bureaucracy that denies, delays, and ration health care is not the reform they want. They don’t want the people who brought us the Department of Motor Vehicles making life-and-death decisions for them, their children, their spouses, and their parents. They don’t want more people like Bruce Hardy or Shona Holmes.

GUANTANAMO BAY

Mr. MCCONNELL. Madam President, on a very timely subject, we understand that discussions are underway on the conference report on the supplemental. I think it is important to remind everybody in the House and in the Senate that, just a few weeks ago, the Senate answered the question that has concerned Americans and that is this: whether the terrorist detainees at Guantanamo Bay, Cuba, should be transferred state to facilities that could be in or near their communities. By a strong vote of 92 to 6, the Senate said: No way, not without a plan. It passed the bipartisan Inouye-Inhofe amendment that bars the administration from transferring these terrorist detainees into the United States.

This is not a change in the Senate’s position. Just a few years ago, the Senate, by a vote of 94 to 3, said the same thing: We should not move some of the world’s most dangerous terrorists out of Guantanamo, modern, safe, and secure facility into our country. The views of the Senate are abundantly clear. Nevertheless, it has been reported that congressional Democrats are privately considering the enactment of the White House to repudiate these very clear views and to allow terrorist detainees to come into the United States.

What has changed? What has changed in the last couple weeks?

The views of the American people have not changed. In fact, they are more firmly opposed to this now than they were 2 months ago. Nor have the dangers and difficulties of moving the detainees into the United States.

The two leaders, or their designees, will now be a period of morning business for up to 1 hour, with Senators permitted to speak therein for up to 10 minutes each, with the time to be equally divided and controlled between the two leaders, or their designees, with the Republicans controlling the first half and the majority controlling the second half.

The Senate from Oklahoma is recognized.

HEALTH CARE

Mr. COBURN. Madam President, I have given a lot of thought to this, and I appreciate what the leader said about health care. I am the only practicing physician in the Senate. We have one of our colleagues who is no longer practicing. But it struck me, as a physician, that what we should do in health care ought to be what the patients want us to do. What is it that people—the very personal aspect of health care—would like to see?

There is no question we have big problems in health care. There is discussion in the insurance side with Medicare and Medicaid, and the lack of access. But what is it we should be talking about that will solve the insecurities, the problems, the concerns of the American people? I wish to go through with you a little list of items I think individuals in this country would agree with on how we ought to handle health care.

First, we ought to make sure health care is available to everybody in this country and that it is affordable. We know that the administration wants to spend $70 billion more next year on health care, or 17.5 percent of our GDP. Yet we know that out of that $2.4 trillion, $700 billion doesn’t help anybody get well and doesn’t prevent anybody from getting sick. We now have an administration that wants another $1.3 trillion over the next 10 years, or $130 billion more per year, to try to solve this problem. The money is not the problem. We know, in Medicare alone, there is $70 billion to $80 billion worth of fraud and in Medicaid $40 billion. The second thing we ought to make sure of is that everybody can be covered. We can do that with the money we have today. We can make sure everybody gets covered. The other thing we ought to do is make sure everybody who has a plan they like today can keep it. After all, health care isn’t about health care, it is about individuals as about persons, what they desire, what they need, and when they need it.

We can, in fact, the something else we can do. We discovered we had one wheelchair that had been sold multiple times by one durable medical equipment company in Florida, but it was never delivered, and they collected $5 million from Medicare for that one wheelchair. That is just the tip of the iceberg of the fraud. We know that there is at least $70 billion in fraud and in Medical, and another $1.3 trillion over the next 10 years, or $130 billion more per year, to try to solve this problem. The money is not the problem. We know, in Medicare alone, there is $70 billion to $80 billion worth of fraud and in Medicaid $40 billion worth of fraud and that is in the government-run programs.

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We can, in fact, fix the fraud, waste, and abuse in health care. It is something we can do. Not long ago, we discovered we had one wheelchair that had been sold multiple times by one durable medical equipment company in Florida, but it was never delivered, and they collected $5 million from Medicare for that one wheelchair. That is just the tip of the iceberg of the fraud. We know that there is at least $70 billion in fraud and in Medical, and another $1.3 trillion over the next 10 years, or $130 billion more per year, to try to solve this problem. The money is not the problem. We know, in Medicare alone, there is $70 billion to $80 billion worth of fraud and in Medicaid $40 billion worth of fraud and that is in the government-run programs.

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We can fix health care. It needs to be fixed. Everybody agrees with that. How we fix it is the most important issue we are going to deal with in the next 2 years. The idea that we can come to a solution of this in the next couple months, with the complexity we have, will assure us of one of two things: One is a government bureaucratic takeover of health care, or a piece of legislation that will deny care, which will put somebody in between a patient and their doctor and will either delay care or, in fact, will raise the cost of health care.

As somebody who has practiced for 25 years in the field of medicine, obstetrics, and allergy, what I know is that we have a good health care system if we can get the government out of it and not put more government into it. What we need is fairness in access, fairness in the Tax Code, and allow the true American experiment to work in health care as we have had it work in so many other things. I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Louisiana.

ENERGY

Mr. VITTER. Madam President, I rise today to talk about the crucial issue of energy, to express real and deep concern that President Obama's energy proposals are, pure and simple, a huge package of new taxes on domestic energy production that will hurt this country and particularly hurt middle-class and working-class families, and to offer a clear alternative which is embodied in a bill I have introduced with 14 other Senators and 30 House Members, the No Cost Stimulus Act of 2009.

Energy plays a very unique and important role in our great society because energy—affordable, accessible, and reliable—keeps the people and for the people. It is fundamental to who we are as a people because it is a great equalizer, and we are a society not of classes but of one people.

In contrast to this, I am concerned about President Obama's energy proposals which across the board constitute a set of major new taxes on domestically produced energy. I favor an alternative to that, the No Cost Stimulus Act of 2009.

Our goal in the energy debate should be four things. It should be ensuring affordable energy for all Americans, including middle- and low-income families, keeping energy that great positive equalizer in our society. It should be growing the economy from our own abundant resources right here at home and not creating another factor that pushes jobs out of the country to other countries. It should be to work vigilantly to achieve energy independence, doing more here at home. And No. 4, tied directly to that, it should be about ensuring our efforts are consistent with our national security interests, which is, of course, more energy independence.

Again, the President's tax proposals are big increases on domestic energy production across the board. So they attack against all of those four core aims that I laid out.

To see how that happens, we can look at history, and not that far back, to President Carter. In 1980, President Jimmy Carter increased taxes on domestic energy production. He signed into law the Crude Oil Windfall Profits Tax Act. The windfall profits tax was forecasted to raise more than $320 billion between 1980 and 1989. But a funny thing happened on the road of implementation. The reality was far different.

According to the CRS, the government collected only $80 billion in gross tax revenue, compared to that $320 billion projection. The CRS also found the windfall profits tax had the effect of decreasing domestic production, what we produce at home, by between 3 percent and 6 percent, thereby increasing our dependence on foreign oil sources from 8 percent to 16 percent.

A side effect was declining, not increasing, tax collections. And while the tax raised considerable revenue in the year following its enactment, those revenues declined to almost nothing as that domestic energy industry went down as a direct result.