLY AND WITHOUT ADDITIONAL COMPENSATION AS AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO SAMOA.

DAVID DANIEL NELSON, OF MINNESOTA, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF

MINISTER—COUNSELOR, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE ORIENTAL REPUBLIC OF URUGUAY.

IN THE ARMY

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

LT. GEN. DAVID M. RODRIGUEZ

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. ROBERT S. HARWARD, JR.

DISCHARGED NOMINATIONS

The Senate Committee on Agriculture, Nutrition, and Forestry was discharged from further consideration of the following nominations by unanimous consent and the nominations were confirmed:

BARTHOLOMEW CHILTON, OF MARYLAND, TO BE A COMMISSIONER OF THE COMMODITY FUTURES TRADING COMMISSION FOR A TERM EXPIRING APRIL 13, 2013.

EDWARD M. AVALOS, OF NEW MEXICO, TO BE UNDER SECRETARY OF AGRICULTURE FOR MARKETING AND REGULATORY PROGRAMS.

JILL SOMMERS, OF KANSAS, TO BE A COMMISSIONER OF THE COMMODITY FUTURES TRADING COMMISSION FOR A TERM EXPIRING APRIL 13, 2014.

KENNETH ALBERT SPEARMAN, OF FLORIDA, TO BE A MEMBER OF THE FARM CREDIT ADMINISTRATION BOARD, FARM CREDIT ADMINISTRATION FOR THE REMAINDER OF THE TERM EXPIRING MAY 21, 2010.

KENNETH ALBERT SPEARMAN, OF FLORIDA, TO BE A MEMBER OF THE FARM CREDIT ADMINISTRATION BOARD, FARM CREDIT ADMINISTRATION FOR A TERM EXPIRING MAY 21, 2016.

EDWARD M. AVALOS, OF NEW MEXICO, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE COMMODITY CREDIT CORPORATION.

SCOTT D. O'MALLIA, OF MICHIGAN, TO BE A COMMISSIONER OF THE COMMODITY FUTURES TRADING COMMISSION FOR THE REMAINDER OF THE TERM EXPIRING APRIL 13, 2010 VICE WALTER LUKKEN, RESIGNED.

SCOTT D. O'MALLIA, OF MICHIGAN, TO BE A COMMISSIONER OF THE COMMODITY FUTURES TRADING COMMISSION FOR A TERM EXPIRING APRIL 13, 2015.

HARRIS D. SHERMAN, OF COLORADO, TO BE UNDER SECRETARY OF AGRICULTURE FOR NATURAL RESOURCES AND ENVIRONMENT.

HARRIS D. SHERMAN, OF COLORADO, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE COMMODITY CREDIT CORPORATION.

THE ABOVE NOMINATION WAS APPROVED SUBJECT TO THE NOMINEE'S COMMITMENT TO RESPOND TO REQUESTS TO APPEAR AND TESTIFY BEFORE ANY DULY CONSTITUTED COMMITTEE OF THE SENATE.

COMMODITY FUTURES TRADING COMMISSION

BARTHOLOMEW CHILTON, OF MARYLAND, TO BE A COMMISSIONER OF THE COMMODITY FUTURES TRADING COMMISSION FOR A TERM EXPIRING APRIL 13, 2013.

JILL SOMMERS, OF KANSAS, TO BE A COMMISSIONER OF THE COMMODITY FUTURES TRADING COMMISSION FOR A TERM EXPIRING APRIL 13, 2014.

SCOTT D. O'MALLIA, OF MICHIGAN, TO BE A COMMISSIONER OF THE COMMODITY FUTURES TRADING COMMISSION FOR THE REMAINDER OF THE TERM EXPIRING APRIL 13, 2010 VICE WALTER LUKKEN, RESIGNED.

SCOTT D. O'MALLIA, OF MICHIGAN, TO BE A COMMISSIONER OF THE COMMODITY FUTURES TRADING COMMISSION FOR A TERM EXPIRING APRIL 13, 2015.

DEPARTMENT OF AGRICULTURE

EDWARD M. AVALOS, OF NEW MEXICO, TO BE UNDER SECRETARY OF AGRICULTURE FOR MARKETING AND REGULATORY PROGRAMS.

EDWARD M. AVALOS, OF NEW MEXICO, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE COMMODITY CREDIT CORPORATION.

HARRIS D. SHERMAN, OF COLORADO, TO BE UNDER SECRETARY OF AGRICULTURE FOR NATURAL RESOURCES AND ENVIRONMENT.

HARRIS D. SHERMAN, OF COLORADO, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE COMMODITY CREDIT CORPORATION.

FARM CREDIT ADMINISTRATION

KENNETH ALBERT SPEARMAN, OF FLORIDA, TO BE A MEMBER OF THE FARM CREDIT ADMINISTRATION BOARD, FARM CREDIT ADMINISTRATION FOR THE REMAINDER OF THE TERM EXPIRING MAY 21, 2010.

KENNETH ALBERT SPEARMAN, OF FLORIDA, TO BE A MEMBER OF THE FARM CREDIT ADMINISTRATION BOARD, FARM CREDIT ADMINISTRATION FOR A TERM EXPIRING MAY 21, 2016.

CONFIRMATIONS

Executive nominations confirmed by the Senate, Thursday, October 8, 2009:

IN THE ARMY

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. DAVID M. RODRIGUEZ