The agreement in the Senate on this was 95 to 0. You don't get more bipartisan than 95 to 0. I am pretty sure if the other five people would have been here, it would been 100 to 0. That is agreement. That is because this desperately needs to be done. I am glad the House is going to take a look at it. In fact, the chairman told me that they would be using this bill as a blueprint.

I assured him if he used that as a blueprint and took the wording that goes with it, it can be done reasonably. Around here we usually do not do that sort of thing, though, because each of us has to get a fingerprint on everything, and that slows down the process sometimes. But I suspect it will be fairly close to what we have done here. It needs to be done as soon as possible.

Now, I began my thank-yous earlier. I want to finish my thank-yous and my speech. Besides Katherine McGuire and Beth Buehlmann on my staff, I wanted to thank Ann Clough, Adam Briddell, Amy Shank, Ilyse Schuman, Greg Dean, and Kelly Hastings.

I would be very remiss if I did not thank the members of Senator KENNEDY's staff for their hard work and cooperation: Michael Myers, Carmel Martin, JD LaRock, Missy Rohrbach, and Erin Renner.

Finally, I would like to thank all of the members of the HELP Committee and their staffs for their hard work throughout this process. This has been one of the most contentious committees in years past. When we are working on education and health, this is one of the most cooperative committees in the Senate.

We do intend to make progress in all four of the areas that we work in. We got the pensions area pretty well wrapped up last year. There has been a little technical correction portion that we have to get done yet.

There are always different things in the pension area. But we made some significant changes in the labor area last year, too, that have come to light in recent weeks with the first change, the biggest change in mine safety in 28 years. We will be reviewing the tragedy that happened in Utah to see how that fits in with what we did or did not get accomplished and will look at future changes.

But it took us 28 years to make the first major change. It will not hurt if it gets to 24 or 28 months before we get the reports in that help us to analyze any other changes that we need to make.

Once again, I thank my colleague from Massachusetts, Senator KENNEDY, for his tremendous effort, his tremendous knowledge, his capabilities to explain and come through with the ideas, sometimes compromises, but quite often a third way of doing things. It makes a huge difference in the result.

I yield the floor.

TRIBUTE TO PAUL CAHILL AND WARREN PAYNE

Mr. KENNEDY. Mr. President, I pause for a moment today, with thousands from across the country who have gathered in Boston, to remember the lives of two of our Massachusetts firefighters, Paul Cahill and Warren Payne, who were laid to rest yesterday and today in West Roxbury and Dorchester. A week ago, Warren and Paul, lost their lives in heroically combating a 4-alarm fire in West Roxbury. We proudly honor the memory of these two heroes who gave their lives so courageously and unselfishly in the line of duty. We are deeply grateful for their service, and we mourn their loss.

Paul Cahill was 55 and a father of three children. He had previously served in the U.S. Navy and he joined the Boston Fire Department in 1993.

Warren Payne was 53, and a father of two children. He had been a firefighter for 19 years, and was not scheduled to be on call that night, but he had agreed to help a friend.

Both Paul and Warren were men of immense bravery and dedication, and were committed to the lives and the well-being of their community. Each day they served our city, they were ready to place themselves on the front lines, and the people of Boston will never forget their outstanding service and the difference they made.

My heart is in Boston today with the firefighters from across the country, and especially those from Engine 30, Ladder 25 in West Roxbury. They did the job they loved to do. May God bless Paul and Warren, and all of their family and friends who have gathered in Boston to grieve for them.

TRIBUTE TO JOHN WARNER

Mr. KENNEDY. Mr. President, it is with a touch of sadness that I speak about my friend, the senior Senator from Virginia, JOHN WARNER, who announced last week that he will not seek a sixth term and will return to the Commonwealth he loves so well following the conclusion of the 110th Congress. We will miss our friend, our colleague, and one of our finest and most respected members.

JOHN WARNER is a true American patriot, who has spent his life serving the public good. From volunteering to serve in World War II at the age of 17, to his service as Secretary of the Navy and his years among us in the Senate, his life has been defined by a commitment of service to others.

First and foremost a Virginia gentleman, JOHN WARNER is also one of the greatest advocates our fighting men and women have ever had in the U.S. Senate, consistently supporting their interests regardless of the prevailing winds.

He was an extraordinary chairman of the Armed Services Committee, where he helped transform the Committee from a Cold War posture to a new focus on emerging threats, rapid technological changes, and asymmetric warfare. The changes he made helped usher the committee into the 21st Century. As his colleague on the committee for a quarter century, I can attest to the unrivalled depth of his understanding of our Nation's military, and was grateful to have the opportunity to call upon him innumerable times over the years for his wise counsel.

In addition to his commitment and dedication to our military and to a strong national defense, JOHN WARNER is also the embodiment of the finest traditions of the Senate. Deliberate, thoughtful, and principled, over the past 28 years he has shown us all that we can disagree without being disagreeable, and that the demands of party must yield to the demands of the American people that we do our very best to support our armed forces in their all-important missions for our country and our future.

Time after time, he has demonstrated his courage, decency and high principles in the Senate, whatever the partisan passions of the moment. That is who JOHN WARNER is—someone who thinks long and hard about important decisions, and then does what he feels is right.

I am sure he and Jeanne thought long and hard about the decision to retire from the Senate, and I know it wasn't an easy call. He will leave enormous shoes to fill for the next person elected to serve the people of Virginia in this body.

I will miss serving side by side with JOHN WARNER in the next Congress, but I am grateful we will have him here in the Senate for the coming year, especially, as we work to find answers to the extraordinarily complex and dangerous situation we confront in the Middle East. I am sure that all of us admire him for his statesmanship and leadership.

And we are especially grateful for his friendship, which extended to my brothers Jack and Bobby as well.

We will miss him very much.

MORNING BUSINESS

Mr. KENNEDY. Mr. President, I ask unanimous consent that the Senate proceed to a period of morning business with Senators permitted to speak for up to 10 minutes each.

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

The senior Senator from Oregon is recognized for 10 minutes.

ADMIRATION FOR SENATOR KENNEDY

Mr. WYDEN. Mr. President, before he leaves the floor, we have seen with Chairman KENNEDY over the last 2 minutes why he is so admired by Senators on both sides of the aisle. We have seen how he has engineered critically important bipartisan legislation that helps our working families in the education area. We have heard him speak eloquently about fallen firefighters. We admire them so tremendously in Boston and across the country. Of course,

once again, when we think of Senator WARNER—I will have more to say about him in the days ahead—Senator KENNEDY has spoken for all of us this morning as he talked about how much we value Senator WARNER's counseled insight. I want him to know how much I appreciate his leadership and how much I value his counsel in the Senate.

Mr. KENNEDY. I thank the Senator.

Mr. WYDEN. Mr. President, I know we are in morning business. I ask unanimous consent to speak on the health care issue for up to 20 minutes.

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

HEALTH CARE

Mr. WYDEN. Mr. President, Senator BENNETT of Utah and I have brought to the Senate the first bipartisan universal health care coverage legislation in more than 13 years. I thought today I would open my remarks on health care in something of a light fashion. There is a brand new study that has recently found Americans are no longer the tallest people in the world. Over the past 50 or so years, the U.S. population has lost that status and now ranks among the shortest among industrialized countries. The Netherlands now holds the honor for the tallest nation. The authors of this new study speculate this change may stem from the fact that most other affluent countries have health care systems that cover their entire population and that particularly healthy lifestyles and healthy diets are also significant factors.

Senator BENNETT is 6 foot 6. I am 6 foot 4. We would like our country to get its rightful position back as the leader among nations in the height department. We think part of what is going to be necessary to do that, in all seriousness, to make our health policies more health focused rather than just spending on health care, is to adopt some fresh policies. We have been particularly interested this week because the Wall Street Journal, which colleagues know displays a preference for private health care sector solutions, has written a fascinating front page article this week on the special accomplishments in Holland with respect to health care. I have long been of the view that as we look finally to accomplishing what this country has not been able to do for 70 years, which is to get all Americans good quality, affordable health care, we are going to have to devise our own system. It is not going to be possible to import some other country's system of health care to our Nation and pretty much plop it down on the United States and say: This is the way to go.

But as the Wall Street Journal said in their article this week, there are some important lessons to learn as it relates to the experience of other countries.

I ask unanimous consent to print in the RECORD this front page article from the Wall Street Journal with respect to health care.

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

IN HOLLAND, SOME SEE MODEL FOR U.S. HEALTH-CARE SYSTEM

(By Gautam Naik)

THE HAGUE.—The Netherlands is using competition and a small dose of regulation to pursue what many in the U.S. hunger to achieve: health insurance for everyone, coupled with a tighter lid on costs.

Since a new system took effect here last year, cost growth is projected to fall this year to about 3% after inflation from 4.5% in 2006. Waiting lists are shrinking, and private health insurers are coming up with innovative ways to care for the sick.

The Dutch system features two key rules: All adults must buy insurance, and all insurers must offer a policy to anyone who applies, no matter how old or how sick. Those who can't afford to pay the premiums get help from the state, financed by taxes on the well-off.

The system hinges on competition among insurers. They are expected to cut premiums, persuade consumers to live healthier lives, and push hospitals to provide better and lower-cost care.

Some are already taking unusual steps. The insurance company Menzis has opened three of its own primary-care centers to serve the patients it insures, and plans to open dozens more in a move to lower costs. Rival UVIT offers discount vouchers to customers who buy low-cholesterol versions of yogurt, butter and milk.

To prevent insurers from seeking only young, healthy customers, the government compensates insurers for taking on higher-risk patients. Insurers get a ''risk-equalization'' payment for covering the elderly and those with certain conditions such as diabetes. to pay her back about $676 for gym membership—provided Ms. Boel lost 7.5% of her weight in 15 months.

The 45-year-old, who lives in the town of Tilburg, says she stopped eating french fries and pizza and took up an intensive regimen of walking, cycling and rowing. She met her weightloss target and used the gym-membership rebate to buy some new clothes.

Ms. Boel now hopes to manage her diabetes more efficiently and lose more weight. ''I don't like exercising,'' she says, ''but at least I can now walk without a stick.'' That's welcome news to UVIT. Says spokesman Bert Rensen, ''Once she stops using insulin, which we pay for, it will save us £900 [about $1,200] a year.''

LIKELY OPPOSITION

What works in the Netherlands, a small country of 16.6 million people, may not readily apply to America. A Dutch-style scheme would likely raise opposition among U.S. doctors and Republicans who are cautious about higher taxes. But many U.S. states are similar in size, and one, Massachusetts, is already experimenting with a universal-coverage scheme.

''The lesson for America is that this is what we ought to do,'' says Alain Enthoven, a professor at Stanford University.

Three decades ago, Prof. Enthoven published a pioneering proposal for what he called ''managed competition,'' a version of which the Dutch have now adopted.

The Enthoven plan partly inspired the Clinton administration's failed health-care overhaul effort in the 1990s. It has now come full circle. Last October, an economist from the Dutch health ministry was invited to describe his country's new approach to about 50 Massachusetts politicians and policy makers in Boston, as the state was developing its own plan for mandatory health insurance.

After being sidelined for more than a decade, health care is once again a hot issue on the U.S. political agenda. Two leading Democratic presidential candidates, Sen. Barack Obama of Illinois and former Sen. John Edwards of North Carolina, have backed the idea of universal coverage and suggested ways to achieve it. California Gov. Arnold Schwarzenegger, a Republican, has pushed a proposal to require all state residents to obtain health insurance, but he hasn't been able to strike a deal with state legislators to enact a plan.

The notion of competition among insurers is nothing new to Americans. Most Americans under 65 get insurance via their employer, which can compare plans and pick the one that it thinks offers the best coverage for the money. To cut costs, U.S. insurers bargain with doctors for discounted rates and try to weed out overbilling and frivolous treatments.

The system has failed to stop U.S. health costs from shooting up, and it has left many doctors complaining that their medical judgment is being second-guessed by bean counters. It isn't clear that a Dutch-style system, also centered on insurer competition, could do any better. Dutch doctors were among the most vociferous opponents of an overhaul and many remain skeptical.

Still, there are some differences in the Dutch way that may work to its advantage. One is the emphasis on individuals buying coverage. In the U.S., employers tend to be poor buyers of health care. They're unfamiliar with the needs of the people actually using the health care—their employees—and it is difficult for a large company to switch insurers.

By putting the onus on consumers, Dutch officials hope that more people will get the coverage they need. The ''risk equalization'' that helps Dutch insurers cover sicker people is also critical. In the U.S., competition among insurers often means competition to find the healthiest customers, especially in the individual market.

The Netherlands began to overhaul its health system in 1987 after a government committee concluded that the best approach was ''managed competition,'' the idea first proposed by Prof. Enthoven of Stanford.

The task was enormous. The country had four different coverage schemes. The wealthiest third of the population was required to get health insurance without government assistance. Some in this group received help from employers in paying premiums, while others paid the whole bill themselves. The bulk of the Dutch population was covered under a compulsory state-run health-insurance scheme financed by deductions from wages. Civil servants and older people were insured under two separate plans within this state-run scheme.

The government closely regulated hospital budgets and doctors' fees, but provided few incentives to cut costs. When hospitals lost money on a particular kind of care, they rationed it. Many patients ended up on waiting lists.

People in line for heart transplants were particularly affected. In the mid-1990s, fewer than three Dutch people per million received such transplants. By comparison, a study of 12 European countries showed that only Greece had a lower rate of such operations. In the U.S., there were about nine heart transplants per million people.

In 1999, waiting lists increased by 2%, despite a $54 million initiative to reduce them. ''Dead on the waiting list,'' read one cover story of Vrij Nederland, a weekly magazine that, like other Dutch media, relentlessly criticized the country's health system.