

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

COMMITTEE ON FOREIGN RELATIONS

Mr. DURBIN. Mr. President, I ask unanimous consent that the Committee on Foreign Relations be authorized to meet during the session of the Senate on Wednesday, July 22, 2009, at 9 a.m.

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

COMMITTEE ON FOREIGN RELATIONS

Mr. DURBIN. Mr. President, I ask unanimous consent that the Committee on Foreign Relations be authorized to meet during the session of the Senate on Wednesday, July 22, 2009, at 2:30 p.m. to hold a hearing entitled "The Case for Reform: Foreign Aid and Development."

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

COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS

Mr. DURBIN. Mr. President, I ask unanimous consent that the Committee on Health, Education, Labor and Pensions be authorized to meet during the session of the Senate on Wednesday, July 22, 2009, after the 12 p.m. vote in the President's room.

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

COMMITTEE ON THE JUDICIARY

Mr. DURBIN. Mr. President, I ask unanimous consent that the Committee on the Judiciary be authorized to meet during the session of the Senate on July 22, 2009, at 10 a.m., in room SD-226 of the Dirksen Senate Office Building, to conduct a hearing entitled "Promoting Job Creation and Foreign Investment in the United States: An Assessment of the EB-5 Regional Center Program."

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

COMMITTEE ON VETERANS' AFFAIRS

Mr. DURBIN. Mr. President, I ask unanimous consent that the Committee on Veterans' Affairs be authorized to meet during the session of the Senate on Wednesday, July 22, 2009, at 10 a.m., in room 418 of the Russell Senate Office Building.

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

SUBCOMMITTEE ON CONSUMER PROTECTION, PRODUCT SAFETY, AND INSURANCE

Mr. DURBIN. Mr. President, I ask unanimous consent that the Subcommittee on Consumer Protection, Product Safety, and Insurance of the Committee on Commerce, Science, and Transportation be authorized to meet during the session of the Senate on Wednesday, July 22, 2009, at 10 a.m., in room 253 of the Russell Senate Office Building.

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

SUBCOMMITTEE ON CRIME AND DRUGS

Mr. DURBIN. Mr. President, I ask unanimous consent that the Committee on the Judiciary, Subcommittee on Crime and Drugs, be authorized to meet during the session of

the Senate on July 22, 2009, at 2:30 p.m., in room SD-226 of the Dirksen Senate Office Building, to conduct a hearing entitled "Metal Theft: Public Hazard, Law Enforcement Challenge."

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

SUBCOMMITTEE ON NATIONAL PARKS

Mr. DURBIN. Mr. President, I ask unanimous consent that the Subcommittee on National Parks, be authorized to meet during the session of the Senate on Wednesday, July 22, 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.

PRIVILEGES OF THE FLOOR

Mr. KAUFMAN. Mr. President, on behalf of Senator MERKLEY I ask unanimous consent that Amelia Bell, an intern in his office, be granted the privilege of the floor for the duration of today's session.

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

Mr. KAUFMAN. Mr. President, I ask unanimous consent that Bill Curlin, an Air Force Fellow in Senator DORGAN's office, be granted the privilege of the floor during debate on the fiscal year 2010 Defense authorization bill.

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

Mr. CORNYN. Mr. President, I ask unanimous consent that MAJ Paul Taylor be granted the privilege of the floor for the remainder of this legislative session.

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

Mr. BROWNBACK. Mr. President, I ask unanimous consent that floor privileges for the remainder of this session be granted for an intern in my office, Lindy Brownback.

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

Mr. LEVIN. Mr. President, I ask unanimous consent that Juliet Beyler, a congressional fellow in the office of Senator GREGG, be allowed the privilege of the floor during consideration of S. 1390.

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

Mr. LEVIN. Mr. President, I ask unanimous consent that MAJ Jim DeLapp, a military fellow in the office of Senator BEGICH, be granted the privilege of the floor for the duration of Senate consideration of S. 1390.

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

HEALTH CARE REFORM

Mr. DODD. Mr. President, I rise on this early evening in July to spend a few minutes to talk about health care. I know it has obviously been a subject of great interest over the last number of days, having been asked to fill in for my dear friend, Senator TED KENNEDY, the chairman of the Health, Education,

Labor, and Pensions Committee, who as we all know is struggling with his own health issues.

I was asked to fill in for him to mark up the HELP Committee's legislation on health care, and I was fortunate to have as my allies in that effort some remarkable Members of this body—both Democrats and Republicans—who, we are told, spent as long a time, maybe longer than for any other mark-up in the history of that committee and one of the longest in the history of this body. There were some 23 sessions over 13 days, covering nearly 300 amendments that were offered on behalf of the 23 Members of the Senate—almost a quarter of this body—serving on that committee.

After that lengthy period of time, we drafted a bipartisan bill. It did not end up being a bipartisan vote. It was a partisan vote coming out of committee, regrettably. But that doesn't mean it will end up that way. I have often been involved in legislative efforts where the committee action would have a partisan conclusion, only to find that after further work, those efforts can attract a broad base of support and develop the kind of broad-based backing that is, I think, an important feature of good legislation.

So while I regret we didn't have any Republican votes in that committee, I am deeply grateful to my Democratic colleagues for their efforts—and also to my Republican colleagues for their efforts—which I will talk about. I intend, in the coming days, to talk about this issue through the remaining weeks we are in session—and possibly even beyond that, if we stay in session in August to work on this issue.

This is not any ordinary issue or ordinary time. I have been around long enough now to have witnessed the debates on this issue going back 30 years. Every single Congress and every single administration predating my arrival here has grappled with this issue—Republicans and Democrats alike. Since the days of Harry Truman in the 1940s, literally every administration has tried to come up with an idea to reform our health care system.

In years past, those efforts were talked about in terms of describing the present condition of health care as being an unacceptable situation; that it was wrong, unethical, immoral that we weren't serving people who should be served. The debate has now changed because it is no longer just unacceptable—which has always been the case—but we are now in a situation where the present conditions are unsustainable. Yesterday and again this morning the Chairman of the Federal Reserve Board, Ben Bernanke, testifying on monetary policy, was asked the question in both the other body as well as in the Banking Committee, which I chair, how important health care was as a matter of economic recovery. In both forums, in different language, the Chairman of the Federal Reserve—while not getting into the details of

the various plans—pointed out, once again, if there was any doubt about this, that unless we resolve the health care issue, the economic issues we are grappling with today will be unresolved and only grow in their complexity and in their depth.

So this issue of health care is obviously one that affects real people every day. As we conclude the work day here on the east coast, and will do so in a few hours across America, remember this: Today, and every day, as we grapple with this issue, 14,000 of our fellow citizens will lose their health care. That is 14,000 today, 14,000 tomorrow and the next day and the next day and the next day. Every day we wait and delay on this issue, that many more of our fellow citizens and their families can fall into that abyss, that free-fall of wondering whether some accident, some injury, some diagnosis will tell them and their families they are in deep trouble, from a health care perspective.

If they lack the kind of coverage and insurance or lack the kind of personal wealth, that family will not only face the hardship of confronting a health care crisis without the adequate quality of care to provide for them and their families, but they may very well find themselves in economic ruin as a result of the situation that persists today.

I am not talking about the uninsured alone. I am talking about the 25 or 30 million who are underinsured in this country. They struggle every single day, wondering whether those deductibles are going to be low enough to pay when crisis strikes and, even if they have a policy, whether there are going to be an adequate number of doctor visits, prescriptions covered, and the like that provide them with the necessary protection to recover from their health care situation and avoid the economic crisis that can befall them.

To put it in perspective for you, Mr. President, consider this: Of all the bankruptcies that occur in the country, and there are many in economic times such as this, 62 percent of those bankruptcies are directly related to a health care crisis in that family; that they would not be in that situation except for the fact that they are suffering through a health care crisis that has forced them into financial bankruptcy. Consider this, if you will: 50 percent of all home foreclosures—and there are 10,000 of those every day, today 10,000 families got a foreclosure notice—50 percent, one out of every two foreclosures that occurred in this country occurred because of health care costs for that family.

Eighty-seven million of our fellow citizens every year find themselves in some period when they lack health insurance. Yet, as I say all of that from this Chamber, all 100 of us here have a great health care system, the Federal Employees Health Benefits Plan. All of the Federal employees in the Capitol

and across this country have a good health care program, the Federal Employees Health Benefits Plan. Maybe if we were in the same situation as our fellow citizens, being uninsured or underinsured, maybe there would be a heightened sense of urgency about this issue. But as long as we are OK and have nothing to worry about because of the jobs we hold, the titles we have, because of the good health care at relatively low cost that we have, none of us have to worry about that. We hope nothing happens, we hope we do not get sick, we hope a child of ours or a grandchild doesn't face a health care crisis, but if they do, Lord forbid, we have the resources to protect our family. That is not the case for millions of our fellow citizens.

So this issue demands our attention. It is an issue that cries out for solution. It is one that we must address. This is not one we can delay on, it is not one we can postpone for some future Congress. In fact, the American President, Barack Obama, who will address the country about 55 minutes from now on this subject, has made the case publicly: There is no other issue more important to him than this one. He has announced he is willing to expend whatever political capital he has in order to resolve the health care issue. He has made it the central issue of his Presidency, and we in this body, regardless of what political label we wear, bear a similar responsibility and should be sharing a similar cause—and that is to address this issue in a way that will increase access, will reduce cost, and create the kind of quality health care all Americans ought to have.

Every American ought to have at least as good health care coverage as their Member of Congress. Every American ought to be able to go to bed at night with the security that if their spouse or their children or a loved one in their family were to face a health care crisis, they would not be facing economic ruin, that they would not be wiped out because of it. Every American ought to have that sense of security, that something in this great Nation of ours ought not to be depending upon the wealth you have in your family or the job you hold. It ought to be a basic right to be able to have access to affordable quality health care in America. That is the charge. That is the obligation. That is what stands before us as the issue of, not only the day or the hour, but I think of our time here in this Congress.

President Obama has said he is willing to expend every bit of his political capital. That is an extraordinary statement made by an extraordinary President at an extraordinary moment in our Nation's history. In my 35 years in Congress serving with seven Presidents, I have never heard another President on any issue make a similar statement of their willingness to expend their capital on a single issue. This President has made that state-

ment. That ought to inspire all of us to join him in that effort.

The President recognizes, as I hope my colleagues recognize, that we have been given a mandate by the American people to deliver on health care reform. I hope my colleagues will join in this effort.

Already we have made significant progress toward legislation that cuts costs, protects consumer choice, and guarantees access to affordable quality care for every one of our citizens.

The American Medical Association, the American Nurses Association, the organizations representing America's hospitals and pharmaceutical companies, have all come to the table and agreed to support strong health care reform. Three of five congressional committees responsible for health care have already approved strong legislation. I was here in 1994. Those organizations which I just mentioned, believe me, were not at the table urging that this Congress pass major health care reform. They are today. That is a fundamental change that has occurred in the last decade and a half.

Even the notorious Harry and Louise, those actors who once were used in commercials to kill health care reform, stood with me last week in a group of our colleagues when we announced the first piece of health care legislation to emerge from the Senate. They stand strong for health care reform and change and intend to do everything they can to assist in that effort.

This bill, the one that passed the HELP Committee, the Affordable Health Care Choices Act, is a strong and sensible piece of legislation. It forbids insurance companies from cherry-picking applicants based on their gender, based on their health care status, or any preexisting conditions. Never, ever again, under our legislation, if adopted, would an American citizen be denied coverage of health care because he or she is a cancer survivor or the victim of domestic violence. Never, ever again under our bill would an American citizen who thought they had insurance find their coverage cut or taken away just at the moment they need it the most because our bill, if it is passed, not only eliminates caps on benefits, it bans insurance companies from cutting or taking away coverage after a policy has been signed.

Our bill, if adopted into law, cracks down on waste and fraud, focuses on preventive care, reduces the crushing burden of administrative costs, and has been scored by the Congressional Budget Office at \$611 billion over 10 years. That is a savings of more than \$400 billion from the original estimate by the Congressional Budget Office.

I am very proud we came in on time and under budget in the HELP Committee. We are not being talked about much these days because we got our job done a week ago today, but I am even more proud that with real contributions from each of the 22 of my colleagues who serve on that committee—a quarter of the Senate—we

were able to craft a uniquely American bill for the American people.

In the United States of America, we already find much we like in our health care system. We like our family doctors and compassionate nurses. We like our world-class hospitals and technology—and we should. They are remarkable. We like having the freedom of choice as Americans of our own health care and the ability to get it fast, if we can. Our bill will not touch these things that work in our health care system in the United States today.

In the United States, we hold the relationship between a doctor and his or her patient to be sacrosanct, and our bill, if signed into law, guarantees nothing can ever come between you and the doctor of your choice—not the Federal Government, not an insurance company, not a bureaucrat from the private or the public sector. In the United States of America, we believe in shared risk and shared responsibility. Our bill, if signed into law, lowers costs for everyone by ensuring that everyone is insured. The bigger the pool, obviously the broader the risk and the lower the cost.

In return, our bill asks individuals, employers, the Federal Government, all of us to share responsibility, not just for treating people when they get sick but hopefully for preventing them from getting sick in the first place.

In the United States of America, we know in our committee, as we drafted the bill, that good companies are not afraid of competition. Our bill includes a public insurance option that is just that—it is an option, purely voluntary, for consumers and providers to decide whether they want to participate, nothing mandatory, just a voluntary option, a little healthy American competition to give consumers and providers some choices in the health care system of our Nation. That is an outrageous and radical thought to some, I know. In my communities, it is pretty basic, pretty common sense, pretty traditional, and it is a red-blooded American idea—a little competition. It doesn't hurt anybody. In fact, we suspect it actually helps most.

In the United States of America, we have the best treatment and research facilities in the world, facilities that regularly produce remarkable advances. Our bill, if signed into law, ensures that those advances translate directly and efficiently into better outcomes and lower costs for our fellow citizens.

Most of all, in our United States of America, we have learned the hard way that we need health care reform. For nearly 70 years now, Democrats and Republicans, Presidents and Congresses alike, have all tried this. Every one of them has made a Herculean effort to deal with this issue. Here we are, close to a century later, still in the same ditch, unable to dig ourselves out of it as it gets deeper and deeper.

So this is the moment. This is why we are here. This is our opportunity

now to step up or to step back, and history will judge which of the two directions we took at this moment; whether we have the intestinal fortitude and determination to sit down for the long, hard hours and hammer out something, to deliver not because it is good for us but because it is good for the people we seek to represent. That is why we are here.

We talk about these debates as if no one else existed. Who is working on this, who is bipartisan, who is not, what coalition or group, who is a Blue Dog or Red Dog. It must drive the American people nuts watching us acting as if we were the only people on the face this planet wrestling with this issue. We don't have to worry, none of us. Tonight you can sleep soundly, as a U.S. Congressman or Senator, because if you wake up in the morning with a health care crisis, there is nothing to worry about financially. We are well protected and taken care of. Unfortunately for millions of our fellow citizens all across this country, they cannot sleep as soundly as we do. They are the ones we ought to be thinking about in this debate—not whether we have some coalition that is going to produce some magical result. Keep our eye on the ball. The American people are expecting nothing less from us.

For far too often, of course, we have failed in these efforts that have been defeated by nothing more than cheap politics in too many instances. The well-being of our citizens is left to drown in today's political current, all the while we have paid, of course, a deep, deep price for that ditch we are in, a ditch that is growing.

American families pay an average of \$1,100 extra. If you bought insurance and you have an insurance policy, by and large you are paying \$1,100 more every year in premiums to cover the costs associated with the health care for the 47 million of our fellow citizens who are uninsured. It is not that they don't get health care. They show up. Where do they show up? They show up in emergency rooms. The most expensive health care in the country is in emergency rooms. So when you are paying tonight, as many Americans will be, that quarterly or monthly premium, or whatever the timeframe is for the premiums you pay, look at a percentage of what you are paying. On average, you are paying \$1,100 more every year to cover the uninsured, whose health care gets paid for. You are paying for it. When people say we cannot afford any more cost on all of this, you are already paying an exorbitant amount.

One of the efforts in this bill, in our bill along with the efforts being made by others, is to see to it that the 47 million, a number that expands to 87 million at one point or another during the year, of our fellow citizens who are without insurance at all, is reduced.

But that is the pricetag, \$1,100 on average for our covering the uninsured among our fellow citizens.

Three out of every five bankruptcies, as I mentioned already, in the United States of America are caused by high medical bills. More than 75 percent of those forced into bankruptcy because of medical bills had insurance, by the way. That number is not the uninsured, 75 percent of people who fall into bankruptcy are insured.

Of the 62 percent of the bankruptcies that are created by this health care crisis, 75 percent of those people had a health insurance policy. So do not assume this only happens to those people who have no health insurance. If you are insured tonight, and you run into a major health care crisis, then you can very well find yourselves in the same position millions of our fellow citizens have who fall into bankruptcy. It is not the destitute, it is average American families.

In many cases, half our Nation's foreclosures are a direct result of our broken health care system, as we now know. But it is not just families and businesses being bankrupted, health care costs have come to consume a simply unsustainable portion of our budget. The other day the Congressional Budget Office answered the question in the Budget Committee: Are we bending the curves up or down for these various health care plans. I have a lot of respect for the people who work at the Congressional Budget Office. I know they work very hard.

But I will do a little wager that no one on that committee, the Budget Committee, nor did the CBO in their calculations of cost, ask the question of whether bankruptcies or foreclosures were calculated into the costs, one way or another, that were part of their conclusions.

But why are they not? If 62 percent of all bankruptcies occur in the country because people who are insured could not afford the health care needs they had for their families, why is that not a cost to be calculated in bending curves? What about those foreclosures, 50 percent of which occur because of a health care crisis in that family.

Did the CBO write that number into its computer models to figure out costs? Why not? Is that not a cost to our country? If a family goes into bankruptcy or loses their home because of a health care crisis that is created by the present situation in this country, where are the calculations and computer models that will tell us the impact of those crises on families?

So we talk about this issue, and we are told now in these macroeconomic terms by actuaries and accountants and the "green visor crowd" that 16 percent of our gross domestic product is spent on health care and that number could quickly climb to 35 percent.

What does that mean? It means, we are told, in the next 8 or 10 years, if we do not act, if we listen to those who do not think the last 70 years or the last number of Congresses that we wrestled with these issues is somehow wasted time, that we can end up with the average family paying 50 percent of its

gross income on health care premiums. That is not an exaggeration, that is not a phony projection. The very same economists who are telling you about the 16 percent of our gross domestic product consumed today are the ones who predict, based on the present trajectories, unchanged, that 35 percent of our GDP can be consumed by health care costs.

You might be curious to know the next nation that is closest to us as a percentage of its gross domestic product is Switzerland, and Switzerland spends a little over 10 percent of its GDP on health care. Then the next country is us, around 16 percent and growing.

To give you some idea around the world how we rate and compare on a per-capita basis, pretty staggering numbers. By the way, you might say: Well, look, I am sorry, Senator. I know it is a lot of money, but you know what? We have great outcomes. We have remarkable outcomes. So we are paying more than Switzerland. But, by golly, our people here get great outcomes.

Well, I wish I could tell you that is the case. The fact is we rank 37th in the world in outcomes. What a great statistic, the United States of America, the wealthiest nation on the face of this Earth, we spend more, \$2.5 trillion a year, than anybody, a larger percentage by almost double, with the closest of any other nation in the world, and we rank 37th in the world in medical outcomes.

There is something staggeringly wrong with that number—with that amount of money being spent and those outcomes coming in. If you wonder why people are frustrated by the subject matter, and they may not know these numbers, all they know is what they are going through and their family.

If we continue on this path, it only gets worse. By the way, to add additional shame to that number, we rank at the bottom of all industrialized nations when it comes to infant mortality, the bottom of industrialized nations, when it comes to infant mortality in the United States of America. I find that shameful, those numbers.

We like to think of ourselves as doing so many things so well as a country because of who we are and how we govern ourselves and the opportunities we create in the United States of America. We like to believe that this is not some Third World country, that we would take good care of our newborns. To rank at the bottom of the list in infant mortality is shameful, to come in 37th in medical outcomes is shameful, to spend almost double the percentage of our gross domestic product as our nearest competitor nation is also shameful.

We have reached a point where no Senator can, with a straight face, come on the floor of this body and argue for the status quo. That status quo is not only unacceptable, as I have said, it is unsustainable.

Of course, some will stand on this floor and argue that the best thing we can do when confronted with a house on fire is to walk around it a few more times and argue about how high the flames have grown. Well, when we began writing this legislation out of the HELP Committee, we did not forget that each of us were born with one mouth and two ears.

We started with a blank page. Long before I was asked to pinch-hit for TED KENNEDY, Senator KENNEDY and his staff and others invited the minority, early on, to share their ideas. You are going to hear otherwise, that we got drawn into this, we were not informed. That is not the case. They were not drawn in. They were invited. They had no idea what they wanted to offer, only that they got nervous about this plan going forward.

That started, I am told, at the end of last year, not when the President was inaugurated after January 20. So we began by listening. We listened to stakeholders, providers, hospitals, pharmaceutical companies. Anyone we could gather who had an interest in the subject matter was invited to come and talk about what they thought a Federal health care reform package ought to look like. The culmination of that effort was to draft a bill. Why did we draft a bill? Well, because the rules of the Senate require it. You cannot begin a markup in the HELP Committee unless you have a product on the table. There has to be legislation written. The rules require it. So we wrote a bill and put it on the table and invited our colleagues on the committee to come and comment on it, talk about it, amend it, change it, do whatever they thought might improve it.

That is what took us to 54 hours, over 13 days and 23 sessions and nearly 300 amendments; a rather long and elaborate process. It was good work. Frankly, the bill got a lot better because of the effort. It got better because my Republican colleagues offered terrific ideas.

Contrary to what some may think, they did not come and just shove their hands in their pockets, put their heads in the sand and refuse to participate or walk away and not show up. MIKE ENZI, JUDD GREGG, LAMAR ALEXANDER, I can go down a long list of the Republican members who were there day after day, sat in that committee room and contributed mightily to our effort.

I was blessed to have TOM HARKIN and BARBARA MIKULSKI and JEFF BINGAMAN and PATTY MURRAY, who were asked by Senator TED KENNEDY months ago if they would each take on a separate piece of the bill.

TOM HARKIN grappled with prevention issues; developed a staff with expertise and knowledge. BARBARA MIKULSKI worked on quality issues; did the same as TOM HARKIN. PATTY MURRAY did it on workforce. JEFF BINGAMAN did it on coverage. They had 12 hearings themselves on this subject matter even before a word was written

on the bill, to bring people together, to listen to ideas and how we could shape those ideas as part of the structure of reform for the health care system.

Then that culminated with us sitting down in the beginning, back 5 or 6 weeks ago now, to actually mark up this bill, as we are expected to do. True, the Republicans on the committees did not vote for the bill, I have said that, regrettably. That was pretty clear to me that was probably going to happen no matter what we did. But they contributed and they made significant contributions. Of the 161 amendments that we accepted were offered by the Republican side—of the nearly 300 amendments that we considered, 161 amendments offered by the minority are very much a part of the bill that I have been talking about this evening. Some were technical amendments, clearly. But many were very substantive.

They do not want to admit it maybe because they voted against it in the end. You can define bipartisan any way you want. But I define it by contributions made to the product. They made a bipartisan contribution to the product and a better bill, not a perfect bill, was the result. It obviously needs more work. But we think it is a good, sensible bill that ought to enjoy the support of our colleagues.

Senator GREGG, for instance, and a number of his fellow Republicans were concerned about the long-term fiscal impact of our provisions on long-term care. So JUDD GREGG offered an amendment that would require the Secretary of Health and Human Services to set and adjust premiums based on a 75-year outlook of the program's solvency.

We had a robust debate for an hour on this issue. The committee recognized the tremendous value, frankly, of what JUDD GREGG was proposing. So his amendment was accepted unanimously, and the bill is a better bill for it. JOHNNY ISAKSON, my very good friend from Georgia, brought to the table the issue of end-of-life care, drawing on his own family's experiences. He gave very moving remarks in our committee about the importance of end-of-life care issues. He was able to talk about the importance of planning for the last days of one's life, how difficult that can be.

I just went through that with my sister who was diagnosed on May 22 with lung cancer, and she was gone in 6 weeks. She died on July 6, the first of my siblings to be lost. She was 68 years of age, with 5 children and 17 grandchildren. She knew in the last 9 days of her life what the outcome was going to be.

So she insisted upon each of us spending an hour or so alone, every one of her 17 grandchildren, every one of her children and their spouses, every one of her siblings, every one of her close friends. Her best friend in the world was a woman she met on the first day of college when she was 18 years of age. Her name is NANCY

PELOSI, Speaker of the House. She was there for the funeral.

JOE BIDEN came up. JOE and my sister were great friends, and he came up for the wake the night before. So I knew she was thinking, my sister, in planning what she wanted to have happen those last nine days of her life. A lot of families go through that. Senator ISAKSON made a very substantial contribution, nothing technical about what he was talking about. Our bill is a better bill because JOHNNY ISAKSON's ideas were incorporated in it.

MIKE ENZI and JUDD GREGG AND LAMAR ALEXANDER wanted to increase employer's flexibility to offer work-based wellness programs with incentives for employees. Some of my fellow Democrats had reservations about their proposal. But Senator TOM HARKIN of Iowa and myself and several others on the committee worked with our colleagues on the Republican side to craft a compromise, a version we were able to pass on a bipartisan basis unanimously.

As a result, today, employers at some point can offer as much as a 50-percent reduction in premiums to employees who have engaged in lifestyle behaviors that will reduce their threat of illness and thus bring down the cost to those people. It was a great idea. We attributed a lot of it to Steven Burd, the CEO of Safeway, who brought the ideas to the table.

But our fellow Democrats, working again with MIKE ENZI and JUDD GREGG and LAMAR ALEXANDER came up with those ideas in that compromise. That is not technical. The bill is a better bill because of their efforts. I can go on and talk of the rest of the members who made contributions—but I will not tonight. Every one of them have contributions in this bill. But let me be clear: If we deem bipartisanship more important than timely and effective health care reform, the only thing that will be bipartisan will be our collective failure as an institution. I have introduced a lot of bills over the years, and passed a lot of legislation. On every major bill I have written in this place, I have had a Republican partner, going back to the earliest days when I arrived here and offered the first child care legislation since World War II.

My ally on that was a guy named ORRIN HATCH from Utah, who stood with me and we passed it. I offered the Family and Medical Leave Act. That took 7 years, two vetoes. Today there are some 50 million Americans who take leave without pay without losing their jobs. My partner on that was Dan Coates of Indiana, and ARLEN SPECTER at the time was a Republican, obviously, along with people not here who were involved. KIT BOND played a very important role in developing the Family and Medical Leave Act.

I could go on with a list of bills, and on every single one of them I had bipartisan support. So I understand the value of it. It is a very important means by which to get a job done. But let me suggest to you at this hour, while bipartisanship is a means to get to an end, what really is missing right now is leadership in all of this—leadership from each one of us.

The President is leading as strongly as he can, and is deeply involved in this issue. Members of various committees are also leading. But in this institution everybody can be a leader, if they want to be.

Right now, I think what the country is looking for is leadership on this issue. Yes, bipartisanship is a nice quality, an important element, to pass bills. But leadership is what is most missing in all of this—the willingness to understand the moment, the unique opportunity to address a crippling issue that faces our country.

Every single one of our citizens will be adversely affected if we fail to act. There are very few bills that can ever make that claim, and yet health care issues affect 100 percent of the Nation. Most bills we deal with deal with percentages. Family and medical leave—50 million benefited by it, far short of the 300-plus million in our country. Health care affects every single one of our citizens and is why, again, it demands our attention and our resolution.

So to those who are not ready to join in this effort, we invite your suggestions, your improvements, your thoughts to come to that table. Listening to some of our colleagues say this is all about defeating the President or making sure no one has a political victory, I have to ask what planet are they living on to believe this debate ought to be about who wins and who loses a political contest on this issue?

Again, it is not about us. It is about people across this country who are expecting a lot more from us who do not wake up and wonder what political party they belong to or what section of the country they live in. If their child gets sick, if their spouse is sick and struggling and needing help, the last thing they want to hear about is whether you are a Democrat or a Republican or an Independent or live in a blue State, a red State, or whatever other color you want to attribute to them. They want to know if we have the sense to deal with this issue.

The truth is, we have waited too long. We have waited far too long. We have waited decades now. And the American people have been waiting even longer. Their wait is much more painful than ours. There is no cause for delay.

Yes, you have to examine the bill. We have to look at it, consider suggestions, but that only happens when you sit down and work together.

We spent those 60 hours in the HELP Committee, and it was not easy and it was not comfortable, and people got tired and frustrated at various moments, and there were times I thought it was going to fall apart. But I knew if we ever stopped and walked away, then those who wanted no result, no answer

to this, would win. So day after day I asked my colleagues to come back and sit at that table and work.

What I said earlier I mean deeply: There were those who, frankly, might have decided not to show up, and that might have had a political conclusion; but they did show up. My Republican colleagues, as well as my Democratic colleagues, showed up every single day and worked to make that a better bill, even though there were those who voted against it. So there is no cause for delay. There is no cause for obstruction. And there is no excuse for inaction, in my view.

In a few weeks, we will return to our various States for the so-called August break, although, frankly, I am prepared to stay here and work. That may not be a popular idea, but I cannot think of anything more important than this issue, including whether we take some time off in August to go to the beach and go to the mountains or go to the lakes or wherever we go to visit with our constituents. Remember that every day we are on our break, another 14,000—every day in that August break we will take—will be without health care at the end of that day—every day; 14,000 a day—while we are drifting off instead of engaging in what we ought to be doing, in my view, and coming to terms with this issue.

Some will be among the ranks of the uninsured. Some are struggling and scared, bearing the emotional and physical scars that come with delaying the foregoing needed care, worrying that one car accident, one diagnosis could mean bankruptcy, foreclosure, or, in fact, the inability to get any care at all. Some will have insurance, but they will share the same worries because their insurance costs are much too high and covers far too little. They will be thinking about the jobs they wish they could leave to maybe start a small business but cannot because they would lose their insurance lifeline. They will be wondering whether their plan will decide to cover cancer screening when they are told by their doctor they actually need it. They will be wondering how many visits to the doctor, how many visits to the hospital will be adequate. Some will not be worried about their insurance today, but they will be among the millions who will lose their insurance if they do not step up to the plate and take some action.

But everyone we see when we go home will be watching us over the next 3 weeks. You better believe they are going to ask us about health care. They are going to ask us whether we are up to the job of passing a bill this year. They are going to ask us why we have not made more progress. They are going to ask us fundamental questions, ones we will have to answer for ourselves based on what we do in these coming days and weeks.

At this very moment, we stand at the cusp of history—one of those unique moments. It does not happen very often around here, but every now and

then it happens, and we are in one. And it is not going to last long. It is only going to last a few more weeks, maybe a couple of months, as to whether, in this moment, we have the ability to rise up and do what we should be doing—even though it does not meet our ideals; it is not the bill each one of us would write on our own—but that moment when we recognize our failure to act at all is a moment missed and not likely to be recaptured during our tenure.

I know for newer Members here that may seem like an exaggeration, but to those of us who have been here a while, we will tell you, these moments do not come very often. Most of the time we go through the routine of reauthorizing bills, reappropriating money, and that consumes about 95 percent of our time—not unimportant business, I will be the first to admit, but fairly routine.

And every now and then—every now and then—in our Nation's history, there have been moments of critical importance: in the early 1960s, the Civil Rights Act, the Voting Rights Act, Medicare; going back in the depression years; the Eisenhower years, with the Federal Highway System in our country. You can point to various times through the 20th century when Congress, contrary to what everyone else thought—this institution—decided to take on an issue that made a difference in our country.

I suspect Barack Obama, in part, had a chance to be elected President of the United States because people he never knew and who never knew him sat here day after day, week after week, and engaged in the debate on civil rights—back long before any of us were ever here, except for BOB BYRD, who was here, and TED KENNEDY, who was here. Those two Members actually were in this Chamber in those days in the early 1960s, and today we are a lot better country. We are a lot better country because of it.

And that was one heck of a fight, let me tell you. I was a young page sitting on the floor here in the summer of 1961 and 1962, when Lyndon Johnson was sitting where the Presiding Officer is, watching the all-night debates on civil rights. And they were raucous, and they were wild, and they were tough. There was no bipartisanship on that, I can tell you. It was down right tough and nasty. Those memories fade. What remains is the fact that this institution had leaders who stood up and said: We are going to get this done. And they achieved those results. And today we celebrate those moments.

We have forgotten about the bitterness that occurred in the debates. No one is asking whether it was bipartisan or whether coalitions got what they wanted. The response was: the United States got closer to that more perfect union that our Founders described more than two centuries ago.

Well, we are in that moment again. And in many ways this is a civil rights debate about health care, because too many of our fellow citizens are denied that right of health care based on economic circumstances beyond their control. The issue is very simply this: Will we come together and decide, at a mo-

ment like this, to get a job done or will we take the easier path and step back because it is a little too tough?

Others have failed at it. It means I might lose some votes back home. But there are certain issues that are worth losing an election over. That is not the worst thing that ever happened to someone. Watching your family go bankrupt, losing your home, watching a child or a spouse suffer because you do not have enough money to buy health care, that is a problem. That is a real problem.

So the issues here are complicated. I know that. I know they are difficult. I know if they were easy, they would have been solved a long time ago. But I have a lot of confidence. I listened to 22 of my colleagues over 5 weeks in a markup become educated and grapple with these issues. We did not resolve all of them, but we educated ourselves and made a difference and produced a bill—a bill that is now the only one in this Chamber that is before us. We hope our colleagues will examine it, take a look at it, make whatever recommendations they could as we move forward. I know the Finance Committee is wrestling with this. Senator BAUCUS and I arrived on the same day in Congress in 1975. We have been friends for 35 years. I know he is struggling to get the right kind of bill to come out of that committee. I wish him the very best and have offered whatever help we can to assist in that effort. I hope we can get a product that moves forward, that we can embrace and be proud of, and that will make a difference.

So for the coming days, I won't take as much time as I have this evening, but I want to talk about this bill in detail. I want to engage in the debate. I want to get away from the cheap politics, the bumper sticker slogans about things that don't exist, the fear that is so easy to arouse in people—the easiest emotion to appeal to is people's fears and hates—and talk constructively and positively about what we can do together to overcome this issue that is a scourge on our society and worthy of this Chamber's efforts.

I thank my colleagues for their the patience this evening and for listening to all of this, and I thank the Chair for his patience. I look forward to the hour when we will come together as a body here—not as Democrats and as Republicans, but as United States Senators—at this moment and pass a major health care reform bill that moves our country to accessibility, to affordability, and equality of health care.

CONGRATULATING SENATOR BEGICH

Mr. DODD. Mr. President on a separate matter, I wish to note that some 20 minutes ago, the junior Senator from Alaska, the Presiding Officer, is the first Member of this new class to come in to win the Golden Gavel, presiding over 100 hours of Senate business. I am the only one here in the

Chamber, but I give you a round of applause.

I am proud to have been here engaged in this discussion and to have you presiding over this conversation. I thank you very much, Senator BEGICH, and congratulations on serving our Senate admirably and as well as you have over these 100 hours.

ADJOURNMENT UNTIL 9:30 A.M. TOMORROW

The PRESIDING OFFICER. The Senate stands adjourned until 9:30 Thursday, July 23, 2009.

Thereupon, the Senate, at 7:42 p.m., adjourned until Thursday, July 23, 2009, at 9:30 a.m.

NOMINATIONS

Executive nominations received by the Senate:

DEPARTMENT OF THE TREASURY

JEFFREY ALAN GOLDSTEIN, OF NEW YORK, TO BE AN UNDER SECRETARY OF THE TREASURY, VICE ROBERT K. STEEL, RESIGNED.

DEPARTMENT OF STATE

ALBERTO M. FERNANDEZ, OF VIRGINIA, 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 REPUBLIC OF EQUATORIAL GUINEA.

PUBLIC HEALTH SERVICE

REGINA M. BENJAMIN, OF ALABAMA, TO BE MEDICAL DIRECTOR IN THE REGULAR CORPS OF THE PUBLIC HEALTH SERVICE, SUBJECT TO QUALIFICATIONS THEREFOR AS PROVIDED BY LAW AND REGULATIONS, AND TO BE SURGEON GENERAL OF THE PUBLIC HEALTH SERVICE FOR A TERM OF FOUR YEARS, VICE RICHARD H. CARMONA, TERM EXPIRED.

IN THE NAVY

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT IN THE GRADES INDICATED IN THE REGULAR NAVY UNDER TITLE 10, U.S.C., SECTION 531:

To be captain

JOSEPH P. BURNS
STEPHEN P. CARMICHAEL
CHRISTOPHER S. CHAMBERS
JAMES M. ELLINGER, JR.
KAREN S. EMMEL
MICHAEL J. FITZGERALD
CRAIG W. GOODMAN
GREGORY J. KNIFF
DAVID J. WRAY

To be commander

RAYMOND P. OBENO
KIRK T. MOSS
DAVID G. ORAVEC

To be lieutenant commander

KEVIN M. CASEY
JUDD E. PARTRIDGE
KAREN M. STOKES
BRIAN STRANAHAN

THE FOLLOWING NAMED INDIVIDUALS FOR APPOINTMENT IN THE GRADES INDICATED IN THE REGULAR NAVY UNDER TITLE 10, U.S.C., SECTION 531:

To be captain

EDDIE L. NIXON

To be commander

STEPHEN GRAHAM
ERNEST C. LEE
KEITH T. SIVERTSON

To be lieutenant commander

MONTE K. BELL
NIELS U. COTHGEN
TRENT W. MARCUS
GERALD S. MAXWELL
ROBERT E. POWERS
TERRENCE P. REIFF
ASTRID G. RIVERA
SHOLI A. ROTBLATT
RAFAEL RUIZ
DENNIS M. WEPPNER