him, "Mr. Attorney General, tell me again how the Department of Justice works. Are you free of political influence from the White House?" I remember him saying, and I can see his eyes today as he looked me straight in the eye and said, "I have told the President that neither he nor anyone from the White House can interfere with pros- ecutions. We will make those determinations here in the Department of Justice based on the facts and the law." I remember even at that time I thought that was going to be the kind of person I would like to have in the position that he was nominated to. I can assure you if he is nominated that the Senate Judiciary Committee will hold prompt and fair nomination hearings.

Mr. GREGG. Mr. President, a large number of very special and extraordinary individuals will be leaving the Senate at the end of this session, many of them friends and many people I have ad- mired for a number of years and had the privilege of having the privilege of speaking specifically to one, and that is my colleague from New Hampshire, Senator JOHN SUNUNU.

JOHN is the youngest Member of the Senate. He is an extraordinary Member, and he is still the youngest Member after 6 years, but he is one of the most accomplished and capable people in the Senate, one of the bright- est, as we all know, and also one of the people who brings the most common sense to issues. Time and time again, I would come to the floor, and this was throughout his term but especially during the last few months when he was in a very challenging election, and there was the question that were very difficult political votes, votes which, when you cast these votes, most people knew they were not going to be understood and, in many instances, they were going to be mis- interpreted or misrepresent- but votes which were necessary to cast in order to preserve especially the fiscal responsibility of this Govern- ment. JOHN SUNUNU never backed away from any of those votes. He always cast these difficult votes, knowing in many in- stances that politically it was going to be characterized in a way which might hurt him; votes, the basic purpose of which, in most instances, were to pro- tect the taxpayer, keep the size of Gov- ernment under control, and be a force for a better country and for more indi- vidual rights. He understands as well as anyone in this body the basic values of making Government live within its means, of having a government which people can believe in, that is still compas- sionate and accomplishes the goals of delivering adequate services. He has worked very hard in order to pursue those goals.

He also brought to the body a unique sense of humor, New Hampshire humor, quiet, witty, and comfortable with himself but also willing to make fun of himself, and an essential common sense, which I like to think is characteristic of New Hampshire, and also in the interest of public service for the purposes of public service—the fact that he was here not to benefit himself in any way but simply to do what he felt was right in order to make our Nation better and make New Hampshire better. He served New Hampshire for 12 years, both in Con- gress and in the Senate.

As I mentioned, he is the youngest Member of the Senate and his service is hardly completed. I hope. His opportunities are virtually limitless because his abilities are limitless. He has talent and capability, intelligence, drive, the personality to pretty much do whatever he wants as he moves forward.

He also has one other resource which is very special and that is his wife and family. Kitty is an exceptional indi- vidual. Kathy and I have come to enjoy not only working with JOHN and Kitty but getting to know them as friends, as fellow travelers. Kathy has been through many years being a political wife, and she has put up with a lot of ups and downs. She and Kitty naturally bonded, as they understood the impor- tance of what we do. Kitty is an indi- vidual who brings a smile whenever you see her because she is a person filled with good will to everyone. Their children, Grace and Charlie, John Hayes, great kids, very enthusiastic people, a wonderful family. That fam- ily is a tremendous support to JOHN, and he is a tremendous support to them. That unit, as it moves forward, will always be successful.

It is obviously with great regret that I look on John’s leaving the Senate. His talent will be sorely missed, and it will be a loss to the body. He is a special indi- vidual who had a special group of skills that uniquely worked for the benefit of New Hampshire and the peo- ple of New Hampshire. I hope he will stay engaged.

Kathy and I wish him and Kitty and their children the best of luck as they go forward and that the road always rises to meet them.

I yield the floor and suggest the ab- sence of a quorum.

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. HARKIN. Mr. President, I ask unanimous consent that for morning business be extended to 3 p.m., with Senators permitted to speak for up to 10 minutes each.

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

HEALTH CARE REFORM

Mr. HARKIN. Mr. President, we do not intend to wait until the new Con- gress convenes in January to begin work on health care reform legislation. The fact is, health care reform was one of the signature changes promised by President-elect Barack Obama during the campaign. This legislation is too important and too urgent to put off until tomorrow, to wait until the new President and the new Congress are sworn in.

I applaud both Senator BAUCUS, Chair of the Finance Committee, and Senator KENNEDY, Chair of the Health, Edu- cation, Labor and Pensions Com- mittee, for plunging right into the am- bitious and historic task of creating a comprehensive health care reform bill.
Last week, Senator BAUCUS came forward with a 98-page white paper setting broad parameters for prospective legislation. Earlier this week, Senator KENNEDY brought together members of the Health, Education, Labor, and Pensions Committee to kick off the long process of drafting a bill.

At that meeting, Senator KENNEDY designated three working groups to oversee the principal components of the bill. Senator CLINTON was asked to chair the health insurance coverage working group. Senator MIKULSKI will chair the health system quality working group. I will chair the prevention and public health working group.

As I said, the working group I will chair will focus on the wellness, disease prevention, and public health components of this legislation. Again, this has been a longstanding focus of mine. Indeed, in the past, I have already introduced comprehensive wellness legislation. Several elements of that bill, and other enacted initiatives like the Prevention and wellness as a component are absolutely critical to transforming the way we approach health care in the United States.

To be honest about it, we don’t have a health care system in America; we have a sick care system in America. We need to transform the way we deliver care, whether it’s through insurance, Medicare, Medicaid, community health centers, charity care, or the other—but that is the most expensive way to do things. That is a sort of trying to patch it up later on. We have spent untold hundreds of billions of dollars a year on pills, on surgery, hospitalization, disability, but we spend peanuts—3 percent—less than 3 percent of our health care money for prevention and wellness.

Again, there are huge untapped opportunities in this area of wellness and prevention. If we think about where we are right now, we will see that we spend a staggering $2 trillion annually on health care—more than any other nation in the world and more than most nations put together. Yet the World Health Organization ranks U.S. health care 37th among the nations of the world—37th. We are 20th of 21 industrialized nations in the quality of health care for children. We are No. 20—20 out of 21 industrialized nations—in terms of the quality of children’s health care.

If you want evidence of the failure of our current sick care system, consider these facts: Tens of millions of Americans suffer from preventable diseases, such as type 2 diabetes, heart disease, and, of course, some forms of cancer. In tandem with a childhood obesity epidemic now, we have new guidelines from the American Academy of Pediatrics advising that some children as young as 8 years old should be put on cholesterol-lowering drugs. That is the American Academy of Pediatrics advising that we have an epidemic of children with adult-onset diabetes—unheard of until just recently. Unheard of until just recently. We are now seeing young Americans, as young as age 25, getting heart bypass surgery because of clogged arteries. So again, it is almost as though we have lost our capacity to be shocked when we hear these statistics.

How much evidence do we need that America is unhealthy or, as I say, sick care is simply not working?

The good news is that President-elect Barack Obama, Senator BAUCUS, Senator Kennedy, and other key players here in the Senate and in the House kind of get it when it comes to real health care reform. It is not enough to just talk about how to extend insurance coverage or how to pay the bills, as important as those things are. That is not enough. If all we are going to do is figure out a better way to pay the bills, we are sunk. We have to start keeping people healthier and preventing disease in the first place.

Again, I would lay down this marker right now that I think health care reform bill that greatly extends health insurance coverage but does nothing to implement a national prevention and wellness structure and agenda, then we will have failed the American people. It simply makes no sense to legislate broader access to a health care system that costs too much, delivers too little, largely because it neglects wellness and prevention. We need to craft a bill that mobilizes our society to prevent these chronic conditions, including obesity, type 2 diabetes, heart disease, and some forms of cancer. It is time to recognize obesity as a disease that needs to be attacked—not cured but prevented.

A robust emphasis on wellness is about saving lives and saving trips to the hospital and saving money. It is the only way—the only way—we are going to get a grip on these skyrocketing health care costs. As I said, there are choices there in terms of cost savings but also in terms of helping people live healthier, happier, and more productive lives. We want to be more productive in this country. Not all of this is going to come under what we think of as the health care umbrella. Not all will come under what I would say we think of as medicine and doctors and hospitals and things such as that. A lot of this is going to be outside of that sort of health care margin.

I think of things such as schools. The Presiding Officer and I serve on the Agriculture Committee in the Senate. Next year, we are going to be authorizing the child nutrition bill. This is a bill that basically sets up the parameters for school lunches and breakfast, school snacks, the WIC Program, the Women, Infants and Children Program.

It seems to me this ought to be thought of as a part of preventive health care. Our kids have to start eating better, more wholesome foods, less starches, less fats, less sugars, less sodium. I just mentioned the onset of type 2 diabetes and childhood obesity. We have to get a grip on this. We can’t continue to do the things with our school lunch and school breakfast programs as we have been doing in the past.

Obviously, another component of this—it doesn’t fall within our Agriculture Committee jurisdiction, I say to the Presiding Officer, the Senator from Colorado—we also have to start making sure that schools that are in any sort of Federal funds have exercise programs. Schools are being built in America today without a playground, without a gym, without any kind of exercise equipment for kids. It is nonsensical.

I don’t know about the Senator from Colorado, but I would wager that when he was in grade school, he had to go outside and run around for a half an hour or so a day. In my grade school, we had 15 minutes in the morning, 15 minutes in the afternoon, and a half hour after lunch. One hour a day we were out running around, sometimes in the snow, and it was pretty cold in the wintertime. We always had exercise. We were always doing it. Of course, we didn’t have Game Boys and a lot of TV and things such as that at that time.

My point is that schools are a terrific teaching programs and the vending machines and what goes into vending machines in schools—again, when the Senator from Colorado was in school, I bet they didn’t have vending machines. Now we see Pepsi and Coke and candy bars and all sorts of things in vending machines. Why should that be so? School is where you go to learn, to be healthy, not to get stoked up with junk food and sugar and starches and sodium.

So I digress a little, but that is another component of it that we have to be thinking about. It may not be in the health care reform bill as such. I intend to have it in the health care reform bill as guidance directions for our committees and to be used in other things to be able to start looking at wellness and prevention components.

I would go this far. I think we need a direction in this health care reform bill to every committee of Congress that whatever you are working on, you have to think about how it impacts prevention and wellness—does it add to that or does it subtract from that and are there things we ought to be doing in this legislation?

Again, I digress a little bit, but take the recent highway reauthorization bill. That was 3 or 4 years ago, and now we are going to reauthorize it again in 2009. In 2009 we offered a health care reform. They didn’t succeed, but I think, over the passage of the years, the more I have talked to others about it and we have conferred about it, I hope it has a good chance on the next reauthorization bill. It was simply this: any community or region or State that uses Federal highway monies, the Federal gasoline tax monies for road improvements
and such, if they are building roads, improving them, or building bridges or whatever, they have to incorporate in their planning bike paths and walking paths along with them. I am not saying they have to build those; I am just saying that at least they ought to have them in their plans. Again, thinking about kids going to school, they ought to have sidewalks along their streets going to school so they can walk to school. Many places don’t have sidewalks and bike paths and walking paths.

My point is that there are a lot of things outside of the health care environment we normally think of that can be very helpful for prevention and wellness—workplaces, workplace wellness. There are some companies in this country doing a great job with this. They have set up wellness programs, nutrition guidance programs, antismoking programs for employees, and in every case I have ever looked at where they have incentives and the company really goes to work at this, they find some amazing results. They find their absenteeism goes down, they find workers are much more productive than they had been in the past, and they find their care costs going down. Now, we need to make this available to every business in this country—small businesses, people who employ 10 people or more. There has to be something including a component of prevention in the workplace.

So I mentioned schools, workplaces, communities. Communities have to be involved. We need to promote community wellness programs. The Trust for America’s Health earlier this year came out with a study they had done on community-based wellness programs and the return on investment. Most times when you talk with people about prevention and wellness, they say: Oh, that is all fine, but you don’t get a payback for 20 or 30 years. The Trust for America’s Health did a study State by State and they showed that in these cases where the communities had community wellness programs, that actually, in the first year—in the first year—there was almost a 2-to-1 return. For every dollar they invested, they got $2 back the very next year, and it increased every year after that. So we have to think about how we promote community-based wellness programs.

The elderly. I can’t think of how many times I have been to senior citizens centers, congregate meal sites, some independent living centers, and those types of places where we see so many elderly on drugs. They are on so many drugs. They can’t keep track of the 15 pills they have to take every day. Well, there have been some very good studies done, on the fact that if you give the elderly better nutrition, better exercise, better social ability, you get off some of those drugs—maybe not all of them, but you can get them off of half of the drugs or more that they are taking. So there are a lot of things we can do just, as I say, outside.

Within health care, there are a lot of things too. Students are going to medical school today, taking all of these courses on medicine and drugs and pharmacology year after year; very intensive, very hard studies. I think I would not be wrong in saying that most medical school students today, at most they might have one 3-hour credit course at the end of their studies where they take something dealing with prevention. It is just not a factor in medical schools. It should be. It should be a factor in nursing schools. Any health care professional, any health care profession should have that component, including physicians assistants, nurse practitioners, and anyone involved in the health professions. So that is another part also.

We need to be thinking about how we can beef up our public health service in this country. When I was a young kid going to public school, we had school nurses, and they came around and made sure we had our vaccinations and the eyes and the ears that we exercised. We don’t do that anymore. We have to restructure our public health service in this country, to think about how we better utilize the public health service.

If you go to medical school now, Medicare is one of the biggest funders of medical schools now, or if you go into the military, the military will put you through medical school and then you pay it back in 8 to 10 years for your education. But what if, if you wanted to be a public health service officer, you wanted to go to medical school and maybe take one of the courses in public health? Well, that would apply there too. Why not pay their way through college, and then they pay it back for working in the public health service for a number of years.

We think about the several hundred community health centers we have in this country, doing a great job. Why aren’t they a part of the Public Health Service Corps in America, and utilize them for prevention and wellness, diagnostics? Quite frankly, people should not have to pay a copay or a cost share to get a colonoscopy, or breast cancer screening or a host of other things for diagnosis. Annual physical checkups; there shouldn’t be a copay or cost share for that. That is part of wellness; that is prevention. When you detect things early and you can intervene early, that is part of prevention also, earlier diagnostics.

Again, this has to be a big part—I think the centerpiece—of health care reform because it is the only way we are going to actually save money. Well, you may save money in a bigger pool and better insurance, that type of thing, yes, but the big bucks we will save and will make our people more productive. The healthier you are, the more productive you are. You have to have prevention and wellness.

Yesterday, I convened a meeting of the key groups that have been active in the wellness and prevention field, including the Trust for America’s Health, the Partnerships for Prevention, the Robert Wood Johnson Foundation, the American Diabetes Association, the American Cancer Society, the American Heart Association, the American Medical Association, and many others. This was yesterday. It was an excellent session, with a room full of people who all realize this is the time for bold thinking and real change. In addition, I intend to hold additional hearings in December.

This working group that Senator Kennedy asked me to chair will reach out broadly. We wish to capture the best ideas, the best practices. Our goal is to transform America into a genuine “wellness society.”

To borrow a phrase, that is change you can believe in. It is also change that is long overdue.

To date, wellness and prevention have been the missing pieces in the national conversation about health care reform. It is time to make them the centerpiece of the conversation—not an asterisk or a footnote but centerpiece of our conversation on health care reform.

As chair of the Prevention and Public Health Working Group, I look forward to working with my colleagues on both sides of the aisle to solicit ideas and input. Promoting wellness and preventing disease is not about party or ideology; it is about pragmatism and common sense. It is about what works—keeping people healthy and keeping costs down, making people more productive in their daily lives.

We have a big job ahead of us, but I am confident the new President and the new Congress can deliver on health care reform, and we can do it in the next calendar year. We can greatly expand access to the health care system—or as I call it, the “sick care” system. At the same time, if that is all we do, we will have failed. We can and must transform America’s sick care system into a true health care system, one that makes preventing illness and staying well every bit as important as curing the illness later on.

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

THE PRESIDING OFFICER (Mr. Nelson of Nebraska). Without objection, it is so ordered.

UNANIMOUS-CONSENT AGREEMENT—H.R. 6867

Mr. REID. Mr. President, I ask unanimous consent that at 3 p.m. today, the Senate proceed to vote on the motion to invoke cloture on the motion to proceed to H.R. 6867; that if cloture is invoked on the motion to proceed, then