

I ask unanimous consent that the HELP Committee be discharged of S. 1375 and that the Senate immediately proceed to S. 1375; that all after the enacting clause be stricken and that an amendment at the desk consisting of the text of subtitle (d) of title I of S. 3297 be inserted in lieu thereof; that the amendment be considered and agreed to, the bill, as amended, be read a third time, passed, and the motions to reconsider be laid upon the table, with no intervening action or debate.

The ACTING PRESIDENT pro tempore. Is there objection?

Mr. CRAIG. Mr. President, I object.

The ACTING PRESIDENT pro tempore. Objection is heard.

Mr. MENENDEZ. Mr. President, I assume my distinguished colleague from Idaho is objecting on behalf of Senator COBURN, and I understand if that is the case.

I have a problem in that we have a process that has festered where one person suddenly believes that they are the guardian of what is good and what is not. I always get concerned when suddenly one person in an institution believes they can use the powers that are reserved largely for the purposes of ensuring that something they feel so passionate about or so strongly about and to protect the powers of the minority can be preserved, but then it get abused and hundreds of pieces of legislation get stopped by one Senator.

Now, I intend to continue to push this because I want mothers throughout this country to understand who is blocking their way from having the type of access and help that is necessary to be able to ensure that, in fact, they do not have to go through these depressions alone.

We have many stories across the landscape of the country of mothers who did not know they were having post partum depression, and the consequences were that they thought about hurting their children and hurting themselves. We can do far better.

When the House of Representatives passed this very same bill, and we changed it to accommodate our colleagues on the Republican side of the aisle in the HELP Committee, but passed it 382 to 3—382 to 3—the reality is, something is wrong when one Senator believes he or she can stop the progress on behalf of millions of women in this country.

I am going to come to the floor of the Senate time and time again. I want American women to know who is the impediment to the opportunity for them to get the help they need. I want mothers to know who is the impediment to get the help they need. I want families to know who is the impediment to get the help they need. I want husbands to know who is the impediment to have their spouses get the help they need, and that is one Senator—one Senator.

ORDER FOR RECESS

Mr. MENENDEZ. Mr. President, I ask unanimous consent that the Senate re-

cess subject to the call of the chair following the remarks of Senator CRAIG.

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

Mr. MENENDEZ. Mr. President, I had another statement, but I see Senator CRAIG is here. Even though I know he objected to my request on behalf of someone else, I am going to yield the floor and come back at a later time.

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

Mr. CRAIG. I thank my colleague for his generosity. I understand the time constraints he was under under his UC. I appreciate that a great deal.

I certainly object for this side because it had not been cleared, and following the standard procedures of this Senate, no Senator comes to the floor in the absence of others and makes the unanimous consent request expecting it to pass. So I was speaking on behalf of the Republican side where a Senator has not yet cleared this bill. It was not a reflection of my own attitude or concern over the issue.

HEALTH CARE

Mr. CRAIG. Mr. President, I have come to the Senate floor often over the last good number of years to speak about a variety of issues. In the last 4 or 5 years, I spoke of my concern over a lack of a national energy policy and the productivity of the great private sector in our country to produce energy for the American consumer and the inability of public policy or political figures to allow that to happen for all kinds of reasons, and obviously we have now experienced one of the greatest energy shocks in our country's economy. Yet we still stand still today, immobile in our ability to deal with it for a variety of reasons.

Today, I do not come to the floor to speak about energy. I am here today to speak about two health care issues that are important to our Nation: accessibility to health care services and health care for veterans.

As chairman of the Veterans' Affairs Committee, I had the opportunity to learn more about the phenomenal job the Department of Veterans Affairs does to provide health care to our Nation's veterans. VA runs facilities across the country that employ some of the finest doctors, nurses, and other health care professionals.

These are dedicated men and women who provide world class health care to our Nation's heroes. The VA is also a training ground for many of our Nation's health care professionals. According to the American Association of Medical Colleges, more than half—yes, that is right, more than half—of our Nation's physicians receive some part of their medical training in VA hospitals.

Over 28,000 residents and nearly 17,000 medical students rotate through the VA health care system each year.

Clearly, VA has become an invaluable piece of the health care system for all Americans.

At the same time, the VA is a separate health care system within our Nation and creates a certain disconnect. The focus of the VA has been on establishing a system that is dependent upon bricks and mortar and a fixed location.

In the vast majority of situations, veterans enrolled in the VA health care system must receive health care at VA facilities unless they want to pay for care through private insurance or out of their own pockets. This means that veterans who do not live near a VA facility have a more difficult time accessing VA care because of where they choose to live.

To address this, VA aims to build facilities in strategic locations to serve the greatest number of veterans. I am pleased that in the past few years VA increased the number of outpatient clinics in my State of Idaho. Unfortunately, these new clinics cannot completely resolve all of the issues or serve veterans in a total way.

I am sure all of my colleagues, and particularly those who represent rural States such as my home State of Idaho, have heard from veterans who wish they could utilize their VA health care benefits at a facility closer to their home. It is a significant barrier to care when a veteran has to drive for several hours to reach a VA facility.

An elderly veteran, possibly in his or her seventies or eighties, driving literally hundreds of miles to get to that VA facility, is in itself not only impractical, in many instances it is impossible for that veteran. We also need to consider health care access for the general population. It is no surprise that our Nation is facing a crisis when it comes to having an adequate supply of health care professionals.

According to a July 2007 report of the American Hospital Association, U.S. hospitals need approximately 116,000—that is right, 116,000—registered nurses to fill vacant positions. This is a national RN vacancy rate of about 8.1 percent.

Another study estimates that the shortage of RNs could reach 500,000 by 2025. I did the math on my age and determined that is about when I am going to start needing possibly more health care provided by health care professionals. At this moment, we are suggesting this will be the period of time when there will be potentially the greatest shortage.

An aging workforce, a shortage of slots in nursing schools, and an aging population that is living longer and therefore requiring more health care services are all contributing to this nursing shortage. This shortage in health care providers is not limited to nurses. In the 2006 report by the Health Resources and Services Administration, they project a shortfall of around 55,000 physicians by 2020. In addition, various studies have indicated current