Senator MERKLEY. There are folks who have said: Well, now, hold on. Isn’t this a government takeover of health care? Since that has been said so many times on this floor by those who oppose health care reform, I think we should address it directly. Introducing a competitor does not have the government taking over health care. It is an option citizens can choose— if they are not satisfied with the current performance— competing on a level playing field. This is exactly what you need when you have markets that have lost their competition.

It is important to note this phrase— government takeover — came out of a study that was contracted for by Majority Leader REID. The phrase— government takeover — was found in the phase— dumping, the practice of throwing people off their health care plan once they get sick. We do not know whether there will be reforms that say there will be guaranteed issue, you cannot be denied the opportunity to have health care because of preexisting conditions. We do not know any of that, but whatever it is, we are going to be against it. So let’s call it a government takeover. Let’s find out how to scare Americans. The result was: Let’s call it a government takeover.

I have to tell you, this is too important an issue to the citizens of our Nation. Health care touches every individual, touches every small business trying to succeed. It touches every large business trying to compete around the world, with much more efficiency—much more efficient—health care systems in other countries. It is too important than to do studies to try to find words to scare Americans.

How about we try to solve problems in this Chamber? I am going to tell you, I think this bill put forward last night by Majority Leader REID is a good solving a problem absolutely critical to our economy, critical to our small businesses, critical to the quality of life of our families.

Mr. UDALL of New Mexico. I say to Senator MERKLEY, you are exactly right. Senator REID has put a merged proposal on the floor, and do you know what the response is we have seen? I like your comments on this. The response we have seen I find amazing, because here is what we are facing.

The American people want health care reform, so we have announced we are going to bring the floor to reform health care. We have been working on it for months. It is out of two committees. We have brought it together. So what do we have to do in the Senate to move forward? We file a motion to proceed. We are going to try to proceed. You are not even on the bill.

Do you know what is going to happen? The Republicans are going to step forward, their leadership is going to step forward, and they are going to say: No, no, we are not going to agree to that. We are not going to agree to even proceed to the bill.

So we are going to have to file cloture. When we file a cloture motion, it is going to take 15 days before that cloture motion ripens. Then we are going to have a cloture vote. Then 30 more hours are going to expire. They are going to require us to use all that time. Even though we may be in a partial debate, call it partial debate, they are going to require that. Then, believe it or not, they are going to require us— these wonderful clerks who work up here— they are going to require them to stand up for 50 hours and read that bill on the floor—50 hours. The normal thing we do to get to something is we waive the reading. But they are going to require it.

What does the Senator think of that approach? I cannot understand that.

Mr. MERKLEY. Many Americans are familiar with the tradition of a filibuster, and they envision it where Senators stand up and speak and speak on an issue of principle. That was used very, very rarely in the past. In fact, now all that is required is for one Senator to object to unanimous consent, and then you need to have a 60-vote test.

This 60-vote test is most often used at the end of the day: Do we have to a final vote? Are we going to wrap up debate and go to a final vote? But in this case, as the Senator has described it, it is going to be used even to hold a debate on health care in this Chamber.

All my life—I first came to this Chamber when I was an intern for Senator Hatfield in 1976—all my life, I have heard the Senate described as ‘‘the world’s greatest deliberative body.’’ Well, that is a pretty cool thing. But these folks are going to try to block this Chamber from even debating health care.

Mr. UDALL of New Mexico. That is exactly what I am saying. We have worked hard. The majority has worked hard on this bill. We have had hearings—Democrats and Republicans—in those committees. When we file a motion to proceed, we are not even on the bill, we cannot amend the bill. When we file that motion to proceed, they are going to require us to take 2 full days, and then another 30 hours, and then demand we read the bill on the Senate floor.

I see Senator ALEXANDER in the Chamber. I know there are good friends of ours on the other side who do not want to see that kind of thing proceed. But a couple of Senators can muck up the whole works here and slow this thing down.

I think the American people want us to move forward with health care. I think they want us to get something done that provides health care for people, that provides choices, that keeps people’s doctors, that puts competition in the market—all of those kinds of things.

Senator MERKLEY.

Mr. MERKLEY. I join the Senator in saying to all my colleagues, do not fear debate on health care. We are here, and it is our job to come and debate. It is our job to come and talk about how important it is to have insurance reforms so people are not barred because of preexisting conditions, people are not dumped after a decade of being provided insurance because they get sick.

It is so important we have this debate, and I look forward to having it, and hope all colleagues will join in saying: Yes, no matter which side of this issue you are on, it is time to debate, and Americans want us to do it.

Mr. UDALL of New Mexico. I say to Senator MERKLEY, thank you. Thank you for joining me in this colloquy today.

I thank the Acting President pro tempore, and yield back any time at this point.

The ACTING PRESIDENT pro tempore. The Senator from Tennessee.

Mr. ALEXANDER. Mr. President, I wonder if you could let me know when I have consumed 9 minutes.

The ACTING PRESIDENT pro tempore. The Senator will be so notified.

Mr. ALEXANDER. Thank you, Mr. President.

HEALTH CARE REFORM

Mr. ALEXANDER. Mr. President, I was listening to my friends on the Democratic side. I wish they could have been in the Senate 4 or 5 years ago. Actually that would have reduced our numbers, so much as I like them, I would not have wished that. If they had been here, they might have been some help in arguing to the Democrats who blocked Miguel Estrada from being nominated having an up-or-down vote, who blocked Judge Pryor of Alabama from having an up-or-down vote. The Democrats at that time seemed to argue a completely different point of view.

What we want on the Republican side is very simple.

You see this bill I am leaning against? This is the new bill. This is the Harry Reid—the distinguished majority leader’s health bill. We want to make sure the American people have a chance to read it and they have a chance to know exactly what it costs and they have a chance to know exactly how it affects them. That is not
an unreasonable request, we don’t think. That is the way the Senate works. That is our job.

When it came to the Defense authorization bill, we spent a couple of weeks doing that. When it came to No Child Left Behind, we spent 7 weeks going through it, and neither of those bills was 2,074 pages long. The Homeland Security bill took 7 weeks. The Energy bill in 2002 took 8 weeks. A farm bill last year took 4 weeks. Do a little reading, do a little work to do. We have done some preliminary reading, but what we want to make sure of is that the American people read the bill, know what it costs, and know how it affects them because health care is a very personal matter.

I have done some reading since the bill came out last night. I was also a little bit amused to hear our friends complain in terms of the Thanksgiving things down. Well, this bill has been hidden in the majority leader’s office for 6 weeks. He wouldn’t let any of us read it. I don’t know who he has been in there with writing it, but I guess it takes a little time to write a 2,074-page bill. But he didn’t bring it out until last night, and now we have it printed out. Now he wants to vote on Saturday.

Well, that is all right with us if he wants to vote on Saturday or Sunday or Monday. It’s the Thanksgiving Day. We are going to be here because these are the most important set of votes we are ever likely to take in this body, at least during the time I am here.

Let me give a preliminary report to the American people in terms of the Thanksgiving spirit about this bill. It came out with a lot of fanfare. It has been hidden in the majority leader’s office for 6 weeks, but here is my early warning that it has gotten a little bit worse.

If I may, let me give just a few thoughts about the bill. Why would I say it is the same turkey you saw in August, and it is not going to taste any better in November. It is not much different than what worried you in August. In fact, it has gotten a little bit worse. If I may, let me give just a few thoughts about the bill. Why would I say it is the same turkey you saw in August, and you didn’t like it in August, and it is not going to taste any better at Thanksgiving dinner on Thursday.

We need to start over. We need to go in the right direction. We need to cut costs. Republicans have offered a number of ways to do that: small business health plans, reducing junk lawsuits against doctors, competition across State lines. All of these steps would cut costs. We don’t need a 2,074-page bill. We need to take it step by step in the right direction to cut health care costs, and when we take these five or six steps, we can take five or six more. I thank the President and yield the floor.

The ACTING PRESIDENT pro tem of the Senate from Nebraska is recognized.

Mr. JOHANNS. Mr. President, I wish to compliment the Senator on his very excellent presentation on a bill we just got in the middle of the night last night. I am a little bit tempted to ask the Senator if I could have a copy of that bill on my desk, but the less we have to handle it, the less we risk bodily injury, so that is all right. Just keep it right there on your desk.

I wish to zero in on one issue today. It is a very important issue to Nebraskans. It is a very important issue to Americans. That is the issue of abortion. An overwhelming majority of Americans suggest—take the position I should say—that we should not use Federal funds for abortions. Just yesterday, I was looking at an article and it said six in ten Americans favor a ban on using Federal funds for abortions. I have found over and over again that Nebraskans feel the same way.

A constituent in Gretna, NE, said to me, and I am quoting: plan, the largest one we have, Medicaid for low-income Americans, 50 percent of doctors will not see those patients—new patients—because of the low reimbursement rates. The bill still relies on the States to pay for some of Medicaid. Thank you for not bringing up concerns that we need to pay more—will lose their employer-based insurance, and they will end up in the government plan. I just said in the government
Please know that I do support some health care reform; however, I cannot in good conscience support any legislation that contains any abortion mandates.

Someone from Bellevue, NE, said, and I am quoting again:

I am writing to urge you to ensure that language is included in any health care reform proposal or bill to explicitly exclude abortion . . . The use of my tax dollars forces me to support a procedure that is against my conscience.

So as we move forward, we need to focus on what people are saying to us. That is why in this bill we need the exact language in the House bill.

The Stupak amendment is the essence of a continuation of current law. Don’t be fooled by those who suggest this is something new and different. The Hyde law prohibits Federal funding of abortion through Federal programs such as Medicaid. It prohibits Federal funding for private health insurance policies that cover abortion. The taxpayers pay a premium—or the taxpayers. Federal employees cannot opt for elective abortion coverage because taxpayer dollars are subsidizing the cost of the employee plans.

I am very glad I had said during this debate, if it is good enough for Federal employees, well, it should be good enough for the citizens.

The Stupak-Ellsworth-Pitts amendment says: New government subsidies could not be used to purchase an insurance plan that covers abortion. The proposed government insurance plan also could not cover abortion. However, the stark and alarming differences that exist in the Senate bill are immediately obvious.

The Senate bill says: People who receive a new government subsidy could—could—enroll in an insurance plan that covers abortion. It requires—at least one plan on the insurance exchange to offer abortion services.

Supporters say: Don’t worry. Public funds would be segregated, so they wouldn’t be used for abortion. But this provides no solace whatsoever. It is impossible to segregate funds. How will the government tax-exempt citizens who receive a subsidy to buy a health insurance plan do not use those Federal dollars to pay for health insurance premiums?

Put another way, citizens get charged a premium that includes abortion coverage. The taxpayers pay a percent of the premium. Who can determine what dollar went here or what dollar went there? Well, as many have pointed out already, it is a shell game. Nothing more, nothing less.

The Senate bill is a sharp detour from current law. The very clear line established by the Hyde amendment is obliterated. The Federal Employees Health Benefits Plan does not allow this shell game and neither should this new regime.

National Right to Life is not fooled by this game. They call this provision “completely unacceptable.” It was recently reported in the Washington Post that some abortion opponents read this language and saw through it. National Right to Life goes on to say that it “closely mirrors the original House language that was rejected by 64 Democrats.” I am going to quote:

It tries to conceal that unpopular reality with layers of exemptions and hollow bookkeeping requirements.

I stand here today to say to National Right to Life, thank you for standing up for life. I hope more will do the same. You are absolutely correct in saying that it would “require coverage of any and all abortions throughout the public option program. This would be Federal Government funding of abortion, no matter how hard they try to disguise it.” They weren’t fooled.

My best view of this is that other pro-life leaders will courageously stand up today and tell Americans they should not be fooled either. We have to draw a line. This isn’t a partisan issue.

Last week, a Democratic colleague said:

What is clear is that for this bill to be successful, there can be no taxpayer funding for abortion.

Yet the Stupak-Ellsworth-Pitts protection is missing from this bill.

Since it is not in the underlying bill, I want to be very candid, I don’t see it in the final bill. I don’t believe there are enough pro-life Senators to break a filibuster to make this a part of the final bill. That is why this motion to proceed we will be voting on in hours has become the key vote on abortion. It is the key pro-life vote.

Some say cloture on a motion to proceed is just a procedural effort. It begins debate, and then you can do amendments that ultimately even vote the bill down. The facts suggest otherwise. Listen to this, from the Congressional Research Service: Between the 106th and 110th Congress, there were 41 cases in which the U.S. Senate approved a motion to proceed and eventually then voted on final passage; 40 of those 41 bills received final approval. In other words, all but one passed into law. Well, that tells us all we need to know. This motion to proceed on this life issue is critical.

Some of my colleagues would argue that if we don’t like the bill, we must not block the opportunity to amend it; therefore, they would say we should vote for the motion to proceed. I don’t think any pro-life Senator could take that position, and here is why: If we proceed to the bill, any changes will require 60 votes. I sincerely wish there were 60 pro-life votes in the Senate, but by my count I don’t get there; therefore, we can’t really change this. If there is a Senate will, I suggest otherwise. I respectfully invite him or her to come to the floor and share the list of 60 Senators who are willing to vote for a provision that ensures the Stupak amendment will be there. I don’t think that is going to happen.

So it comes down to this: If you don’t believe tax dollars should fund abortion, vote against the motion to proceed said, and then give us last chance to protect life in this debate.

Congressman STEPAK and about 40 of his Democratic colleagues stood strong on their pro-life convictions, and they literally changed the outcome in the House. They started the Speaker in the House and said about this procedural vote: Look, if it is not pro-life, we are not there. And the Speaker had no choice but to put the Stupak amendment up for a vote. Over 40 courageous Congressmen stuck to their convictions, and they made a difference.

Today in the Senate, we don’t need 40 Democrats to stand up for what is right; we need just 1. If just one pro-life Democrat would say: I will not vote to move this bill until it is fixed, until it is truly pro-life, that would be a start.

Those who say they are pro-life but refuse to take that stand, I worry they are not standing up for life.

I have a record of voting pro-life. I know how I am going to vote on this, because it is the right thing to do. I do not block the opportunity to amend it; that if we don’t like the bill, we must proceed we will be voting on in hours has become the key vote on abortion. It is the key pro-life vote.

Mr. BARRASSO. Mr. President, here you have it, what we have been waiting for, week after week, what has been put together behind closed doors. People all across the country have seen the doors behind which people, in secret, have been writing this bill. It is 2,074 pages. Some people call it remarkable; I call it a monstrosity.

The President, it is the best of the worst. It is the best of the worst. It just looks like more of the same. All of the things I have been talking about—it still does those sorts of things. It still raises taxes on Americans, higher payroll taxes—and this is the Associated Press talking, not just me. Companies will pay a fee. That is from the Associated Press as well. It adds an array of tax increases, a rise in payroll taxes. That is from the Washington Post. It relies primarily on a new tax. That comes from the Washington Post as well. Then the New York Times says: New taxes and new fees. It is more of the same. It is the best of the worst.

What about Medicare cuts? Oh, they are in here, too, you better believe it. It is relying on cuts in future Medicare spending to cover costs. That is from the Associated Press. It is financed through billions of dollars in Medicare cuts. That is from the Washington Post. There will be reductions in Medicare. It is all in here—taking away the
health care of the seniors of this country, who have relied on Medicare and have been promised Medicare, to start a brand-new program which is in these 2,074 pages. It is just wrong.

Then look at the budget gimmicks. The legislation—what the CBO came up with some number, but it is not what the real cost is. This thing is going to cost $2.5 trillion over a 10-year period. They try to get the number down. How do they do it? They start collecting taxes on day one, but until they implement the program—the things that are supposed to help Americans, they have delayed those things through 2014. Here we are in 2009, and the people who are watching at home and saying: This is going to help me next week, forget it, wait another 5 years. That is the way they maneuver and manipulate the numbers.

Here we have it—a bill that still raises taxes, still cuts Medicare, uses lots of the same gimmicks, and will cost the American people trillions and trillions of dollars.

Mr. President, obviously health care is one of the most important issues Congress is going to take up this year and many years, I believe, in the Senate. This may be the most important issue and bill we are ever asked to vote upon.

I travel home to Wyoming every weekend. I talk to people. I was there for 5 weeks over Veterans Day. I say to them: What do you need? What do you think? What are your thoughts on this?

They say: Deliver to Washington a clear and simple message: Fix what is wrong with the health care system. Whatever you do, don't make things worse for me.

I have town meetings and ask people: Do you think it is going to cost more or less if this is passed? And I have had telephonic meetings with folks around Wyoming, and there is a way you can poll and ask people their ideas. People believe it is going to cost them more. I ask: Is your care going to be better or worse? People believe it is going to cost them more. They say: Don't take away my freedom to choose the plan I want. Well, this bill sort of does that. If they have something they like, this has a lot of numbers and mandatory sets in there. That will take away freedoms of the people to choose specifically what they want because of all of the mandates this has to cover, and it has to cover this, that, and the next thing. A lot of people don't want that.

People also say: Don't cut my Medicare. I hear that all around Wyoming and around the country. There are 11 million people on Medicare Advantage. That Medicare Advantage Program is the only Medicare program that does a good job of working on preventive care and coordinating care, and that is going to be slashed under this program. So we are going to take away prevention and the things that have to do with coordinated care. Just take a look at this monstrosity of over 2,000 pages.

People say: Don't cut my Medicare or raise my taxes. We are looking at 10.2 percent unemployment right now. This is not the time to do the things that will increase, the premiums for people who are working for America. He gave the health care bill we are looking at in this Congress a failing grade. It doesn't do a good job in dealing with costs, access, or quality. It misses the boat on all of them.

The people who believe this is going to be helpful collectively are delusional, absolutely wrong. They have no idea how this will be for the health of people. I am sure Senator ALEXANDER will say: What do you think? What are your ideas? I have town meetings and ask people: Don't cut my Medicare or raise my taxes. We are looking at 10.2 percent unemployment, the highest payroll taxes, companies paying higher premiums, higher taxes, Medicare cuts, and more government control over health care decisions. That is not reform.

Yesterday, there was an article in the Wall Street Journal, and the dean of Harvard Medical School—It is in Boston, which is where they have this whole Massachusetts health care plan. He said that it is not working in Massachusetts and that this is not going to work for America. He gave the health care bill we are looking at in this Congress a failing grade. It doesn't do a good job in dealing with costs, access, or quality. It misses the boat on all of them.

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in the world. I am not blind to the fact that our health care system has failings. I have seen them firsthand. We can fix a broken system in a way that actually works to get costs down, to get more people covered, to give people more choice, to improve quality in this plan, not in this atrocious plan, which raises taxes, cuts Medicare, and takes away choices from the American people.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

CAREGIVERS AND VETERANS OMNIBUS HEALTH SERVICES ACT OF 2009

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to the consideration of S. 1963, which the clerk will report.

The assistant bill clerk read as follows:

A bill (S. 1963) to amend title 38, United States Code, to provide assistance to caregivers of veterans, to improve the provision of health care to veterans, and for other purposes.

The PRESIDING OFFICER. The Senator from Oklahoma.

AMENDMENT NO. 2785

Mr. COBURN. Mr. President, I call up amendment No. 2785.

The PRESIDING OFFICER. The Senate from Oklahoma.

Mr. COBURN. Mr. President, I ask unanimous consent that I be permitted to use my time on the bill and my time on the amendment as necessary.

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

Mr. AKAKA. Mr. President, as chairman of the Senate Committee on Veterans' Affairs, I have the honor of speaking at the World War II Memorial this past Veterans Day. As I stood there remembering my own comrades and their families, I thought of what the brave men and women in the service give up every day so we can enjoy the freedoms that come with American citizenship.

It is in that spirit that I urge this body to pass S. 1963, the Caregivers and Veterans Omnibus Health Services Act of 2009 without further delay.

The Nation's young veterans coming home from Iraq and Afghanistan have faced a new and terrifying kind of warfare, characterized by improvised explosive devices, sniper fire and counterinsurgencies. Military medicine, fortunately, is saving more of these young servicemembers' lives than ever before.

In World War II, 30 percent of Americans injured died. In Vietnam, 24 percent died. In the wars in Iraq and Afghanistan, about 10 percent of those injured have died.

As more of the catastrophically disabled are surviving to return home, more will require a lifetime of care. With our decision on S. 1963, we decide whether that care will be in their homes with the help of their family members or in institutions. If we want that care to be in the home, we need to help the families shoulder the burden of providing it.

During the prior administration, the President's Commission on Care for America's Returning Wounded Warriors—known as the Dole-Shalala Commission—found that 21 percent of Active Duty, 15 percent of Reserves, and 21 percent of retired or separated servicemembers who served in the Iraq or Afghanistan conflicts said friends or family members gave up a job to be with them or to act as their caregiver. By giving up a job, caregivers often give up health insurance, when they need it the most.

Studies also show family caregivers experience an increased likelihood of stress, depression, and mortality, compared to their noncaregiving peers.

Without a job, without health insurance, and in very stressful situations, family caregivers have worked to fulfill the Nation's obligation to care for its injured warriors.

S. 1963 would give these caregivers health care, counseling, support, and a living stipend. The bill would provide caregivers with a stipend equal to what a home health agency would pay an agency to provide the care. It would give the caregivers health care and make mental health services available to them. The bill also provides for respite care so caregivers can return to care for these veterans with renewed vigor and energy. It lets these young veterans return to their families and not to a nursing home.

While the caregiver program in this legislation will be limited at first to the veterans of the Iraq and Afghanistan wars, other provisions of the bill improve health care for all veterans.

There are provisions which make health care quality a priority, strengthen the credentialing and privileging requirements of VA health care providers, and require the VA to better oversee the quality of care provided in individual VA hospitals and clinics.

The bill will also improve care for homeless veterans, women veterans, veterans who live in rural areas, and veterans who suffer from mental illness.

About 131,000 veterans are homeless. S. 1963 would help these veterans obtain housing, pension benefits, and other supportive services. It would provide financial assistance to organizations that help homeless veterans.

Seventeen percent of servicemembers are now women. This legislation contains a number of provisions which are designed to improve the care and services provided to women veterans. It would provide for the training of mental health professionals in the treatment of military sexual trauma and provide care for the newborn children of servicemen. It would give women veterans a quality of care they have earned through their service to this country.

The bill also provides new assistance to veterans who live in rural areas. According to the VA, of the 8 million veterans enrolled in VA health care, about 3 million live in rural areas. This legislation would bring more services into rural communities through telemedicine and increased recruitment and retention incentives for health care providers. It also would increase the VA's ability to use volunteers at vet centers and create centers of excellence for rural health.

Finally, S. 1963 addresses the signature injuries of this war—PTSD and traumatic brain injury. According to a recent RAND report, one in three Vietnam veterans returning from Iraq and Afghanistan will develop post-traumatic stress disorder. Countless others will suffer from traumatic brain injury and face