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 more people more choices. That’s what is in this plan, not in this atrocity plan, which raises taxes, cuts 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. 278
Mr. COBURN. Mr. President, I call up amendment No. 2785. The PRESIDING OFFICER. The clerk will report.

The assistant bill clerk read as follows:
The Senator from Oklahoma [Mr. COBURN] proposes an amendment numbered 2785.

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.

The amendment is as follows:
(Purpose: To transfer funding for United Nations contributions to offset costs of providing assistance to family caregivers of disabled veterans)

Amendments made to section 1717A(b) of the Veterans Health Care Act of 2008 are amended—

(1) by striking “and” at the end;

(2) in paragraph (2)(C), by striking the period at the end and inserting “; and”;

(3) by adding at the end the following new paragraph:

“(3) who, in the absence of personal care services, would require hospitalization, nursing home care, or other residential care.”;

(b) EXPANSION.—Such section 1717A(b) is further amended—

(1) by inserting “or” after “any” and before “the Secretary of Veterans Affairs, out of”;

Mr. COBURN. Inquiry, Mr. President. It is my understanding I am going to have 2 hours during this period of time under unanimous consent.

The PRESIDING OFFICER. The Senator is correct.

Mr. COBURN. I reserve the remainder of my time and yield to the chairman and ranking member.

The PRESIDING OFFICER. The Senator from Hawaii.

Mr. AKAKA. 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 had 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 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. 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 noncaring 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 disabled 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 aide to provide services. 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 mental 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 out of five veterans returning from Iraq and Afghanistan will develop post-traumatic stress disorder. Countless others will suffer from traumatic brain injury and face
significant problems in readjusting to life at home. Many studies have shown the importance of early intervention to the effective treatment of these invisible wounds.

This legislation contains provisions that allow Active-Duty military to seek mental health services at veteran centers and increase access to care for veterans with traumatic brain injury.

Before concluding, I wish to share one of the many stories I have heard as I have worked to move this legislation through the Senate.

SGT Ted Wade sustained a severe brain injury after his humvee was hit by an improvised explosive device in Iraq. His right arm was completely severed above the elbow, and he also suffered a fractured leg, broken right foot, and visual impairment, among other injuries.

His wife Sarah Wade became his caregiver and a dedicated advocate for her husband, and for others who are providing caregiver services.

In testimony before the House Veterans’ Affairs Committee earlier this year, Ms. Wade made the point that:

Young veterans with catastrophic injuries need more than medical care on our soil. They need ongoing service in the communities where they grew up. Just like service members, they need a team in the military to accomplish the mission, they need a team at home for the longer war.

I agree completely with that view. Veterans need all the support we can provide. We, as a country, can give them options that veterans of my generation never had. We can give them the option to really come home.

To those who are concerned about the cost of this legislation, I say we cannot now turn our back on the obligation to care for those who fought in the current wars. When we as a body vote to send American troops to war, we have promised to care for them when they return.

I firmly believe the cost of veterans benefits and services is a true cost of war and must be treated as such.

I ask that our colleagues accept no more delays and act on this important legislation.

Mr. President, I reserve the remainder of my time and yield the floor.

The PRESIDING OFFICER. The Senator from North Carolina.

Mr. BURR. Mr. President, I thank and congratulate the chairman of the VA Committee. This is important legislation for this body. It is my belief that this will move very quickly, as we can see from the short time agreement: one amendment—one amendment that I think is extremely important for all Members of the Senate to consider.

I rise in support of S. 1963, the Caregivers and Veterans Omnibus Health Services Act of 2009. This is actually the combination of two bills reported out of the Veterans’ Affairs Committee this year. And it did enjoy bipartisan support.

The centerpiece of the legislation is the support it would provide to caregivers of severely injured veterans of current wars. The bill would provide counseling, support, living stipends, and health care for those caregivers.

As my colleagues know, family caregivers play an extremely important and, I might say, unique role in helping to meet the severe medical needs of severely injured veterans’ personal care needs. For some veterans, family members serve as their primary caregiver; some of whom have lost their jobs but, more importantly, have lost their health care as a result of that commitment to that family member.

As the chairman spoke about a servicemember he had remembered in this—Ted Wade is a North Carolinian—he made the same impression with me. I also think about caregivers Edgar and Beth Edmundson from North Carolina, as well, the parents of Eric Edmundson, a severely injured veteran from Operation Iraqi Freedom. They have been caring for Eric since the day he returned to the United States. They took him out of a VA hospital because the VA basically had come to the point where they said they could not improve Eric’s life.

After Eric was injured on patrol along the Iraqi/Syrian border, he went into cardiac arrest while he was awaiting transport to Germany. It was in fact that cardiac arrest, that traumatic brain injury, that put Eric in a situation where he couldn’t walk and he couldn’t talk. As he lay in that long-term care provided by the Veterans’ Administration, he got no better. He couldn’t walk and he couldn’t talk.

Eric’s father stepped to the plate and immediately began researching all the options for Eric’s treatment. Despite being told his son would not emerge from his vegetative state, Ed Edmundson pushed on. He sold his retirement pay, all in an effort to provide Eric 24-hour care as a father.

Under his father’s constant attention and relentless pursuit of new options, Eric received the treatment he needed. Without his dad’s commitment, without the commitment of the rest of Eric’s family—who basically dropped everything else important in life to focus on his needs—Eric would not be doing as well as he is today. I might say he walks and he talks and he converses daily because of his most important caregivers, his parents, believed in him and they believed in what they could accomplish.

Let me tell you the rest of the story. Beth, Eric’s mom, recently suffered a compound fracture of her ankle while caring for Eric’s daughter Gracie. Because Beth and Ed have no health insurance, they are on the hook for $36,000 worth of medical bills. Had Eric chosen Beth, his mother, as his caregiver, had he lay in that situation where he couldn’t walk and he couldn’t talk, we would have provided coverage for Beth to have health care coverage. I believe that is what this legislation is about—recognizing the individuals who make life-altering commitments to members of their family or service members who, without that commitment, might not have the quality of life they have.

When I mentioned, assistance to caregivers was just one part of this bill. Other provisions would remove barriers to emergency care provided to veterans at non-VA facilities. It would expand health care services for women veterans, provide additional outreach to caregivers in rural communities, provide additional improvements in mental health care services provided to veterans, enhance services to homeless veterans, improve the ability of VA to recruit and retain the needed health care professionals, authorize major medical facility construction projects, test a concept I introduced of providing veterans and their survivors with dental coverage, and much more.

This is a good bill. It is not perfect. It can be better. I urge my Senate colleagues to strongly consider supporting the amendment of Senator COBURN, and let me explain why.

When the committee passed this bill, we did not limit it to current veterans of current wars; we extended it to all veterans. Since it came out of committee in a bipartisan way, we have narrowed it down not to include all veterans. The amendment of Senator COBURN expands it to all veterans.

When the committee considered the caregiver bill, we considered it because we wanted to keep veterans out of nursing homes. That was the goal, to give them an alternative because the traditional role of the nursing long-term care facilities had not worked at improving the quality of care and the quality of life for these veterans. That was our goal.

Senator COBURN brings some definition to who is eligible for this based on the fact that the amendment is headed toward a nursing home. We may tinker a little bit with the definition as to whether it is exclusive or totally inclusive as we would like, but make no mistake, it is not different from the intent of the committee as to why the committee passed the caregivers act.

Let me mention one probably even more important piece of the amendment of Senator COBURN. It actually pays for what we are doing. We say the Secretary “shall”—that means he has discretion to implement everything in the caregiver bill. The amendment of Senator COBURN is going to say: You know what. We are going to take some money out of the funds that we pay to the U.N., and we are going to use our funds. I hope, to use some money to improve veterans. I hope we are not thinking about it, but that is very important. I hope we are not thinking about it, but that is very important.

Why don’t we take some of the money we have already appropriated and let’s shift it? This is something I would love to see for the Senate, but it is called prioritizing. Let’s prioritize where the Federal investment should go. Let’s make sure we pass the Caregivers and
Health Care Act. Let’s make sure we pay for it with the Coburn amendment, and let’s pull that money out of already-appropriated funds so we can not only look at our veterans, but we can look at our children and tell them this is a good bill.

I yield the floor.

The PRESIDING OFFICER. The Senator from Hawaii.

Mr. AKAKA. Mr. President, I yield 10 minutes to the Senator from Washington, Mrs. Murray.

The PRESIDING OFFICER. The Senator from Washington is recognized.

Mrs. MURRAY. Mr. President, last week many of us spent time back home celebrating our veterans and honoring the great sacrifices they made for our country. I had the opportunity to commemorate Veterans Day at theTahoma National Cemetery in Kent, WA. It was truly an honor to stand with veterans and their families as we paid them the service they deserve.

This recognition is important, it is certainly deserved, but it is not enough. We owe it to our veterans to make sure our commitment to them extends beyond Veterans Day and that they have access to the health care and services they need when they come home. Today at the VA there is an insufficient number of doctors and staff with specific training and experience in women’s health issues, and even the VA’s own special studies have shown that women veterans are underserved. That is why included in this veterans health bill that I introduced today is a bill I introduced that will enable the VA to better understand and ultimately treat the unique needs of our female veterans. That bill authorizes several new programs and studies, including a comprehensive look at the barriers women currently face in accessing care through the VA. It is a study of women who have served in Iraq and Afghanistan to assess how those conflicts have affected their health.

There is a requirement that the VA implement a program to train and educate and certify VA mental health professionals to care for women with sexual trauma, and there is a pilot program that provides childcare to women veterans who are seeking mental health services at the VA.

This bill is the result of many discussions with women veterans on the unique and very personal problems they face when they come home from war. Oftentimes after veterans meetings I held in which male veterans would speak freely about where they believed the VA wasn’t meeting their needs, women veterans would approach me afterwards and ask up to me very quietly and whisper about the challenges they face.

Some of these women told me they don’t view themselves as a veteran even though they have served their country. They don’t seek care at the VA. Others told me how they believed the lack of privacy at their local VA was very intimidating, or about being forced into a caregiving role that prevented them from seeking care. And they often had to struggle to find a babysitter just in order to keep an appointment. To me and to the bipartisan group of Senators who have cosponsored my women veterans bill, these barriers to care for women veterans were unacceptable.

As more women now begin to transition back home and step back into careers and their lives as moms and wives, the VA has to be there for them. This bill we are talking about today will help the VA modernize to meet their needs.

Another way this bill meets the changing needs of our veterans is in the area of assisting caregivers in the home. As we have all seen in Iraq and Afghanistan, medical advances have helped save the lives of service members who, as we know, in previous conflicts would have lost their lives from the severity of their wounds. But these modern miracles also mean many of those who have been cast catastrophically wounded need round-the-clock care when they come home. In many of our rural areas, where access to health care services is limited, the burden of providing care often falls on the families of those severely injured veterans.

For these family members, providing care for their loved ones becomes a full-time job. Oftentimes we hear they have to quit their full-time job. Oftentimes we hear they have to quit their full-time job. Oftentimes we hear they have to quit their full-time job. Oftentimes we hear they have to quit their full-time job. Oftentimes we hear they have to quit their full-time job. Oftentimes we hear they have to quit their full-time job.

This bill also takes steps to provide dental insurance to our veterans and their families when they need it.

It improves mental health care services and eases the transition from active duty to civilian life. It expands outreach and technology to provide better care to veterans who live in rural areas. It initiates three programs to address homelessness among veterans at these especially difficult economic times.

This is a bill that is supported by numerous veterans service organizations, by the VA, and it is supported by many leading medical groups. It was passed in the Senate Veterans’ Affairs Committee with broad bipartisan support, after hearings with health care experts and VA officials and veterans and their families. Like other omnibus veterans health care bills before us, bills that have often passed on the floor with overwhelming support, it puts veterans before politics. It is a bipartisan bill designed to move swiftly so its provisions can be implemented. It is a bipartisan bill designed to move swiftly so its provisions can be implemented. It is a bipartisan bill designed to move swiftly so its provisions can be implemented. It is a bipartisan bill designed to move swiftly so its provisions can be implemented.

We have seen bipartisan nominations stalled, funding bills slowed down to a crawl. It has taken us months to pass a simple extension of unemployment benefits for people who are out of work. Providing for our veterans used to be one area where political affiliation and bipartisanship bickering fell to the wayside. I hope those days are not behind us. Our aging veterans and the brave men and women who serve in Iraq and
Afghanistan need our help now. How we treat them at this critical time is going to send a signal to a generation of young people who today might be considering military service.

As I have said many times, it is so important that we keep our promises. Abraham Lincoln made to America’s veterans 140 years ago, “to care for the veteran who has borne in battle, his widow and his orphan.”

Our veterans have waited long enough for many of the improvements in this bill. We cannot ask them to wait any longer.

I spoke last week on the floor on the eve of Veterans Day urging colleagues to move quickly on this bill. I am so glad progress is now being made toward making that happen. As we wait to pass this bill, our promise goes unfulfilled to many of our Nation’s heroes. I urge my colleagues to pass this bill quickly so we can get to the work of providing our veterans with the support and services they have earned.

I thank the Chair. The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. BEGICH. Madam President, the reason we are having the debate now is because nobody would have the debate earlier. It is important for the American people. I don’t have any opposition to veterans care. As a matter of fact, I support keeping our commitment. But the thing wound out, on October 28 it came to the floor. Part of my amendment, when it actually came out of committee, was in the bill. It was taken out before it came to the floor, not by the members of the committee. It was taken out. But the very fact that we make an issue, because somebody wants to debate a bill and offer amendments on a bill, and then we are supposedly antiveteran because we think maybe we ought to pay for some things that we do around here, so because we want to pay for it, we are cast aspersions that we don’t want it to be debated. The worst thing that happens in this body is we pass bills that the American people have no idea about because we refuse to debate them.

I apologize to no one for having put a hold on this bill for a very good reason. The very good reason is this: Our veterans demonstrate courage greater than we ever demonstrate in this body. We owe it to our veterans that some day we will tell our grandchildren the same with our grandchildren as well as our veterans? This isn’t even a hard vote. Our entire contribution to the United Nations is wasted in the fraud of the peacekeeping we contribute to. We contribute 25 percent of the United Nations money, and we have reports and studies and leaked documents that show the vast majority of the money we put in the United Nations gets defrauded from the United Nations. We are going to get to make a choice with this amendment. We will say we will treat all veterans the same, No. 1, and we are actually going to pay for it by saying it is a greater priority to take care of our veterans than to fund a corrupt, fraudulent peacekeeping force as run through the United Nations. That is what we are going to say. If this amendment passes, it will send a wonderful signal to the United Nations to clean up their act. It will send a great message to children and grandchildren that we will finally start acting responsibly, and it will send a great message to veterans that we do care and we care enough to make sure the sacrifice they made will not be squandered by us not making hard choices.

We owe a lot to our veterans. The No. 1 thing we owe them is to make sure what they fought for and the future we have is secure in our children and grandchildren’s generation. It is not secure today, based on the fiscal situation we find ourselves in.

I reserve the remainder of my time. The PRESIDING OFFICER (Mrs. Murray). The Senator from Hawaii.

Mr. AKAKA. Madam President, I yield 5 minutes to the Senator from Alaska, Mr. Begich.

The PRESIDING OFFICER. The Senator from Alaska.

Mr. BEGICH. Madam President, I rise in support of S. 683, the Caregivers and Veterans Omnibus Health Services Act of 2009. I am pleased we are now considering this bill. S. 683 is comprehensive legislation that addresses many of the needs of our veterans and our Nation’s heroes. The bill is a compilation of two earlier bills introduced by Chairman Akaka to improve veterans health care and provide much needed benefits to their caregivers. I thank the chairman of the Veterans’ Affairs Committee for his leadership on this bill and in committee. He understands the importance of providing the Department of Veterans Affairs the necessary tools and policies to serve the needs of veterans.

This legislation ensures that wounded warriors returning from Iraq and Afghanistan can receive care in their home by providing caregivers the necessary benefits to stay at home and care for them full time. This is especially important in rural States such as my State of Alaska where obtaining a caregiver from remote areas is extremely challenging. In those areas, families take care of their injured servicemembers. To further help rural veterans and their caregivers, the bill provides benefits to veterans who are severely disabled or require emergency care to seek medical attention at non-VA facilities without being billed. For a veteran in one of the many remote villages of Alaska, this is especially important, for they already face many economic challenges.

The bill takes other steps to alleviate shortfalls in rural veterans health care. The Telemedicine program expansion, authority to collaborate with Indian Health Services and community organizations are some of the additional efforts taken.

In addition to providing for caregivers and improving health care for war veterans from the benefit. What about them? Is the reason the other veterans, the Vietnam war veterans, the Korean war veterans were not included is because we thought we couldn’t afford it? I think that is probably the reason. Which begs the question. On the Vietnam war veterans, we ought to treat them the same, one, and we ought to have the courage to make hard choices about how we pay for it.

It is easy to charge this money to our grandkids. I have no doubt that is what we will end up doing. But the biggest threat facing our country today is not Islamic fascism and Islamic terrorism. The biggest threat facing the country today is the fact that every young child born today will encounter $400 000 worth of debt for benefits they will get nothing from. When we calculate the interest cost on that, by the time they are 25, they will have been carrying a debt load of $1,119,000.

As I look at colleagues who want to do this but don’t want to pay for it, I am bewildered to think that we can call and honor the courage and service of our veterans without taking some of the same courage to make some hard choices about other things that are not nearly as important as our veterans. We can’t do both. We can’t continue down the road we are on. We can’t continue to spend the money we are spending and borrowing, 43 cents of every dollar we borrow this year, borrowing it from our grandkids. It won’t work. We will fail as a nation.

Look at President Obama’s recent trip to China. What was the message that emerged? They are worried about us financially. They are worried about our deficit spending. Why are they worried? Because they own close to $1 trillion worth of our debt. They now impact our foreign policy decisions only by the fact that they own so much of our debt.

Can we continue to do this and have a free America? Can we continue to do this and our children have opportunity, at least to the level we have experienced? What are our veterans fighting for? Why did they put their bodies at risk, if it is not for a greater future for the country?

When we think about this past year—and it will be worse next year, it will be 44, 45 cents borrowed of every dollar spent, this bill will widen that deficit burden to our grandchildren as well as our veterans. This isn’t even a hard vote. Our entire contribution to the United Nations is wasted in the fraud of the peacekeeping we contribute to. We contribute 25 percent of the United Nations money, and we have reports and studies and leaked documents that show the vast majority of the money we put in the United Nations gets defrauded from the United Nations. We are going to get to make a choice with this amendment. We will say we will treat all veterans the same, No. 1, and we are actually going to pay for it by saying it is a greater priority to take care of our veterans than to fund a corrupt, fraudulent peacekeeping force as run through the United Nations. That is what we are going to say. If this amendment passes, it will send a wonderful signal to the United Nations to clean up their act. It will send a great message to children and grandchildren that we will finally start acting responsibly, and it will send a great message to veterans that we do care and we care enough to make sure the sacrifice they made will not be squandered by us not making hard choices.

We owe a lot to our veterans. The No. 1 thing we owe them is to make sure what they fought for and the future we have is secure in our children and grandchildren’s generation. It is not secure today, based on the fiscal situation we find ourselves in.

I reserve the remainder of my time. The PRESIDING OFFICER (Mrs. Murray). The Senator from Hawaii.

Mr. AKAKA. Madam President, I rise in support of S. 683, the Caregivers and Veterans Omnibus Health Services Act of 2009. I am pleased we are now considering this bill. S. 683 is comprehensive legislation that addresses many of the needs of our veterans and our Nation’s heroes. The bill is a compilation of two earlier bills introduced by Chairman Akaka to improve veterans health care and provide much needed benefits to their caregivers. I thank the chairman of the Veterans’ Affairs Committee for his leadership on this bill and in committee. He understands the importance of providing the Department of Veterans Affairs the necessary tools and policies to serve the needs of veterans.

This legislation ensures that wounded warriors returning from Iraq and Afghanistan can receive care in their home by providing caregivers the necessary benefits to stay at home and care for them full time. This is especially important in rural States such as my State of Alaska where obtaining a caregiver from remote areas is extremely challenging. In those areas, families take care of their injured servicemembers. To further help rural veterans and their caregivers, the bill provides benefits to veterans who are severely disabled or require emergency care to seek medical attention at non-VA facilities without being billed. For a veteran in one of the many remote villages of Alaska, this is especially important, for they already face many economic challenges.

The bill takes other steps to alleviate shortfalls in rural veterans health care. The Telemedicine program expansion, authority to collaborate with Indian Health Services and community organizations are some of the additional efforts taken.

In addition to providing for caregivers and improving health care for
rural veterans, S. 1963 will finally require the Department of Veterans Affairs to identify and take action on shortfalls in health care for women veterans, mental health care, and outreach to homeless veterans.

The organizations support S. 1963 as introduced by Chairman AKAKA. Unfortunately, one of my Senate colleagues disagrees with me and my other Senate colleagues and the 13 veteran organizations about this initiative and with whom they vote. My Senate colleague has offered an amendment that almost doubles the cost. Although he claims the bill is discriminatory against veterans from previous wars, the expansion of rural, women's health, mental health, and homeless initiatives are not limited to any particular group of veterans. Additionally, my colleague's amendment offsets the cost of the bill by requiring the Department of State to transfer money to the Department of Veterans Affairs for the United Nations. Sitting here for a few minutes listening to my colleague, I have to say a couple of comments that are not written here. First, my colleague, who voted for the war supplemental that had no funding, now claims that to make the cost there and no offset to them, sent people to war. When you do that, you have to also remember the costs associated over the long term. I wasn't here during those votes. I wasn't here when $1 trillion was spent on war. I wasn't here when the rich for tax breaks that had not one dime of offset. I am paying for that. My son is paying for that. So it is interesting to hear this debate now.

We have to think long term. We have to think when we go to war, there are costs. If we don't fund them on the front end, we have to deal with them on the back end. That is what we are doing now.

I think his amendment is worthy to a certain degree, but I disagree with the particular details of this bill. I thank him and Senator Burr for their leadership in this legislation and its enactment today are addressed in S. 1963. Passage of this legislation and its enactment into law will improve and increase services for our veterans and acknowledge the sacrifice of their caregivers. I urge my colleagues to vote no on the amendment and support passage of S. 1963 as it has been introduced.

Again, I thank the chairman, Senator AKAKA, for his unwavering support and advocacy for our veterans. Madam President, I yield the floor.

Mr. COBURN. Thank you, Madam President. I yield the floor.

The PRESIDING OFFICER. Who yields time?

Mr. AKAKA, Madam President, I yield 3 minutes to the Senator from Montana, Mr. TESTER.

Mr. TESTER. Thank you, Madam President, and I thank Chairman AKAKA.

Madam President, I rise this morning to urge the Senate to pass the Caregivers and Veterans Omnibus Health Services Act of 2009. Chairman AKAKA has done a great job of explaining the particulars of this bill. I thank him and Senator Burr for their leadership in our committee.

I could also echo Senator AKAKA in explaining the reasons to vote for better health care for this country's veterans. But, instead, I am going to boil this down to one reason. Madam President, we promised it—we promised it to and for those who have served in our military. We promised it, just as we promised our troops the resources they need when they are in battle. This is not a vote about politics or partisanship; it is about living up to the pledge we made to all our veterans.

Montana is a rural State, which means that all 100,000 veterans there are rural veterans. Many of them live in frontier communities. Sadly, that means they have a tougher time getting the care they have earned. Many of them still have to pay out-of-pocket travel expenses to get to a VA hospital for their health care. According to some studies, veterans who live in rural America do not live as long as veterans who live in urban places. That is not only sad, it is disgraceful, and it is unacceptable.

This bill contains provisions I included with the help of rural veterans and veterans service organizations in Montana. A vote for this bill is a vote to give veterans in rural America and frontier communities better access to health care. A vote for this bill will lock in an acceptable VA mileage reimbursement rate for disabled veterans who have long distances to travel to get to a VA hospital. A vote for this bill will authorize the VA to award grants to veterans service organizations that drive veterans to their medical appointments. In a place such as Montana, we would be in pretty tough shape without the dozens of volunteers who make that sort of thing happen. A vote for this bill will also improve health care in Indian country, and it will improve mental health care for rural veterans.

Last week, over Veterans Day, I had the honor of attending events across Montana. I had the opportunity to say thank you to our veterans, as we should do every day. A lot of veterans to whom I spoke last week made it clear—made it clear to me—we still have a lot of work to do to live up to the promises we have made to our fighting men and women. This legislation is the be-all and end-all, but it is a big step forward that is the result of putting politics aside and working together to do right by all of the men and women who have served our country.

Passing this legislation is living up to a promise. It is common sense. That is why I urge my colleagues to support it.

With that, Madam President, I yield the floor.

Mr. COBURN. Thank you, Madam President.

I want to go back to the start of this again. The American people need to know what a hold is. What is a hold? A hold is a hold. Everybody here knows what a hold is. It is a hold. When a bill is pending in the Senate, ahold is an attempt to block it from coming to the floor. It has been modified, not with the vote of the committee but with the direction of the chairman only.

So the purpose of our holds is either you are against the bill—and I have no secret holds. Everybody here knows that. When I hold a bill, everybody knows the bill I hold, and I give a reason for why I hold them. I do not hold them sheepishly. The purpose for a hold is to develop debate, to have the very discussion we are having on the floor.

This bill was filed October 28. It was brought to the floor the week before...
last without the ability to amend it, debate it, or discuss it. So the reason we are here today is so we can do just that.

I have stated numerous times—I have stated it to the chairman of the committee and the ranking member of the committee and others—I do not oppose—as a matter of fact, I am for providing for our veterans. What I am opposed to is us sinking our grandchildren in debt.

The Senator from Alaska makes the claim or insinuates that I was here when the tax cuts came through. I was not. I believe when you do tax cuts you match them with spending cuts.

There is $350 billion a year in waste, fraud, and abuse that goes through this government every year. Not one amendment out of over 600 that have been offered has been agreed to by this body to eliminate some of that waste—not one.

Everybody who has spoken against this amendment or for this bill, with the exception of Senator BURR, has a 100-percent voting record for passing money. Not once do they vote against any spending bills, not once since I have been in the Senate—5 years. Not one of those who are opposed to paying for this has said: I see something wrong with this spending bill. It is not a priority. We ought to cut it. Therefore, I am not going to vote for it.

I have had criticism because the first year I was here I actually voted for a war supplemental. But at that time, we had a deficit of $1.4 trillion. At that time, we had an economy that was growing, not an economy on its back. At that time, we had not totally mortgaged our children’s future.

It is time for all of us to change. It is time for all of us to make the same decisions everybody outside of Washington has to make every day, which means you have to make a choice. You get to vote on what is priority and what is not. For you, see, our body, the supposed most deliberative body in the world, has a bias. The bias is this: Offend no one. Offend no one. How do you do that? How do you offend no one? You offend no one by taking the government credit card out of your pocket and putting it into the machine and saying: We do not have to make those hard choices. We are not going to offend anybody by cutting programs. We are not going to offend anybody with the $50 billion a year of waste at the Pentagon. The fact is, 2 years ago the Pentagon paid out performance bonuses of over $6 billion to companies that did not meet the performance requirements.

Sadly, not one American, not the Federal Government, got any of that money back. None of it came back because the other side of the story is, we fail to do oversight. We fail to do the hard work that does not give you a headline. That is very hard work to hold the executive branch and agencies accountable. So our veterans do sacrifice.

I am for the Caregivers Act. I am for us doing all these things. But I am only for them if, in fact, we will start making the same hard choices our veterans make, the same hard choices everybody else in this country makes when it comes to making a decision about the future.

You see, a lot of people in our country today are underwater on their mortgages. They are underwater on their mortgages. Guess who else is. We are as a nation. We are underwater. Let me show you an example, for example, of what the financial situation is with our country.

Medicare is broke. Part A will run out of money in 2017. We have 50 million baby boomers—I am one of them—who are going into Medicare in the next 8 to 10 years. So not only is the cost per Medicare patient going to go up, but we are going to add 50 million to it. It is broke.

Medicaid. It is broke. It comes out of your pocket for tax revenue. But the States are broke over their share of Medicaid.

The census. It is broke. It is going to cost 2½ times what the last one did. It is total mismanagement by the Federal Government.

Fanny Mae and Freddie Mac—broke to the tune of $200 billion of your money, each one of them; $400 billion that your kids get to pay back, your grandkids. They do not get the opportunities because they are both broke.

We have done such a wonderful job.

Social Security. It is the easiest to fix, but it is essentially broke because we have stolen $2.6 trillion from it. And then we are not being honest with the American public about what our true deficit is because when I said a minute ago that our deficit was $1.43 trillion, that is not true. That is Enron accounting. That is Washington accounting.

The real deficit is well over $1.5 trillion because we stole more money from Social Security. Guess what. Next year, for the first time in the history of Social Security, more money will be paid out than will be paid in. For the first time, it runs in the red next year. We owe money, it technically it is not broke yet—until some of that $2-plus trillion goes back into it—but it is essentially broke.

How about the post office? They just announced their loss for this year. They are going to have a bigger loss next year. It is broke.

Cash for clunkers. That was broke when it started.

The highway trust fund. It is broke. We do not have enough money for what we are obligated to pay out. It is broke.

Now we are talking about government-run health care? A $2.5 trillion program? That is what the real number is on it when you get the Enron accounting out of the bill that Senator RICH introduced last night—$2.5 trillion.

And now we are saying we do not have the courage to pay to take care of our veterans. I do not think the American people are going to tolerate this much longer, nor do I think they should tolerate it—that we will continue to steal the opportunity and future of our children.

I think the Senator from Alaska can be forgiven for the abuse, fraud, and waste in the U.N. because in every country he mentioned, U.N. peacekeepers have been accused of rape and pillaging the very people they were supposed to have been protecting. In every country that I mentioned, U.N. peacekeepers we paid for were raping the very citizens they are supposed to be protecting. Yet we do not have the courage to say: Time out. We are not sending you any more money until you clean up the mess. No, we are not going to do that. We are not about to do that.

What we are going to do is we are going to say we will take the money for the veterans from our grandchildren and we will not make the hard choice. I think it would be a wonderful message to the United States that maybe they ought to start being transparent about where the money goes. Do you realize nobody can know where the money goes? You don’t get to know it. I, as a Senator, don’t get to know. The President pro tempore doesn’t get to know where the money goes. Yet your country puts $5 billion a year into that and you have no idea. The only way we find out is occasional leaks.

By the way, of all those U.N. peacekeepers who have raped and pillaged, not one of them has been convicted. Not one of the agencies, in terms of their eight programs that have been incompetent and wasted money, have been convicted. They are immune to conviction. The waste, fraud, and abuse of this country is only exceeded by one organization, and that is the United Nations. Yet we don’t have the courage because the State Department is against this amendment, and they sent a letter outlining why they are against it. They are going to put into the record why they are wrong. I ask unanimous consent that at the end of these remarks, my rebuttal statement in response be printed in the RECORD.

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

(See exhibit 1.)

Mr. COBURN. The State Department Bureau of Legislative Affairs opposes this amendment. It lists a number of programs as reasons to the U.N. and oppose the Coburn amendment. Many of the programs and activities the State Department listed have experienced severe problems in execution or are taking credit for activities by national governments or private entities.

Let’s take the recent elections in Afghanistan. The United Nations cannot account for tens of millions of dollars provided to the Afghan election commission, according to a GAO audit—these are government entities—they were released; we just happened to be fortunate enough to have people who would give them to us—and interviews with
current and former senior diplomats. The Afghan election commission, with over $20 million in U.N. funding and hundreds of millions of dollars in U.S. funding, facilitated and helped mass election fraud and operated ghost polling places.

Should we keep sending them money for incompetence, waste, and fraud? “Everybody kept sending money” to the elections commission, said Peter Galbraith, former deputy chief of the U.N. mission in Afghanistan.

Nobody put the brakes on. U.S. taxpayers spent hundreds of millions of dollars on a fraudulent election. This is a deputy to the senior U.N. official in Afghanistan. He was fired last month. He protested the fraud and he got fired by the U.N., that wonderfully competent organization.

As of April 2009, the U.N. had spent $72.4 million supporting the electoral commission, with $56.7 million of that money coming from the U.S. Agency for International Development. The Special Inspector General for Afghanistan Reconstruction states that the United States provided at least $283 million for that election.

In one instance, the United Nations Development Programme paid $6.8 million for transportation costs in areas where no U.N. officials were present. We paid transportation costs, but no U.N. officials were present. Why did we pay it? Where did that money go? Where is the money?

Overall, the audits found that U.N. monitoring of U.S. taxpayer funds was “seriously inadequate.”

In other words, it is there, they send it out, they don’t have any idea, but you can bet well-connected people at the U.N. are making millions off U.S. dollars.

How about the monitoring of nuclear programs in North Korea and Iran? In 2002, the North Korean Government used United Nations Development Programme money—UNDP money or aid—to purchase this is aid for them for development from the U.N.—they purchased conventional arms and ballistic missiles.

With money we gave the U.N., the U.N. turns around, gives it to North Korea, and they buy missiles and arms. There is a real problem at the U.N. We will not face up to it.

It also transferred millions of dollars in cash to the Government of North Korea, with no oversight on how the money was spent—no oversight, just handed them millions of dollars in cash.

In September 2009, North Korea announced the United Nations Security Council that it was almost complete in weaponizing nuclear materials from a reactor. Last week, North Korea announced the processing was complete.

We helped finance it through the United Nations. We helped finance it through the United Nations.

As of this morning, Iran had rejected the U.N. offer to send enriched uranium out of the country to prevent it from developing nuclear weapons.

We don’t know how much U.N. money has gone in there yet, but I promise I will try to find out. But I can guarantee that millions of our dollars have been wasted that could pay for our veterans or we can borrow it from our children.


U.N. peacekeeping operations are plagued by rape and sexual exploitation of refugees. From 1994 forward, 68 separate instances of rape, prostitution, and pedophilia—68 separate times—and we pay half the U.N. peacekeeping costs. We don’t manage the money; the U.N. manages the money.

What would happen if U.S. troops were doing that? Yet we have no control.

In 2006, reported BBC News: Peacekeepers in Haiti and Liberia were involved—we are involved—we are sponsoring—through our dollars, meetings where he is the headline speaker.

Just this month, Human Rights Watch reported that Congolese Armed Forces, supported by U.N. peacekeepers in the eastern Democratic Republic of Congo, have brutally killed hundreds of civilians and committed widespread rape in the past 3 months in a military operation backed by the United Nations. That is this month. Yet we continue to send billions of dollars every year to the United Nations.

Mr. DURBIN. Madam President, will the Senator from Oklahoma yield for a procedural question?

Mr. COBURN. I do not plan on continuing all of it at this time. I have about 10 or 15 minutes more to go, and I will be happy—is the Senator wanting to speak and use all his time?

Mr. COBURN. I do not plan on consuming all of it at this time. I have about 10 or 15 minutes more to go, and I will be happy—is the Senator wanting time?

Mr. DURBIN. Could I ask unanimous consent that when the Senator breaks or prepares to yield the floor, at least temporarily, that I be recognized next?

Mr. COBURN. I have no objection to that.

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

Mr. DURBIN. I thank the Senator. Mr. COBURN. Going back to the Congo, most of the victims were women, children, and the elderly. Some were decapitated. Remember, these are U.N. peacekeeping forces—peacekeeping. Others were chopped to death by machete, beaten to death with clubs as they tried to flee.

They may not have been actual U.N. officers, but the U.N. was supplying all the logistics, all the transportation for this group of people. Where is the oversight?

U.N. contribution: Compiling forecasts of global agriculture production and identifying areas of likely famine and the risk of severe hunger, to facilitate food assistance. We make a contribution to the U.N. Food and Agriculture Organization is currently hosting a U.N. conference, a food summit in Rome, where the opening speaker is Zimbabwe President Robert Mugabe who has literally destroyed his Nation, which used to be the breadbasket of Africa and which is now dependent on food imports. We are helping to pay for President Mugabe—who can’t travel hardly anywhere else in the world because he is such a rogue dictator—to sponsor elections, through our dollars, meetings where he is the headline speaker.

The meeting was branded a failure within a couple of hours of its start after the 192 participating countries unanimously rejected the United Nations’ appeal for commitments of billions of dollars in yearly aid to develop agriculture in poor nations.

It is not because they don’t care about people having problems with food; it is they recognize the U.N. is ineffective at doing that and they are not going to commit more money, but we continue to commit more money.

The U.N. Environment Programme spends $1 billion a year—20 percent of our money—on global warming and its effect on agriculture.

The U.N. has coordinated efforts by the global shipping industry and governments to prevent and respond to acts of piracy on the high seas.

It was totally ineffective. Do you know why we do not mount of piracy on the high seas? It is because of Task Force 51, which was formed by the U.S. Navy because the United Nations was totally ineffective in accomplishing that purpose.

I could go on and on. But the fact is, the United Nations is not only morally bankrupt in its leadership and efficiency, it is filled with fraud, waste, and, as noted, tremendous acts of violence through the peacekeeping armies it is sending throughout the world. Yet we are going to have people say we shouldn’t take some of that money away. We are not taking all the money away with this amendment anyway; we are just taking a small portion to pay for our bill.

We are going to have people actually vote to continue to do these things, instead of taking care of our veterans and not steal it from our children.

I heard Senator TESTER speak about the wonderful things in this bill to help people who drive to VA clinics and VA hospitals. There is a better idea. If a veteran is deserving of care, give him a card. Let them go wherever they want.
Why should they have to drive 160 miles, when they can get the care right down the street from somebody they trust and they know. But instead we say: We are going to promise you health care, but you can only get it here. Real freedom for our veterans, real freedom for our veterans is to honor their commitment by saying: Here is your card, you served our Na-
tion, go get your health care wherever you want. If you want to get it next door or if you want to go to the M.D. Anderson or Mayo Clinic, you can. You can go wherever you want because we are going to honor your commitment.

I recognize our VA hospitals have done a magnificent job in improving their care, but I will tell you the test for the VA hospital system is this: Go ask any doctor coming out of training who experienced part of their time in a VA hospital and ask them to choose for their family: Do you want your family treated at a VA hospital or somewhere else? Nobody says, ‘every day we will pick a VA hospital because the care isn’t as good. It is better, and it is getting better all the time, but it is not as good. So we are saying to veterans: Here is where you have to go, when what we should say is: Thank you for your service. Here is what we owe you. Go get care wherever you want to get it or wherever you think you can get the best treatment.

On prosthetics, the VA is the best in the world. Nobody can match it. On post-traumatic stress disorder, they are the best in the world. Nobody can compare. They are underfunded in those areas. This bill is right on that. But the real commitment is to give the choice. The veteran fought for freedom. Give them the choice, the freedom to choose what they want for them.

Why is it important we change how the Senate operates in terms of making hard decisions? The reason it is impor-
tant is there are millions of these little girls, five of them. She was
grandkids just like her. She has a little sign around her neck. She says: ‘I am already $38,375 in debt and I only own a dollhouse.’ ‘Of course, when you divide up the $12 trillion which we passed this week in directly owned debt; it doesn’t count the billions—I mean the tril-
on—wes have borrowed from Social Security and the other trust funds, such as the waterway trust fund and all these other organizations we have stolen from the American people. But that is for every man, woman, and child in this country. It is over $30,000 now, this year. I think when you look at her, you have to say, certainly, we ought to be making some changes. By the way, between now and 2019, that number goes to over $96,000 per man, woman, and child. But she is a child. This doesn’t apply to veterans, but it applies to almost everything else we are doing.

This is what Thomas Jefferson said: "Theocracy will cease to exist when you take away from those who are willing to work to give to those who would not."

If you think about what is happening in our country right now and how things are being shifted, what we are doing is, we are on the cusp of a dra-
matic change in our country in terms of balance. This huge bill, which I will talk about later, is a major move in this direction. Senator Byrd and I were talking this morning about this. In this bill is a 5-percent tax on cos-
metic surgery. Just the day before yester-
day, the U.S. Preventive Task Force Services recommended—because it is not cost effective. If women under 50 get mammograms unless they have risk factors. You tell that to the thousands of women under 50 who were diagnosed with breast cancer last year with a mammogram. Tell them it is not cost effective. But also in this bill is a 5-percent tax on breast reconstruc-
tion surgery after they have had a mastectomy. They are going to tax having their breasts rebuilt after their breasts have been taken off because it is an ‘elective’ plastic surgery. It is an elective cosmetic surgery. We are going to have a tax on it because we have taxed elective cosmetic surgery.

We are in trouble as a nation because we have taken our eye off the ball. I see the majority whip is back. I told him I would be happy to yield. At this time, I will reserve the remainder of my time and yield the floor to the ma-
jrity whip.

EXHIBIT 1

REBUTTAL OF STATE DEPARTMENT TALKING POINTS ON COBURN AMENDMENT 2785

The State Department of Legisla-
tive Affairs opposes the Coburn amendment to S. 1963, the Caregivers and Veterans Om-
nibus Health Services Act of 2009 (S. 1963). In its formal opposition, it lists a number of pro-
grams as reasons to support the U.N. and oppose the Coburn amendment.

Many of the programs and activities that the State Department opposes experi-
enced severe problems in execution or are taking credit for activities by national gov-
ernments or private entities. (Their docu-
ments are attached.) Below is a list of those “accomplishments” and facts that should be considered.

U.N. Contribution: Monitoring nuclear programs in North Korea and Iran.

Response: In 2005, the North Korean gov-
ernment used United Nations Development Program, UNDP, aid to purchase conven-
tional arms, ballistic missiles, and to trans-
ferred millions of dollars in cash to the gov-
ernment of North Korea with no oversight of how the money was spent.

Last December 2009, North Korea announced to the United Nations Security Council that it was almost complete in “weaponizing” nuclear materials from its nuclear reactor. Last week, North Korea announced the proc-
essing was complete.

As of this morning, Iran had rejected the U.N. offer to send enriched uranium out of the country to prevent it from developing nuclear weapons.

U.N. Contribution: Funding 17 U.N. Peace-
keeping Operations, including those in Haiti, Liberia, Lebanon, Darfur and the Democratic Republic of Congo.

Response: U.N. Peacekeeping operations plagued by rape and sexual exploitation of refugees—In 1994, a draft U.N. report was leaked detailing how peacekeepers in Mo-
rocco, Pakistan, Uruguay, Tunisia, South Af-
rica and Nepal were involved in 88 cases of rape, prostitution and pedophilia. The report also stated that the investigation into these cases is being undermined by bribery and witness intimidation by U.N. personnel.

In 2006, it was reported that peacekeepers in Haiti and Liberia were involved in sexual exploitation of refugees.

In 2007, leaked reports indicate the U.N. has caught 300 peacekeepers for sex offenses in the past three years ranging from rape to assault on minors. In all of these cases, there is no known evidence of an offending U.N. peacekeeper being prosecuted.

Just this month, Human Rights Watch re-
ported that Congolese armed forces, sup-
sported by U.N. peacekeepers in the eastern Democratic Republic of Congo have brutally killed hundreds of civilians and committed widespread rape in the past three months in a military operation backed by the United Nations.

Most of the victims were women, children, and the elderly. Some were decapitated. Oth-
er victims were chopped to death, beaten to death with clubs, or shot as they tried to flee.

The U.N. peacekeeping mission provides substantial operational and logistics support to the soldiers, including military firepower, transport, rations, and fuel.

The attacking Congolese soldiers made no distinction between combatants and civil-
ians, shooting many at close range or chopped their victims to death with machetes. The soldiers were taught by Congolese army soldiers decapitated four young men, cut off their arms, and then threw their heads and limbs 20 meters away from their bodies. The soldiers then raped 16 women and girls, including a 12-year-old girl, later kill-
ing four of them.

The U.S. now pays 27 percent of all U.N. peacekeeping operations. Reducing our con-
tribution to these wasteful efforts could help ensure that U.N. peacekeepers are not fund-
ing widespread rape and exploitation of refu-
gees.

U.N. Contribution: Compiling forecasts of global agricultural production, identifying countries of famine, fami-
ly, or hunger, to facilitate emergency food assistance (FAO).
The meeting was branded a failure within a couple of hours of its start after the 192 participating countries–unanimously rebuffed the United Nations' appeal for commitments of billions of dollars in yearly aid to develop agriculture in poor nations.

The U.N. Enviroment program has one auditor and one assistant to oversee its operations. According to the task force it would take 17 years for the auditor to oversee just the high-risk areas already identified in UNEP's work.

U.S. Contribution: Coordinating tsunami and earthquake relief projects in Indonesia and Pakistan (U.N. Secretariat/OCHA).

Response: The United States is the top contributor to the Office for the Coordination of Humanitarian Affairs (OCHA) for funding disasters after they occur. In addition to billions in supplemental funding (above and beyond normal U.N. contributions) U.S. military extends tremendous resources in money and personnel to be the first response for disaster aid.

U.N. Contribution: Coordinating efforts by global shipping industry and governments to prevent and respond to acts of piracy on the high seas (IMO).

Response: The key deterrence factor in combating piracy in Somalia is the creation of Task Force 151, which was formed by the United States.

The United Nations has pushed the U.S. to ratify the United Nations Convention on the Law of the Sea. However, the convention has no way to address piracy issues coming from failed states such as Somalia. Fighting piracy is being conducted by individual states patrolling their own waters and working with the U.N. to protect sea lanes that are in their national interest.

U.N. Contribution: Creating and maintaining systems to protect the intellectual property rights of American entrepreneurs (WIPO).

Response: Until last year, the Director General of the World Intellectual Property Organization, WIPO, was run by Dr. Kamil Idris, who was appointed to that position in 1997. According to an internal investigation, he falsified his U.N. personnel file to drop nine years off his age making him eligible to extend his time at WIPO and to extend his ability to obtain a lucrative benefit package, including a possible payout of more than $500,000. He was first reported to have leaked U.S. State Department cable authored by former Secretary of State Rice. The cable also states that this official is suspected of using U.N. funds for personal items at his residence.

The cable also states that this official is suspected of using U.N. funds for personal items at his residence.

Mr. Durbin. Mr. President, I thank my friend and colleague from Oklahoma for bringing this matter to the Senate with a unanimous vote in committee, with both Democrats and Republicans supporting it, and for good reason.

In addition to the provision that was put in an earlier bill, there is a dramatic change in the law to help women veterans. More and more returning veterans from Iraq and Afghanistan and around the world need special care. Unfortunately, the VA system wasn't providing that care as we believed it should. This bill takes care of that. It is the most dramatic expansion for women veterans and their health needs we have seen.

The same is true for rural health care—where VA gets up. Every morning Officer is from downstate Illinois, as I am, and he knows the Marion VA Center is a critical part of the treatment of veterans in southern Illinois and the surrounding States. Literally thousands of hours of work including personal care for veterans, which they desperately need, close to their homes. This bill addresses the enhancement and improvement of rural care for veterans.

The same is true for mental health issues. It is an excellent bill. The part of the bill that is near and dear to me relates to caregivers assistance. It relates to the fact that many veterans who come home are not in institutional settings, not in a convalescent center; they are home. But they survive every day because of the loving care of a member of their family—a wife, a husband, a mother, a father, a sister, or a brother. There is an amazing show of love and sacrifice on her part.

We have a difference of opinion on the matter before us. This bill, S. 1963, is the most important piece of veterans legislation this year for several reasons. I congratulate Chairman Akaka and Ranking Member Burr for bringing this matter to the Senate with a unanimous vote in committee, both Democrats and Republicans supporting it, and for good reason.

A young woman came into my office the other day who is moving from North Carolina to the Chicagoland area after more than 5½ years. She has been the caregiver for her husband who was the victim of a traumatic brain injury in Iraq. For this young woman, who is in her thirties, it is an amazing show of love and sacrifice on her part.

We have also spoken of the family in North Carolina we know very well—the
family of Eric Edmundson, a young soldier who was the victim of a traumatic brain injury. He is alive today—I can say this without contradiction—because his dad quit his job, sold his business, and cashed in the value of his home. With his wife, they moved to take care of this young man and his little granddaughter. That is the most loving family I can remember seeing, and they are doing it for the son they love, but they are doing it, as well, for a veteran who served our country.

The purpose of this bill is to give these caregivers a helping hand and the medical training they need so they can do what is necessary to keep that veteran alive and as well as possible, improving if possible. It is also to give them a respite maybe for a week or two each year so they can go on vacation and have a visiting nurse or someone who will come and provide assistance. They need that with the stress and burden they are carrying. That needs to be lifted temporally so they can recharge their battery and come home and be dedicated once again.

In the discretion of the Veterans’ Administration, it can give a monthly stipend or health care as well. The first thing I thought was when they sold the business was that they couldn’t afford to buy health insurance. Mom and dad are taking care of their son under the care of the Veterans’ Administration, and they have no health insurance.

We are trying to find a way to provide health insurance for these caregivers. In my mind, it is simply fair and right that we would do this. That is why I thank Senator Akaka and Senator Burr for including it in this bill. I also want to address the issue before us, the pending amendment by the Senator from Oklahoma. The Senator from Oklahoma has come to the Senate floor several times and expressed his opposition to this bill, primarily for budgetary reasons. I understand that. But I say to him I was worried this day would come. I was worried the day would come when the war, which we paid for by borrowing money, would generate victims and veterans who needed care, and when it came time to give them the care many of the people who voted to fund the war by going into debt would say: But we can’t help the veterans unless we pay for it.

In all the families. If we vote to go to war, we vote to accept the consequences of war. That means an obligation that we have to these veterans. It is a solemn promise we gave them. We said to these men and women if they would hold up their hand, take an oath to defend the United States and risk their lives, we would stand by them when they come home. If they are injured, we will be there. If their family is disadvantaged, we will do our best to help them too. I think that is part of our solemn obligation to these veterans.

Now the question is raised as to whether we can afford to do that, unnecessarily we come up with a sum of money to pay for it at this moment. I say to the Senator from Oklahoma, and those who take his position, if we paid for this war to start with by borrowing money, how can we turn our backs on the veterans and caregivers who keep them alive? Is it true that it is simply budgetary justice? Is it just not. It doesn’t track. I don’t believe those two approaches are acceptable.

Also, the Senator from Oklahoma does two things. In this amendment I wish we could do—one I wish we could do. I have talked to him about it on the Senate floor—and that is to expand coverage for caregivers of those who served before 9/11. I would like to do that. Currently, we believe there are about 2,000 caregivers who would qualify for this caregiver amendment, this demonstration project. If we expand it to all veterans caregivers, the number rises to over 52,000. It is a just thing to do. It is something we may ultimately be going to have to do. To make that commitment, it is a dramatically larger commitment than this demonstration project, this bill for those who suffered serious injuries since 9/11. To increase the scope of it from 2,000 caregivers to 52,000 caregivers is to increase the cost of it dramatically. That is something we have to measure and decide at some point—whether we want to do that.

I will work with the Senator from Oklahoma on that. I think all veterans’ caregivers deserve this. I hope we can prove with this approach that it is a reasonable thing to do—that keeping these veterans home where they want to be, in a safe, happy surrounding, is not only right but it is cheaper than institutionalization.

The second part of Senator Coburn’s amendment related to this provision says the money would be available for caregivers if the veteran would otherwise be institutionalized. I think that may be drawing a line that is too harsh. I think there are those who need the help of a caregiver but may not technically need to be institutionalized. I think those who are suffering from post-traumatic stress disorder, a traumatic brain injury with seizures—to say they need to be institutionalized may be over stating. To say they need the help of a caregiver and then move forward to treatment, I understand that. I think that may be a mistake.

I think the Senator from Oklahoma expanded this bill from 2,000 to 52,000. On the other hand, he draws a line on institutionalization that may go too far. I think what we ought to do in this demonstration project is give the VA the authority to measure this and see what is appropriate. I think there are so many individual cases that, when we generalize like this, it is a mistake.

The Senator from Oklahoma believes the money to pay for this should come from the money set aside for international peacekeeping through the U.N. I will not stand here in defense of the United Nations. It is not track. I don’t believe those two approaches are acceptable.

Also, the Senator from Oklahoma does two things. In this amendment I wish we could do—one I wish we could do. I have talked to him about it on the Senate floor—and that is to expand coverage for caregivers of those who served before 9/11. I would like to do that. Currently, we believe there are about 2,000 caregivers who would qualify for this caregiver amendment, this demonstration project. If we expand it to all veterans caregivers, the number rises to over 52,000. It is a just thing to do. It is something we may ultimately be going to have to do. To make that commitment, it is a dramatically larger commitment than this demonstration project, this bill for those who suffered serious injuries since 9/11. To increase the scope of it from 2,000 caregivers to 52,000 caregivers is to increase the cost of it dramatically. That is something we have to measure and decide at some point—whether we want to do that.

I will work with the Senator from Oklahoma on that. I think all veterans’ caregivers deserve this. I hope we can prove with this approach that it is a reasonable thing to do—that keeping these veterans home where they want to be, in a safe, happy surrounding, is not only right but it is cheaper than institutionalization.

The second part of Senator Coburn’s amendment related to this provision says the money would be available for caregivers if the veteran would otherwise be institutionalized. I think that may be drawing a line that is too harsh. I think there are those who need the help of a caregiver but may not technically need to be institutionalized. I think those who are suffering from post-traumatic stress disorder, a traumatic brain injury with seizures—to say they need to be institutionalized may be overstating. To say they need the help of a caregiver and then move forward to treatment, I understand that. I think that may be a mistake.

I think the Senator from Oklahoma expanded this bill from 2,000 to 52,000. On the other hand, he draws a line on institutionalization that may go too far. I think what we ought to do in this demonstration project is give the VA the authority to measure this and see what is appropriate. I think there are so many individual cases that, when we generalize like this, it is a mistake.

The Senator from Oklahoma believes the money to pay for this should come from the money set aside for international peacekeeping through the U.N. I will not stand here in defense of the United Nations. It is not track. I don’t believe those two approaches are acceptable.

Also, the Senator from Oklahoma does two things. In this amendment I wish we could do—one I wish we could do. I have talked to him about it on the Senate floor—and that is to expand coverage for caregivers of those who served before 9/11. I would like to do that. Currently, we believe there are about 2,000 caregivers who would qualify for this caregiver amendment, this demonstration project. If we expand it to all veterans caregivers, the number rises to over 52,000. It is a just thing to do. It is something we may ultimately be going to have to do. To make that commitment, it is a dramatically larger commitment than this demonstration project, this bill for those who suffered serious injuries since 9/11. To increase the scope of it from 2,000 caregivers to 52,000 caregivers is to increase the cost of it dramatically. That is something we have to measure and decide at some point—whether we want to do that.

I will work with the Senator from Oklahoma on that. I think all veterans’ caregivers deserve this. I hope we can prove with this approach that it is a reasonable thing to do—that keeping these veterans home where they want to be, in a safe, happy surrounding, is not only right but it is cheaper than institutionalization.

The second part of Senator Coburn’s amendment related to this provision says the money would be available for caregivers if the veteran would otherwise be institutionalized. I think that may be drawing a line that is too harsh. I think there are those who need the help of a caregiver but may not technically need to be institutionalized. I think those who are suffering from post-traumatic stress disorder, a traumatic brain injury with seizures—to say they need to be institutionalized may be overstating. To say they need the help of a caregiver and then move forward to treatment, I understand that. I think that may be a mistake.

I think the Senator from Oklahoma expanded this bill from 2,000 to 52,000. On the other hand, he draws a line on institutionalization that may go too far. I think what we ought to do in this demonstration project is give the VA the authority to measure this and see what is appropriate. I think there are so many individual cases that, when we generalize like this, it is a mistake.

The Senator from Oklahoma believes the money to pay for this should come from the money set aside for international peacekeeping through the U.N. I will not stand here in defense of the United Nations. It is not track. I don’t believe those two approaches are acceptable.

Also, the Senator from Oklahoma does two things. In this amendment I wish we could do—one I wish we could do. I have talked to him about it on the Senate floor—and that is to expand coverage for caregivers of those who served before 9/11. I would like to do that. Currently, we believe there are about 2,000 caregivers who would qualify for this caregiver amendment, this demonstration project. If we expand it to all veterans caregivers, the number rises to over 52,000. It is a just thing to do. It is something we may ultimately be going to have to do. To make that commitment, it is a dramatically larger commitment than this demonstration project, this bill for those who suffered serious injuries since 9/11. To increase the scope of it from 2,000 caregivers to 52,000 caregivers is to increase the cost of it dramatically. That is something we have to measure and decide at some point—whether we want to do that.

I will work with the Senator from Oklahoma on that. I think all veterans’ caregivers deserve this. I hope we can prove with this approach that it is a reasonable thing to do—that keeping these veterans home where they want to be, in a safe, happy surrounding, is not only right but it is cheaper than institutionalization.

The second part of Senator Coburn’s amendment related to this provision says the money would be available for caregivers if the veteran would otherwise be institutionalized. I think that may be drawing a line that is too harsh. I think there are those who need the help of a caregiver but may not technically need to be institutionalized. I think those who are suffering from post-traumatic stress disorder, a traumatic brain injury with seizures—to say they need to be institutionalized may be overstating. To say they need the help of a caregiver and then move forward to treatment, I understand that. I think that may be a mistake.

I think the Senator from Oklahoma expanded this bill from 2,000 to 52,000. On the other hand, he draws a line on institutionalization that may go too far. I think what we ought to do in this demonstration project is give the VA the authority to measure this and see what is appropriate. I think there are so many individual cases that, when we generalize like this, it is a mistake.

The Senator from Oklahoma believes the money to pay for this should come from the money set aside for international peacekeeping through the U.N. I will not stand here in defense of the United Nations. It is not track. I don’t believe those two approaches are acceptable.
it. This is a good start, but let us promise to work together, if it is enacted, to make sure we continue in that vein. I yield the floor.

THE PRESIDING OFFICER. The Senator from Oklahoma.

Mr. COBURN. Mr. President, the majority whip is a formidable orator and he is appreciated in lots of ways. We work together on subcommittees on the Judiciary Committee. I have a fondness for him. Although one area he did not agree to work with me is to pay for it.

Never have I said I don’t want us to do this for our veterans. Not once. The reason we are on the floor, the only reason we are on the floor having this debate is because of my hold; otherwise, we would never have gotten here to have the debate which I think is valuable for the people in this country.

But there has to come a time—every time I offer an amendment on this floor is never a good time—to start making hard choices. That is what we hear all the time. Over 600 times in the last 4½ years, it is never a good time to start making hard choices. That is just what we heard.

The Senate’s from Illinois referenced Congo. Just this month the Congolese army, with the assistance of the United Nations, slaughtered a bunch of people. And we are supposed to continue?

I put two other things out there. Under Federal law, the Accountability and Transparency Act, the Senate—Senator Durbin, the majority whip, said that the American taxpayer, that this is where the American people suggest that we fund the United Nations is required to tell the American people how our money is spent because the State Department is required to find out and tell it online. They have refused to do it. So we have no idea what it is.

Two years ago in the Foreign Ops bill, an amendment was agreed to by 100 Senators that there would be transparency. Our money going to the United Nations would be conditioned on the fact that the United Nations would be transparent on how it was spent. That was voted 100 to 0 in the Senate.

Guess what happened on the way to the bank coming out of the conference committee. It was eliminated. So now we send over $5 billion directly, $5.2 billion, plus billions more through USAID through the United Nations, slaughtered a bunch of people. And we are supposed to continue?

Let me restate for Members, when the committee passed this bill out, we passed it out with all caregivers being included. It was after the committee report was out that we narrowed it to OEF and OIF veterans and their caregivers. It was the intent of the committee to include all the people Senator Durbin, the majority whip, said we might consider later on but not now. The committee’s intent was let’s do it in the future.

It was also the committee’s intent that these were individuals who were targeted for us to provide this caregiver benefit to so we can keep them out of nursing homes because of the Ted Wades, because of the Eric Edmundsons.

Senator Coburn’s amendment is consistent with the bill that was passed out of committee unanimously. The bill says the Secretary “shall,” there are legal words he has to. The Secretary will then have to prioritize spending within the Veterans Administration to fund these programs. The third piece of what Dr. Coburn’s amendment does is rather than force the Secretary to prioritize within just VA programs, meaning there are going to be veterans who win and veterans who lose, why not say as a Congress: Why shouldn’t we do what we are supposed to do? Why should we not prioritize the spending here?

What my good friend from Illinois suggested was why should we prioritize for the United Nations? Let me say the answer is quite simple: It is our money. The suggestion that the Congress doesn’t have a fiduciary responsibility to fund programs we implement at a time when we are borrowing 50 cents of every dollar we spend is ridiculous on its face.

I suggest that the Senate, the Congress can operate any differently than a family in America suggests that we ignore the input of everybody who asked us to represent them. We do represent the American people, 100 individual representatives who represent the entire country. How can we do it differently than any family who is out there struggling to meet their end-of-the-month obligations and when their revenue does not meet their expenses? What do they do? They either cut back their expenses or they find a place to raise more revenue.

Let me suggest this is as simple as, Is it time for us to prioritize where we are placing money? Members will have to decide: Is pulling money from the United Nations an appropriate place for us to pull money from to then spend on our country’s veterans?

I believe we have an obligation. I believe we have a promise, even for programs that did not exist at this time, that when we see it is in the best benefit of the quality of life of our troops, that we provide that benefit for them. But I believe we also have an obligation to this generation and the next one after them. How can we do it differently than any family?

This is not a choice that is tough for Members. If you support the Coburn amendment, you support practically everything the committee supported. That is what passed the Senate unanimously. If you support the Coburn amendment, you believe we have an obligation to pay for it. The only reason you would vote against the Coburn amendment is because you don’t think it is appropriate for us to deprive the United Nations of this money to use as they see fit.

I suggest this is where the disconnect is with the majority of America. They would prefer the Senate to decide where that money went and to use it on these caregivers and these veterans programs.

I encourage my colleagues to support the Coburn amendment. Support passage of this bill this afternoon when we take it up. I wish to shift gears slightly because I think it is somewhat ironic that we are talking about expansion of services to our Nation’s veterans at a time when we are the heralding of a bill that, in all likelihood, will deprive other Americans of the ability to have affordable health care.

We have gone through several months of debate now about health care that is not affordable for all Americans. We have talked about reforms; let’s change the system; let’s reform the system; let’s make it accessible and affordable; let’s bend the cost curve down. In the last 24 hours, some have come and said we have accomplished that, it is amazing.

Let me remind my colleagues, we have all said health care is
unsustainable in its current level of investment. 17 percent of our gross domestic product. I find it somewhat odd that we would start the debate given that it is unsustainable in its current financial investment with how much more money does it cost to reform health care? The obvious answer is it should cost zero. If you are already spending too much, we should look at the reforms before we look at the coverage expansion.

I believe every American ought to be covered. As a matter of fact, Dr. COBURN and I have offered comprehensive bills to do that. But it is matched with real reform.

What was heralded in the last 24 hours is, in fact, a $2.5 trillion health care bill—$2.5 trillion—over a 10-year period of collecting the revenues and paying out the expenses. This is where gimmicks, smoke and mirrors—whatever you want to call it—are used in Washington. If you collect revenue for 10 years and you pay benefits for 6 years, you don’t get a true picture of what it is going to cost over 10 years. You get a true impact of the revenue stream which is over $800 billion.

From where will that $800 billion in new revenue come? Taxes. That is $493.6 billion—$493.6 billion. We will cut $464.6 billion out of Medicare. A $5 trillion we are going to take from a program with a designated population of beneficiaries of our Nation’s seniors and the disabled. We are going to take $5 trillion from Medicare and shift it over to meet the new burden of a health care plan yet to be constructed.

Why is this problematic? It is $1,063 per Medicare beneficiary every year. Over the 10-year cycle of this health care plan, we are going to steal from every senior in this country $10,363 worth of health care money. We are going to take it from their program, and you are going to put it over in this new program because it is paid for. Legitimately, when you raise taxes, when you raise fees, when you raise revenue, you are making tough choices. I think when you go in and tax health plans and that raises $149.1 billion; when you increase a penalty for a nonqualified health savings account and you get $1.3 billion—these are revenues. They are legitimate.

It is no smoke and mirrors. I don’t think the American people believe for a minute this is deficit neutral. I don’t believe for a minute they believe we are going to take $464 billion out of Medicare. If they do believe it, they know we are going to pay it back with future taxes on the American people.

This is fine, if that is what you want to prioritize. But health care reform affects every American. This is a very personal issue for every American and every family. It touches them unlike anything else we do. The truth is, they care, they care, you take it and you put it in one pocket and you take it out of the other pocket, the effect on them either has not changed or it is negative.

Let me suggest to my colleagues this bill is 2,074 pages. I will admit—I may be the only one—I have not read it since it was introduced at 6 o’clock last night. I am not sure there are many Members who have or could have. But let me suggest there will be a question of fact for the American people, we use taxpayer money to perform abortions. Personally, I believe that is wrong. I will not support a piece of legislation that does that. This bill does that.

An employer mandate, at a time when American companies are trying to be competitive in a global marketplace? We raised $23 billion in employer mandates. I am not sure that is making U.S. companies more competitive in a global marketplace. I think the economy is the No. 1 challenge we have in America. I think 10.2 percent unemployment and going up—if it were a disease, we would be on the floor of the Senate calling it an epidemic and we would not spend a second trying to help whatever to help turn it around. But we are doing nothing. As a matter of fact, we are doing everything we can to try to drive up unemployment, to dry up the economy, and to make companies less competitive in a global market.

The President said one of the objectives of health care reform was we need to bend the cost curve down, we need to make sure there are cost savings in the health care system. I agree every American ought to be able to have health care. The obvious answer to me is it should cost zero. If you are already spending too much, we should look at the reforms before we look at the cost curve.

What was heralded in the last 24 hours is, in fact, a $2.5 trillion health care bill. The truth is, it starts to get into the trillions and trillions of dollars for which the Federal Government is obligated, based upon the premiums and the benefits people have assigned to it, that they pay out.

If you eliminated these two gimmicks, just on its face this bill would be $189 billion out of balance, in the red. It would not be paid for.

I suggest that is smoke-and-mirror tools. The start date was moved from 2013 to 2014. No longer is our focus on how do we get care delivered as quickly and as efficiently. We just pushed it off a year because we said the Congressional Budget Office says we are going to put a plan out raising money, and we have raised all we can in fees and taxes. Maybe not all. I think they probably have some things targeted that are still yet to come out. The key thing is, even if you did implement it, there are 24 million Americans who are still without insurance. The objective to cover everybody was not met. There are $25 billion worth of unfunded mandates to our States. I don’t know of a State that is in financial health today. There may be one or two.

My State of North Carolina was $4 billion out of balance. Last year, the Federal stimulus was $2 billion of closing the gap. That $2 billion, by the way, we didn’t have. We borrowed to get that. The new creation of the CLASS Act, which is Washington language for: An employer mandate, at a time when American companies are trying to be competitive in a global marketplace? We raised $23 billion in employer mandates. I am not sure that is making U.S. companies more competitive in a global marketplace. I think the economy is the No. 1 challenge we have in America. I think 10.2 percent unemployment and going up—if it were a disease, we would be on the floor of the Senate calling it an epidemic and we would not spend a second trying to help whatever to help turn it around. But we are doing nothing. As a matter of fact, we are doing everything we can to try to drive up unemployment, to dry up the economy, and to make companies less competitive in a global market.

That is Washington language for: You know what. Our expenditures on health care are going to go up. What happens when Federal expenditures go up? Everybody’s go up. That is a known fact. North Carolina’s new Governor said the new expansion would drive a new increase in government spending on health to the tune of $160 billion over 10 years. Make no mistake, this does not bend the curve down, it bends the curve up. We spend more money.

CBOT scored the bill as reducing the deficit by $130 billion over 10 years, 2010-2019. What does it take into account, to come to that calculation? It assumes doctors are going to get cut 23 percent in their reimbursements in 2011. We have less than 1 million doctors to serve 300 million people. Does anybody believe for a minute we are going to allow a 23 percent cut to go in at a time when we are starved—trying to attract people to go into medicine as a profession? If it does go in, we are going to take $247 billion out of the pockets of doctors we rely on to perform the surgeries, to make the diagnosis for us and everybody else in this country.

The new creation of the CLASS Act, long-term care policy, shows in the CBOT score a $72 billion savings. Let me explain it like this: Nobody qualifies today because it doesn’t exist. People are going to pay premiums to be eligible for this long-term benefit. It takes about 20 years of paying in before somebody is going to be eligible to pull out. It is not similar to Medicare, when we created it, where, even if you never worked a day, you started paying revenues for 20 years before we ever pay out the first dime. It is not hard to understand why you would have a $72 billion surplus out of this.

One ask, what happens after that? What happens after the $72 billion past that 20-year number? The truth is, it starts to get into the trillions and trillions of dollars for which the Federal Government is obligated, based upon the premiums and the benefits people have assigned to it, that they pay out.

If you eliminated these two gimmicks, just on its face this bill would be $189 billion out of balance, in the red. It would not be paid for.
cheer that. I tell you who doesn’t cheer it: the 20 percent of America’s seniors who chose Medicare Advantage as their preferred choice to traditional Medicare because it required of them less out-of-pocket obligation, it didn’t hit them with a bill the day they walked into a hospital. What about those 20 percent of our Nation’s seniors when they lose Medicare Advantage?

What about the $43 billion in DSH, disproportionate payments, we pay the hospitals to make up for the uncompensated care they deliver? I guess the authors of the bill would say we are covering everybody so there is no uncompensated care. Wrong; 24 million are stills about self insurance. The reason is going to be uncompensated care, and we are taking away the money we are providing the hospitals to make up for the uncompensated care they delivered, meaning it is coming right out of their employer’s Check.

community we live in; $23 billion in unspecified cuts by the Medicare Advisory Board. Is America comfortable with us turning to another advisory board to cut $23 billion? We just had an advisory board. If you are 40 years old and you are female, you don’t need to worry about your breasts, don’t need to go get a mammogram, don’t need to do self-examinations—trust us.

One of the reasons the health care system in America is the best in the world is because we spend money to innovate. We hope companies find breakthroughs. We look at diagnostic abilities in an effort to try to detect early, so the cost is greater and so the cost is less. But now, all of a sudden we are saying that is not important.

There are 162 million Americans who currently have employer-based health care. In this bill, regardless of what that employer does, they will not be eligible for subsidy. If they currently have coverage but they may be below income and for some reason their employer has to drop their health care or cut back on the plan because—maybe they are in a profit and the cost is too great, and so the cost is less. But now, all of a sudden we are saying that is not important.

The health care of our citizens may be the cost just for one of all the things to every person and every family. We are a democracy and the American people have a right to be heard on all issues but especially on this type of issue. We should be given the opportunity to read and hear what is in this bill, to hear it discussed, to hear from our constituents because it ought to be on the Internet. That is why we have the Internet access to bills that are introduced in the Senate. But by the time our constituents have a chance to read, I can’t offer an amendment, or at least we don’t have a chance to vote on whether to proceed to the bill.

Even after a cursory review, I know this bill includes changes that are disastrous to families, health care providers, and the economy. Higher taxes, mandates—especially for small businesses—penalties, cuts to Medicare, higher premiums, restricted choices, a government plan—the list goes on. The bill includes almost $1 trillion in taxes, including a new Medicare payroll tax; new mandates which we just passed; moved $102 billion in taxes on employers who don’t offer the right percentage of coverage to employees; $102 billion on insurance plans, pharmaceutical companies, and medical device companies which study and develop new treatments and equipment.

To make matters worse, the bill includes almost $1 trillion in cuts to Medicare. It is guaranteed to reduce coverage for seniors. In my State of Texas, 400,000 people love their Medicare Advantage, or at least they have it and are satisfied. They will lose Medicare Advantage under this bill. The Democrats are touting the cost of the bill as meeting the President’s goal of being under $1 trillion because CBO scored it at $849 billion. But this is a budgetary sleight of hand, because what is actually being scored is the years 2010 to 2019. The actual spending in this bill won’t take effect until 2014. They are taking the 10 years with 4 years where the bill is not spending anything. If you score it for the 10 years following when it actually comes in being, 2014 to 2023, the bill costs $2.5 trillion, not $849 billion.

Given more time to analyze this bill, who knows what else we would discover? If the Democrats think this is the reform Americans wanted, why rush it through before we have the ability to review details?

The right approach is available. My colleagues and I have proposed commonsense and fiscally responsible ways to bring affordable access to health care. We need to do that. We have never said we don’t need reform. What we have said is we need reform that will give more affordable access for coverage to Americans who do not have the access today.

We should reassess the goals of health care reform and implement policies that we know will reduce costs. For sure, reducing frivolous lawsuits. Study after study has shown that medical malpractice lawsuits have been among the most costly aspects of health care. We need to think of lawsuits at all.

For sure, reducing frivolous lawsuits. Why don’t we have time to read this bill, digest it, allow our amendments to be put in the bill language, because, clearly, this bill will need amendments?

The health care of our citizens may be the cost just for one of all the things to every person and every family. We are a democracy and the American people have a right to be heard on all issues but especially on this type of issue. We should be given the opportunity to read and hear what is in this bill, to hear it discussed, to hear from our constituents because it ought to be on the Internet. That is why we have the Internet access to bills that are introduced in the Senate. But by the time our constituents have a chance to read, I can’t offer an amendment, or at least we don’t have a chance to vote on whether to proceed to the bill.

Given more time to analyze this bill, who knows what else we would discover? If the Democrats think this is the reform Americans wanted, why rush it through before we have the ability to review details?

The right approach is available. My colleagues and I have proposed commonsense and fiscally responsible ways to bring affordable access to health care. We need to do that. We have never said we don’t need reform. What we have said is we need reform that will give more affordable access for coverage to Americans who do not have the access today.

We should reassess the goals of health care reform and implement policies that we know will reduce costs. For sure, reducing frivolous lawsuits. Study after study has shown that medical malpractice lawsuits have been among the most costly aspects of health care. We need to think of lawsuits at all.

For sure, reducing frivolous lawsuits. Why don’t we have time to read this bill, digest it, allow our amendments to be put in the bill language, because, clearly, this bill will need amendments?

The health care of our citizens may be the cost just for one of all the things to every person and every family. We are a democracy and the American people have a right to be heard on all issues but especially on this type of issue. We should be given the opportunity to read and hear what is in this bill, to hear it discussed, to hear from our constituents because it ought to be on the Internet. That is why we have the Internet access to bills that are introduced in the Senate. But by the time our constituents have a chance to read, I can’t offer an amendment, or at least we don’t have a chance to vote on whether to proceed to the bill.

Even after a cursory review, I know this bill includes changes that are disastrous to families, health care providers, and the economy. Higher taxes, mandates—especially for small businesses—penalties, cuts to Medicare, higher premiums, restricted choices, a government plan—the list goes on. The bill includes almost $1 trillion in taxes, including a new Medicare payroll tax; new mandates which we just passed; moved $102 billion in taxes on employers who don’t offer the right percentage of coverage to employees; $102 billion on insurance plans, pharmaceutical companies, and medical device companies which study and develop new treatments and equipment.

To make matters worse, the bill includes almost $1 trillion in cuts to Medicare. It is guaranteed to reduce coverage for seniors. In my State of Texas, 400,000 people love their Medicare Advantage, or at least they have it and are satisfied. They will lose Medicare Advantage under this bill. The Democrats are touting the cost of the bill as meeting the President’s goal of being under $1 trillion because CBO scored it at $849 billion. But this is a budgetary sleight of hand, because what is actually being scored is the years 2010 to 2019. The actual spending in this bill won’t take effect until 2014. They are taking the 10 years with 4 years where the bill is not spending anything. If you score it for the 10 years following when it actually comes in being, 2014 to 2023, the bill costs $2.5 trillion, not $849 billion.

Given more time to analyze this bill, who knows what else we would discover? If the Democrats think this is the reform Americans wanted, why rush it through before we have the ability to review details?

The right approach is available. My colleagues and I have proposed commonsense and fiscally responsible ways to bring affordable access to health care. We need to do that. We have never said we don’t need reform. What we have said is we need reform that will give more affordable access for coverage to Americans who do not have the access today.

We should reassess the goals of health care reform and implement policies that we know will reduce costs. For sure, reducing frivolous lawsuits. Study after study has shown that medical malpractice lawsuits have been among the most costly aspects of health care. We need to think of lawsuits at all.

For sure, reducing frivolous lawsuits. Why don’t we have time to read this bill, digest it, allow our amendments to be put in the bill language, because, clearly, this bill will need amendments?
championed that proposal for years in the Senate, but we have never been able to get over the hurdles to pass a small business health plan. If we could do that, we could spread the risk. The bigger risk pools would produce lower premiums and allow more small businesses to afford and offer their employees affordable health care coverage. Allowing businesses to pool doesn’t cost the government anything. Therefore, it would not require tax increases, as we see in the bill before us.

The Democrats are trying to address the problem of unaffordable insurance by offering credits to small businesses to offset the cost of premiums. But the credit only lasts for 2 years. That is hardly anything that is going to encourage businesses to take on the added cost when the credit lasts for 2 years. I will be preparing amendments that at least double that to 4 years, expand the eligibility and duration of these credits so we can help small business people get a break even 4 years is not enough. We should offer credits all the way through.

Offering tax incentives. There are small businesses and individuals in this country who have no access to affordable insurance. This would not give every individual who purchases their own health insurance the same tax break a corporation gets for offering health care coverage to their employees? Employees who receive insurance through their employer do not pay taxes on the premiums they spend for insurance. Why should individuals who purchase their own health care coverage be treated differently? I have a bill, with Senator DeMint, that will help provide insurance for more Americans through tax credits and competition. Our approach would be a tax credit for every individual, $2,000 per year, and for families $5,000 per year for their purchase of health insurance. This would allow individuals to purchase their own health insurance so they would not have to be affected by what their employer offers or if they change jobs. This is the kind of reform that could make a difference.

How about creating a transparent marketplace online for consumers to go in and shop and hopefully have bigger risk pools, more competition. May not help every individual who purchases their own health insurance the same tax break a corporation gets for offering health care coverage to their employees? Employees who receive insurance through their employer do not pay taxes on the premiums they spend for insurance. Why should individuals who purchase their own health care coverage be treated differently? I have a bill, with Senator DeMint, that will help provide insurance for more Americans through tax credits and competition. Our approach would be a tax credit for every individual, $2,000 per year, and for families $5,000 per year for their purchase of health insurance. This would allow individuals to purchase their own health insurance so they would not have to be affected by what their employer offers or if they change jobs. This is the kind of reform that could make a difference.

I have a bill, with Senator DeMint, that will help provide insurance for more Americans through tax credits and competition. Our approach would be a tax credit for every individual, $2,000 per year, and for families $5,000 per year for their purchase of health insurance. This would allow individuals to purchase their own health insurance so they would not have to be affected by what their employer offers or if they change jobs. This is the kind of reform that could make a difference.

I will be preparing amendments that will exempt individuals and employers from the mandate to buy insurance, if this bill came to a floor vote today, this would allow premiums to rise above their currently projected values.

The solution to health care issues is not to give more power to the government. The solution is to give more power to the American people. They deserve a choice and they deserve a system that will allow States to opt out of the government plan. It is going to be a government plan run by the government, not going to stop the coverage of mammograms for women starting at the age of 40. But when the government plan comes into effect, you know that every insurance company is going to say: If we are going to be competitive, we must adhere to the same standards as the government plan. It is going to happen.

We must have time to look at this bill. We must have time to look at what has happened, to the health care, to Medicare. The cuts in services, the taxes, the mandates are going to outdated the health care of our country. We must have time to look at this bill before we have a mandatory outcome. Time to study it. We must let our constituency study it because they will catch things they care about and they will inform us, and that is why we are here.

So I am very concerned that we are pushing too fast on something we should be taking slowly and carefully to assure we are not going to do something we are not sure is right, and
where we have the chance, to change what we see is wrong.

Thank you, Mr. President.

The PRESIDING OFFICER (Mr. UDALL of New Mexico). The Senator from Arizona.

Mr. COBURN. Mr. President, I wish to compliment the Senator from Texas for sounding this warning. Being from Texas, she is undoubtedly aware of a great country-western song out right now by Brad Paisley called “Welcome to the Future.” I think we have seen a glimpse of the future under Obamacare here by this pronouncement of the U.S. Preventive Services Task Force recommending against the routine screening of women between ages 40 and 49 for breast cancer.

I want to speak for about 60 seconds about this issue to go into the actual numbers from the study to which Senator HUTCHISON referred. The rationale of the study is that you would need to screen 1,399 women in their fifties to save 1 life; screening is not worthwhile. But since you would need to screen 565 additional women—in other words, 1,904, to be precise—in their forties to save 1 life, screening is not worthwhile.

That is the kind of cost-benefit analysis that would be in rationing, and it is precisely Senator HUTCHISON’s point that this is how rationing begins.

Welcome to the future.

Mrs. HUTCHISON. Mr. President, if the Senator will yield, I appreciate him giving us these statistics because it is 1 life out of 1,904 to be saved, but the choice is not going to be yours; it is going to be someone else who has never met you, who does not know your family history.

That was in the Clinton government reform, takeover of health care in 1993, and it was soundly rejected. It was soundly rejected. It was part of the reason it was soundly rejected—this mam-mogram rationing before the age of 50—because we were saying the United States and every woman in the Senate at the time rejected—that plan, rejected keeping women under the age of 50 from having mammograms paid for by insurance plans.

So I thank the Senator from Arizona for connecting this and showing the statistics because this is not the American way of looking at our health care coverage. It is not the American way, and we must stop this government takeover of health care.

Mr. President, I yield the floor.

Mr. KERRY. Madam President, I speak in opposition to amendment No. 2765 to the Caregivers and Veterans Omnibus Health Services Act. This amendment, offered by Senator COBURN, would cut funding for international organizations, including U.S. contributions to NATO and the United Nations.

This would gravely undermine our vital national security interests at a critical time. We all strongly support strengthening our national and international organizations, including U.S. contributions to NATO and the United Nations. This would gravely undermine our vital national security interests at a critical time. We all strongly support Senator COBURN’s amendment sets up a completely artificial choice between protecting the health of America’s veterans and ensuring that our Nation meets its national security objectives and international obligations.

To be clear, this amendment would cut funding from the contributions to NATO’s peacekeeping operations account, which provides the assessed dues to the U.N. and NATO, APEC, OAS, OECD, and the OCPW, as well as take funding from the contributions to international peacekeeping operations account. That is why the Senate opposes this amendment, for several critical reasons:

First, we obviously need as much support as we can get from our NATO allies for our joint mission in Afghanistan. We cannot, and should not, carry this burden alone and how can we ask NATO to do more while we are at the same time cutting our NATO contributions? This would seriously undermine our standing with NATO and with our NATO allies at a time when we can least afford it. We simply cannot allow that to happen.

Several other international organizations are also threatened by this amendment. Funding for the Organization of American States, which addresses threats to hemispheric security, from terrorism to narcotics, would be cut. The Organization for Economic Cooperation and Development, which promotes economic growth in 30 member states and more than 200 countries, would lose funding. The Asia-Pacific Economic Cooperation, which promotes trade, security, and economic growth throughout the Asia-Pacific region, and which the United States will host in 2011, would also be cut. The Organization for the Prohibition of Chemical Weapons, which ensures worldwide implementation of the Chemical Weapons Convention, as well as the World Trade Organization, which provides the stable framework for international trade that is so vital to the United States, would suffer funding cuts.

Second, our United Nations contributions fund a wide range of U.N. activities in support of key United States foreign policy priorities. U.N. organizations are monitoring nuclear programs in North Korea and Iran. We need the best information possible about the nuclear programs in Iran and North Korea, and the last thing we need to be doing is cutting funding for the very organization that is doing on-the-ground monitoring. The U.N. is also providing vital assistance for the upcoming elections in Iraq, which will be critical to the future of democracy there. U.N. food and agriculture agencies are combating food insecurity. U.N. health agencies are on the forefront of detecting outbreaks of avian flu and HINI and providing medical aid.

In addition, we work through U.N. organizations to protect a range of U.S. interests, from the intellectual property rights of American entrepreneurs to coordinating international aviation safety standards.

Third, passage of this amendment would directly threaten ongoing peacekeeping operations in nations essential to America’s national interests. There are now over 115,000 peacekeepers the second largest deployed military in the world serving in 17 missions in some of the most dangerous corners of the world. These U.N. peacekeeping operations are working to preserve peace and stability in fragile countries with grave humanitarian situations, including Darfur, Liberia, Lebanon, Haiti, and the Democratic Republic of Congo.

U.N. peacekeeping is eight times less expensive than funding a U.S. force, according to the Government Accountability Office, and these peacekeeping operations help shoulder the burden with our military. U.N. peacekeeping missions also help end brutal conflicts, support stability, the economic development, and bring relief for hundreds of millions of people. And if not for U.N. peacekeeping missions, some of these conflicts could require the presence of U.S. soldiers.

Florida is a good example. The U.N. force in Haiti has dramatically reduced the number of kidnappings that plague the nation and helped deliver food and medicine, clean streets, and maintain security after several successive tropical storms devastated the country.

The mission in Haiti is in the midst of a successful transition from keeping the peace to enhancing security for the people of that country. In the 1990s, Florida faced wave after wave of illegal Haitians trying to escape from the failed state. Should this mission be abandoned? Should we abandon the people of Darfur?

Fourth, the President has stated his commitment to paying U.S. dues to international organizations. As Ambassador Rice has said, we must meet our obligations. As we call upon others to help reform and strengthen the U.N., the United States must do its part and pay its bills. Our dues to the United Nations and other international organizations are treaty obligations. The full payment of assessed contributions affects the standing and influence that the U.S. has at these organizations. Going into arrears undermines U.S. credibility and negatively influences our world opinion regarding U.S. respect and appreciation for the role of multilateral organizations that support and advance U.S. foreign policy.

We all want our veterans and their families to know that the benefits they have earned it many times over—but this amendment presents us a false choice between caring for our veterans and protecting our global interests: we must do both. It is for these reasons I oppose Senator COBURN’s amendment and urge my colleagues to oppose the amendment as well.

Mrs. BOXER. Mr. President, I rise today in opposition to amendment No.

November 19, 2009
7265 to the Caregivers and Veterans Omnibus Health Services Act of 2009. This is a deeply flawed amendment that may hurt certain veterans of the wars in Iraq and Afghanistan. And for that reason, I must vote against it.

Several disabled veterans often need someone to care for them in the home. The family members of these veterans often shoulder the burden of this care, which can take a significant financial, psychological and emotional toll. This bill would provide a family member caregiver with health care, counseling, support and a monthly stipend.

But amendment No. 7265 actually seeks to shut certain Iraq and Afghan-stan veterans out of this new benefit by mandating that only those who require “hospitalization, nursing home care, or other residential care” are eligible. The Wounded Warrior Project characterized the impact of the amendment as such stating that it would “set a much higher bar” by requiring that the “veteran be so helpless as to require institutional care if personal care were not available.”

This would potentially shut out veterans suffering from severe mental illness, or those learning to adapt to life at home with blindness or amputations. The Disabled American Veterans also echoed this concern as a reason for opposing this amendment. Writing that the amendment’s “new restrictive eligibility language could actually reduce the number of severely wounded and disabled veterans returning home from the wars in Iraq and Afghanistan eligible for such services.”

For these reasons, I urge my colleagues to defeat this amendment, which is also opposed by the American Legion, the Iraq and Afghanistan Veterans of America and Swords to Plowshares.

It is long past time to pass the underlying bill. This legislation is too important to our veterans to sit in Congress because of the stall tactics of one lone senator. It includes important health care improvements for women veterans including requiring the Department of Veterans Affairs to train mental health care specialists on how to better treat military sexual trauma. It also implements new programs to provide child care to women veterans who require medical care.

In addition, the bill includes two important provisions from bipartisan legislation that I authored with Senator Boxer. The first gives active duty service-members access to vet centers, which are community-based counseling centers run by the Department of Veterans Affairs where veterans can receive mental health care services. The second provision authorizes vet centers to counsel former servicemembers on their rights to present their medical records for review to ensure that the discharge process they underwent was fair. This is particularly important for servicemembers who may have been discharged improperly with a personality disorder and therefore are not entitled to benefits when in fact they suffer from a combat-related condition such as post-traumatic stress disorder.

We owe our veterans an enormous debt of gratitude, and the best possible treatment and care for injuries sustained in service to our country. This bill is an important step toward fulfilling that obligation.

The PRESIDING OFFICER. The Senator from Hawaii.

Mr. AKAKA. Mr. President, can you tell me how much time I have remaining?

The PRESIDING OFFICER. Remaining on the Senator’s side is 31 minutes 33 seconds; on the other side, 42 minutes 15 seconds.

Mr. AKAKA. Mr. President, let me make further comments about the pending bill on the floor and speak particularly about the cost of war.

To those who are concerned about the cost of this legislation, let me say I firmly believe we cannot renege on the obligations we have to those who have honorably serve our country. When we as a nation vote to send American troops to war, we are promising to care for them when they return. The cost of veteran health care is a true cost of war and must be treated as such. The cost associated with the underlying bill does not need to be offset. The price has already been paid many times over by the service of the brave men and women who wore our Nation’s uniform. Whatever of my generation may think about the United Nations and its role in international affairs, this is not the time or place to be debating those issues. At this moment, we are talking about meeting veterans’ needs.

Iraq and Afghanistan Veterans of America agrees. IAVA writes that:

The amendment to S. 1963 brought to the floor is just the latest in a long series of delaying tactics that plays political games with veterans’ health care and services. This bill would provide family caregivers—who typically have full-time jobs—with health care, counseling, support, and a living stipend. This modest stipend would be equal to what a home health agency would pay an employee to provide similar services.

To assert that this legislation requires excessive spending is simply wrong. This spending is critical when taking into account the sacrifices these men and women have made for the Nation.

The sponsor of the amendment we are considering has expressed the view that S. 1963 unfairly discriminates against veterans because its caregiver assistance provisions focus on OEF and OIF veterans. While it is correct that the caregiver provisions target the veterans of the current conflicts, I do not believe that constitutes discrimination. The reasons for this targeting, at the least, are three: one, the needs and circumstances of the newest veterans in terms of the injuries are different—different—from those of veterans from earlier eras; two, the family situation of the younger veterans is different from that of older veterans; and three, by targeting this initiative on a specific group of veterans, the likelihood of a successful undertaking is enhanced.

It is important to note that major veterans groups support this bill and the caregiver provisions. I do not believe they would do so if they felt it was discriminatory.

As my colleagues know, I am a veteran of World War II. If we can provide help to the newest veterans in ways that were not available to the veterans of my generation, I support that 100 percent.

Caregivers from Iraq and Afghanistan are returning home today to face new and different challenges. In World War II, a third of those injured on the battlefield did not make it home. Today, 99 percent of those injured make it home but often with catastrophic and life-threatening injuries. Some of these injuries leave invisible wounds. Unprecedented rates of post-traumatic stress disorder and other mental illnesses are affecting these young men and women. These veterans will be cared for somewhere, and by what we do today, we may decide whether that care occurs in a nursing home or in their own home. The soldiers of my generation had no such choice. I say, let’s help the Nation’s newest veterans to really come home, and let’s help their families.

According to a report from the Center for Naval Analyses, 84 percent of caregivers for veterans were either working or in school prior to becoming a caregiver. An employed caregiver will lose, on average, more than $600,000 in wages, pension, and Social Security benefits over a “career” of caregiving. The younger a veteran’s family, the more wages a caregiver will lose. We can no longer ask our newest generation to bear the cost of the Nation’s obligation to care for its wounded warriors.

The premise of the amendment seems to be, if it is good for some, it is good for all. But the needs of veterans are not the same, and expanding a benefit to any veteran who might benefit could expand the entire program. The underlying bill already includes a provision directing VA to report to Congress within 2 years after the law’s enactment on the feasibility of expanding the provision of caregiver assistance to family members of prior service. Such an approach is not discriminatory; it is the responsible way to approach the issue.

I note that other health care improvements which would result from this bill help virtually every group of veterans, including women veterans, homeless veterans, and veterans who live in rural areas.
I urge this body to reject the amendment and pass S. 1963 today for the sake of all our Nation’s veterans.

Questions have been raised about the scope of the caregiver provision. When the bill came out of the Veterans’ Affairs committee, it included a 2-year delay before the caregiver benefit could have been expanded. The bill as reported said the Secretary of VA could have expanded it to all veterans if it made sense. Under the bill now before us, the Congress will continue to have the opportunity to expand it beyond OEF and OIF veterans. Nothing has changed. Once VA has experience with the proposed new program, it can be changed. Once VA has experience with it, the Congress will continue to have the opportunity to expand it to all veterans.

Mr. President, I yield the floor and reserve the remainder of my time.

The PRESIDING OFFICER. The Senator from Florida is recognized.

Mr. LE MIEX. Mr. President, 25 years ago—I will never forget this—I came home from Texas so eloquently stated, is cost. It doesn’t make sense anymore because we are not saving enough lives for the money that it is costing for mammograms. Our moms and our daughters and our sisters are worth that cost. If you want to know where we are going with this new health care proposal and you want to know what the future is for how the government and your insurance company are going to view your health care, just take a look at prostate cancer. Are we next going to say the same thing about men getting prostate exams in their forties? Are we going to start making these cost-based decisions or really furthering them to a degree that we haven’t seen before? Are we going to lose our family members because we are rationing health care? These are big issues.

The American people, as my colleague from Texas said, need to wake up and they need to watch what is going to happen in this Senate, this great body that debates the important issues. They have heeded the advice for many years now from the American Cancer Society and other experts that self-exams and mammograms for women in their forties prevent breast cancer, and they prevent us from losing our moms and our sisters and our daughters. But this week, a task force, a government task force, kind of ironically named the “U.S. Preventive Services Task Force,” contradicted their previous recommendations and said women in their forties shouldn’t do self-exams that women in their forties shouldn’t be having mammograms on a regular basis. That makes absolutely no sense.

We are in a world where everyone agrees the way to reduce health care costs and to increase longevity of our people is through preventive medicine. We know through the success we have had in recent years that self-exams and mammograms save women’s lives.

There are going to be what is called false positives, women who find something that turns out not to be a lump. And, sure, they are going to be anxious during that time period while it gets checked out. But would you rather have your mom, your sister, your daughter be anxious for a couple days and get a good result or would you rather have them, on the other hand, not do the self-exam, not get the mammogram, and get cancer and potentially die? It doesn’t make sense.

We know these mammograms for women in their forties save lives. We know self-exams save lives. It is not just me saying it; the facts show it. The American Cancer Society notes that since 1990 participation has declined by 2.3 percent, and they have declined 3.3 percent for women in their forties and fifties. Lives are being saved.

So why would this government task force that is supposedly focused on prevention want to do away with self-exams and mammograms on a regular basis for women in their forties? What could be the reason?

The reason, my colleague from Texas so eloquently stated, is cost. It doesn’t make sense anymore because we are not saving enough lives for the money that it is costing for mammograms. Our moms and our daughters and our sisters are worth that cost. If you want to know where we are going with this new health care proposal and you want to know what the future is for how the government and your insurance company are going to view your health care, just take a look at prostate cancer. Are we next going to say the same thing about men getting prostate exams in their forties? Are we going to start making these cost-based decisions or really furthering them to a degree that we haven’t seen before? Are we going to lose our family members because we are rationing health care? These are big issues.

The American people, as my colleague from Texas said, need to wake up and they need to watch what is going to happen in this Senate, this great body that debates the important issues. Never has there been an issue as important in modern times as what is going to happen over the next month or 6 or 8 weeks as we discuss these issues that are going to affect our health and our families’ well-being.

I sent a letter to Secretary Sebelius yesterday on this issue. I saw her comments yesterday where she disagrees with the recommendation. Are we next going to say the same thing about men getting prostate exams in their forties? Women do not need to get the message now that they shouldn’t be doing self-exams. Women should not be getting the message that they shouldn’t be getting regular mammograms in their forties. They need to do both this because it is going to help save their lives. No government task force, based on lack of any new information, should contradict its prior recommendations that they do just that.

I had a chance to speak with the surgeon general of the State of Florida, Dr. Ana Viamonte-Ros, yesterday about this issue, and she concurs with me, as does the American Cancer Society and other groups, including the American College of Obstetricians and Gynecologists, that women should still do self-exams, and they should still get mammograms on a regular basis in their forties.

I wish to read for this Chamber a letter—e-mail, actually—I received today from a friend of mine down in Broward County from my home State of Florida. She writes:

Please thank the Senator for his efforts on this important issue. I am a breast cancer survivor who was first diagnosed before 50 years of age having a mammogram. Subsequent to the mammogram, my tumor was removed surgically. Unfortunately, within 5 years I was diagnosed with breast cancer in the other breast and had to undergo surgery and chemotherapy. The second time I found the tumor through self diagnosis. Every day I thank God that I had a life-saving mammogram and that my doctor showed me how to do a self examination.

Just recently I learned through TV that there are also recommendations that women should not utilize self exam as a way to detect breast cancer. It’s too unreliable. More horrifying, most of my breast cancer sisters found their tumors through self exam. Please ask the Senator to dispel any efforts or notions that self exam is not a good means of detection.

This is an important issue. We need to get the message out to the women of America that these recommendations are wrong. I only can stand here today with this good story about my mom because if she wouldn’t have done that self-exam, she might not be here with us.

So I hope the American people will, as my colleague from Texas said, wake up and see what this means and what this portends for the future.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Hawaii is recognized.

Mr. AKAKA. Mr. President, I wish to make further comments on some of the concerns our speakers have had.

The amendment that the President has stated his primary goal is to increase veteran eligibility for caregiver assistance. It appears, however, that the amendment could well have the opposite effect and deny caregiver assistance to many OEF/OIF veterans by significantly narrowing the eligibility criteria for caregiver assistance.

The amendment would add a provision that would require that in addition to sustaining a serious injury and being a personal veteran, the caregiver would have to be so helpless as to require institutional care if personal care services were not available. This proposed modification is problematic because not all veterans in need of caregiver assistance would be appropriate for it in need of, institutional care.

To illustrate, consider the example suggested by the Wounded Warrior Project, one of the principal advocates for the caregiver legislation: A veteran who is recovering from severe wounds, suffers from PTSD and depression, and needs help with feeding, dressing, and getting to the bathroom, under the provisions in S. 1963 this veteran would...
Mr. COBURN. Mr. President, I listen very carefully to the chairman of the Veterans' Committee. He misses one major point: If, in fact, we don't send the money to the U.N., we will have money to pay for the veterans—if we don't send the money.

That is what this amendment does. It prevents the money from going to the State Department's budget to the U.N. I admit it is fungible, but that is money we will not send to something that is low priority, that is wasteful, that is nontransparent, and that the calls are that we give more money from the U.S. to help ourselves.

I also take issue with my friend's words that it is time. I think the chairman will agree that this bill was not noticed until October 28. That is when this bill was noticed. When the bill was noticed, the next day a unanimous consent request came through to say pass this without any debate, without any discussion, pass it through the Senate. I said, no, we ought to have a debate. At the same time, we proposed a list of some 20 options of things that are lower priority than helping our veterans. They were rejected out of hand, which is the problem I have been describing on the floor earlier.

Every time it comes down to making a choice, the majority of this body chooses not to make a choice, not to choose a priority, not to do what we get paid to do, not to do what is in the best interests of the Nation. That is the problem, not to choose priorities, we still choose, because what we choose is to take the money from our children. We choose to lower the standard of living of our children.

I want to tell you about veterans with whom I have spoken. I have had a lot of calls on this, because how dare somebody hold up a veterans bill before Veterans Day. The vast majority of the calls were, we think you ought to support veterans, but we also think you ought to pay for it. Our country can't keep doing what we are going to do. So on the last appropriations bill through this body, I gave you an opportunity. We have heard three Senators today say there is no price we should not give to support our veterans. Direct quotes. "No price is too great"? There is one price that is too great, because all three of those Senators who spoke said we think you ought to earmark for veterans in the VA-MILCON bill. They all voted against paying for it in the MILCON bill by eliminating the unrequested items they had earmarked for them. I think the U.N.-MILCON bill. So, yes, there is a price that is too great—the price of helping yourself and your own constituency on a parochial basis and putting that ahead of the best interests for our veterans. So the words "there is no price too great" ring hollow. We put our parochialism first.

I ask unanimous consent to add Senators Inhofe and Burr as cosponsors of my amendment.
Mr. COBURN. Mr. President, as we talk about this debate, as my colleagues know very well, the debate isn't about veterans; it is not about the veterans but restoring some fiscal sanity in Washington of which we have none. This bill here—the health care bill that was released last night—over the next 10 years will spend $2.5 trillion. That is what it will spend. We don't know the accuracy of CBO. They certainly haven't done very well in the past on health care, as to whether it saves money. What we do know is that it doesn't cut the cost of health care, which is the problem. It transfers $2.5 trillion under the guise of the control of the Federal Government, which is not efficient.

I have not heard one colleague defend the United Nations. Nobody will get up in this body and defend the atrocities, the waste, and the fraud of the U.N. Nobody will say that. But those same people who actually agree with it but won't do anything about it will vote against this amendment. They will vote against the amendment. They won't defend what has very accurately been called the behavior, the lack of fiscal sanity, the theft, the rape and pillage by the peacekeepers, the lack of oversight, and the total lack of transparency. They will say that with their words, but they will defend it with their vote. They are going to absolutely defend it with their vote. Once again, they are going to refuse to make the hard choice. Most of them listening to this agree, but it is the wink and nod that we play around this body. They know the U.N. is a big mess. They know it is a big problem. But they won't do anything to fix it. They will vote for complete transparency and vote to condition our funds on transparency. If they get the conference, they will take it out. They will look good on the outside, but the inside of the cup will be absolutely filthy.

When is it we will see a turnaround in Washington that will match the courage of our veterans and meet the expectation of the citizens of this country? When is that going to happen? I will tell you when it is going to happen: It is going to happen when the Chinese start selling our bonds or quit buying; the nuclear deal with Iran is not going to happen. Then we are not going to be able to make those decisions based on our choice. They are going to be dictated to us. They are going to be rammed down our throats.

The fact is that $3.7 billion is a lot of money. It is $3,700 million. That is hard to think about when you start talking about billions. Yet we are going to pass it. By the way, this bill that is so critical to get passed right now has no money in it for veterans for this process. Yet we are going to promise that at some point in the future that is going to happen. There is no money there now? It is not going to happen until a year from now, unless we put it in some supplemental program between now and next September 30. So what we are promising isn't going to come due, because we turned down an amendment on the VA-MILCON bill that would have allowed money to be available as soon as possible. That VA-MILCON bill passed the conference committee and the President signs it.

How hollow does that sound? We claim one thing but our actions are totally different. And the VA says, by the time they get this bill and the money, it will take at least 180 days to implement it. So add 18 months to right now to when our first veterans will see the benefit, especially the caregivers. And we could have, with the VA-MILCON amendment I offered—which was rejected—that happened next month—at least the planning in the first 6 months of that—so that by March or April caregivers could actually start receiving this money.

I have tremendous worry for our Nation. If you open your eyes, you will see, because we cannot keep doing what we are doing.

Just some statistics. These are accurate, based on GAO, OMB, and Congressional Budget Office:

Ending September 30, not counting the supplemental, the Federal Government spent $33,800 for every household in this country. But we only collected an average of $18,000 per family. We borrowed, per family, $15,603 last year. Those numbers are going to be bigger next year. We are going to spend more, we are going to borrow more, and we are going to collect less. What is the implication of that? What is the implication of borrowing money we don’t have and spending it on things that are not a priority, such as caring for veterans? The implication is that it will come to an abrupt halt in a very damaging and painful way—maybe not for us in this body but certainly for my children and my grandchildren, and certainly for those who follow us.

There is a lot more than the financial aspect of it. It is that we are losing, as we do this, the very integral part of what makes our Nation great. It is called “sacrifice.” That is why we honor our veterans. It is because they sacrificed, they put themselves on the line. Our heritage has been, from the founding of this country, to the very people who risk their lives and fortunes to initiate this country—the heritage has been of one generation sacrificing for the next generation so the next generation can have greater opportunity and greater freedom and greater liberty.

As I said earlier, when we come back and get down to the actual voting on this amendment, most people will say: We can’t do that. It is not time to make a hard choice.

I want to tell you, those veterans who have closed-head trauma made a hard choice. Those veterans who lost a limb made a hard choice. Those veterans who lost their eyes made a hard choice. Those veterans who have severe disability and their families made a hard choice.

In a little while, we are going to dishonor that, because we are going to refuse to make a hard choice and rationalize in a way that it isn’t going to do any good or make any difference, and we are not going to even attempt to get the out-of-control spending in Washington under control. We will reject the notion that you can, in fact, look at something and see what it is like, such as the corruption, such as the waste, such as the rape and pillaging of the U.N. peacekeeping troops, and say we are going to do the status quo. We are going to do the status quo.

The way we have always done it for the past 20 years does not honor what built this country. It doesn’t honor making that sacrifice. It does not honor saying I will make a tough vote, even though the administration doesn’t want me to make this vote. I will make that vote that is right for the country, right for the future, right for our kids and our grandkids. I will make that vote.

We will not see that today. We will not see the courage mustered up to do the right thing. We will not see the slobbery, ill-run organization into which this country pours billions of dollars every year and continues unabated and uncontrolled and without oversight because we refuse to make a choice. Here is the choice: Ignore with a blind eye the absolute tragedies that are going on at the United Nations, the absolute waste, the incompetency, the favoritism, the theft that is going on and say you did something good for veterans.

The fact is, the reason our veterans have such severe injuries is because they protect our liberty, protect our freedom, and protect our future. We are not going to choose the opposite. We are going to choose the opposite. We are going to do the status quo. We are going to say this amendment does not make sense.

When will we muster the courage to make a real choice, to go out and defend that veterans are worth more than the waste at the United Nations? We will not make the choice because we know we can vote against this amendment and still tell the veterans we did it. But we don’t have to do that for our grandchildren and children. We will be gone. We will be out of here.

When their standard of living is 35 percent below the standard of living we experience today—by the way, that is what is forecast as the government takes over 40 percent of the GDP of this country and as we end up with interest costs in excess of $1 trillion a year just to fund the excesses of what we are doing today, which is less than 5 years away, and we will be spending $3 trillion a year and 30 years out we will have no recollection of this vote. We will have no recriminations against us. We will have just voted and said that is
another amendment to try to make us make a choice, but we refuse to make one. By voting against this amendment, you are defending the audacity, corruptions

The U.N. Environment Program spends over $1 billion annually on global warming initiatives but there is almost no auditing or oversight being conducted. The U.N. Environ-

The U.N. Human Rights Council report found evidence of administrative malpractice, the U.N. had taken the report. The UN also sent a team to the headquar-

United Nations peacekeeping operations

U.N. peacekeeping operations plagued by rape and sexual exploitation of refugees—In March 1998, the U.N. reported a large number of cases of

Just this month, Human Rights Watch re-

The Oil for Food program had weaknesses in the four key internal control standards—risk assessment, control activities, information and communi-

The Afghan election commission, with tens of millions in U.S. funding and hundreds of millions in U.S. funding, facilitated mass election fraud and operated ghost polling places.

Everybody kept sending money” to the elections commission, said Peter Galbraith, the former deputy chief of the U.N. mission in Afghanistan. “Nobody cares. U.S. taxpayers spent hundreds of millions of dollars on a fraudulent election.” Galbraith, a deputy to the senior U.N. official in Af-

As of April 2009, the U.S. spent $72.4 million supporting the electoral commission—$56.7 million, according to the U.S. Agency for International Development. The Special Inspector General for Afghanistan Reconstruction states that the United States provided at least $283 million in funding for the elections.

In one instance, the United Nations Develop-

The Afghan presidential election

The United States taxpayer is the single largest contributor to the U.N. Foundation, which is devoted, in part, to providing over $4 billion annually to the en-

The United Nations Human Settlements Program, which is responsible for providing over $4 billion annually to the en-

In 1996, the United Nations (U.N.) Security Council approved Resolution 105, which established the U.N. Oil for Food Program.

The Afghan election commission, with tens of millions in U.S. funding, facilitated mass election fraud and operated ghost polling places.
the cost increase is due to previously hidden "scope options" for "environment friendly" options like planting grass on the roof and electricity-producing wind turbines. First, the building is not designed to adequately maintain its complex after 50 years of deterioration and decay. The U.N. paid millions of dollars to an Italian design firm that had to be fired for taking 5 years to deliver a plan after never producing a single workable plan for the renovation project.

The UN renovation project is just another example of the U.N. out of control. The U.N.'s purported $2 billion renovation budget includes over $550 million for expected increased costs and other "contingencies." U.S. taxpayers are responsible for at least $485 million in the renovation of the U.N.'s buildings. However, this figure is likely to rise as GAO has assessed that there exists a high risk that the project will cost much more than anticipated.

Unfortunately, the U.N. renovation program is carried out by the same system responsible for the Oil-for-Food program. The U.N.'s own internal audits suggest that the entire procurement system is plagued by corruption.

The current cost of the UN renovation is as follows: $800 million for construction, $350 million budgeted future escalation in costs, $200 million for redundancies (extra generators, additional fiber optic lines, etc), $40 million "sustainability" (wind turbines, grass on roof, etc). UN European "palace" renovation.

In addition to housing a massive bureaucracy in New York, the United Nations also keeps a European headquarters, in scenic Geneva, Switzerland. The similarity is striking, as this 70 year old building that used to house the headquarters is reportedly in need of a billion dollars to fully renovate the "Palais de Nations," as the large palace is known, because the building suffers from 70 year old electric problems, rusty pipes, asbestos, and a roof caving in.

For cost comparison, $1 billion could build 407.244 square miles of office space in Geneva. That's one the Oil-for-Food program, or the size of the Empire State Building, and five times the size of the main building at the Palais des Nations.

Keeping the Palais des Nations could cost more than double what it would take to build a new home from scratch.

That's what it's all about, says a group of lawmakers, is larger than the entire humanitarian action appeal for all countries served by UNICEF, the United Nations Children's Fund, which requested $1.7 billion to address $1.7 billion humanitarian emergencies around the world in 2008.

$1 billion could also go a long way to feed the hungry. Oxfam America reports on its Web site that people in the former Yugoslav potable water to 22 families in the Rift Valley of Ethiopia," and that "$20 buys enough maize to feed a family of four" there for six months—enough food and water to feed millions and flood the valley.

The Director General in Geneva renovated his office this year, though the U.N. would not say how much the changes cost and did not specify whether a member state paid for the work. A spokeswoman said that his office was often overheated by the sun, and he had an air conditioner installed to cool it.

As the United States is responsible for 22% of the U.N.'s budget, it is entirely reasonable to expect that the U.S. taxpayer would be responsible for over $200 million in the renovations of the U.N.'s Geneva offices.

Any major work on the Palais des Nations would likely come after the $1.9 billion renovation of New York headquarters is complete, which is at least 4 years away barring further delays. The director general's figure of one billion dollars isn't on the U.N. budget yet and is an estimate that would have to be evaluated by a team of architects.

Largest money grab in U.N. history while ignoring reforms. Despite these and the dozens of other examples of U.N. mismanagement and fraud and exhorition by the U.N.'s largest donor, the United States, the U.N. has been unable to stop the wasting U.S. taxpayer dollars. Instead, the U.N. is receiving even increasing amounts of new funding from the U.S. and other donors.

According to the Office of Management and Budget, the U.N.'s 2008/2009 biennial budget represents the largest increase for a funding request in the U.N.'s history.

The 2008/2009 budget is in excess of $5.2 billion. This represents a 25% jump from the 2006/2007 budget that was only $4.17 billion and a 193% increase from the 1998/1999 budget.

The overwhelming majority of the U.N. budget goes to staff salaries and common staff costs including travel to resorts to discuss global warming—rather than direct humanitarian assistance or conflict prevention.

The U.N. has never identified offsets in existing funding in order to pay for new U.N. spending, a position supported by a U.N. General Assembly resolution.

Following the U.N. Secretariat's poor example, the ¾ of the U.N. not covered by the U.N. budget has experienced massive budget growth due to a complete inability to control spending. Peacekeeping is growing by 40%, the U.N. tribunals by 15% and numerous Ombudsmen, Human Rights, and other new funding to the United Nations and then be refused basic information about that contribution. The Office of Management and Budget and the State Department are willing, unfortunately, the law regarding congressional reporting requirements for U.N. contributions.

In the National Defense Authorization Act of 2007 and the National Defence Authorization Act of 2010, the Director of the Office of Management and Budget (OMB) is now required by law to report annually to Congress the total cash contributions to the U.N. from the United States. OMB has passed this responsibility to the State Department, and unfortunately, our lead agency on U.N. matters ignored this law in 2007, and when it finally provided the required funding reports in 2008, it appears that the reports are missing over $1 billion worth of funding information. The State Department has not submitted its report for 2008.

Ranking Member Ileana Ros-Lehtinen of House Foreign Affairs Committee comments on the U.N. lobbying for more contributions from the U.S.

"Last year, American taxpayers ponied up nearly $5 billion for the UN system. The U.S. is by far the world's largest donor to the UN. The U.S. pays 22% of the bill. The U.S. pays 22% of the peacekeeping operations. The U.S. responds to emergency appeals. We are always on deck. Yet, the head of the UN comes to Congress and scolds us for not doing enough! He demands yet more money from us while making little progress in cleaning up the badly-broken UN.

"The U.N.'s ineffectiveness is not from a lack of cash, but the result of a corrupt system which wastes money and apologizes for dictatorships.

"The U.N. has been hijacked by a rogues' gallery that uses our funds to undermine peace and security. Dictatorships use the

Human Rights Council and Durban 2 conference process to restrict universal freedoms and protect extremists. The UN Relief and Works Agency (UNRWA) aid violent Palestinian organizations and Hamas-linked banks. The UN provides funds to the International Monetary Fund (IMF) and World Bank, which allow money-laundering banks under U.S. sanctions or under U.S. investigation for financing Islamist radicals.

The UN Program (UNDP) pays the legal fees of its corrupt officials but refuses to protect whistle-blowers.

"While Iran, Syria, and North Korea endanger the entire world, the UN is preoccupied with condemning democratic states like the U.S. and Israel.

"We are not the only ones facing serious financial challenges here at home. How can a morally bankrupt UN ask our taxpayers to bail them out?"

Mr. COBURN. Mr. President, I will finish and give the chair the last word.

What the chairman and his committee are attempting to do is honorable. It is the right thing to do to help our veterans and to secure and help those who are helping our veterans. It is a wonderful choice and a wonderful thing for the American people to see. We ought to do that on the backs of our children. I think we ought to do it on our backs. We ought to carry that load. Our children and our grandchildren should not have to carry that load. We should not have to forego the sacrifices for pay for the sacrifices they have made for us. This bill does not do that.

This bill takes the easy route. It says you do not have to pay for it, it is not required. There is not anything we can get rid of, after I offered all these options to the committee in terms of what they could get rid of that would pay for it.

If we don't pay for it from what I offered, then get rid of our own earmarks, the things that make us look good. We chose to keep our earmarks and charge it to our grandkids. It is a wonderful choice and a wonderful thing for the American people to see.

On this vote, they are going to see three things. They are going to see all the people who voted to keep their earmarks vote against this amendment. The first thing they are going to say is: Mr. President, this is a wonderful choice and a wonderful thing for us.

The second thing they are going to see is that we do not have the courage to take on fraud, waste and abuse and lack of transparency at the United Nations. They are going to see us fail to live up to the expectations they have for us.

Everybody in America knows we are in trouble financially. They know the Federal Government is too big. They know the Federal Government is inefficient. They know we can do better. They are just wondering when we are going to start. When will it start? When will we make a hard choice? I regret it is not going to be on this bill because it is symbolic. If there ever was a bill on which we should start to make the hard choices, it should be on a bill that honors and takes care of the people who have made hard choices for us, the people who have sacrificed their lives and their future and their families for us.
The third thing, regrettably, that they are going to see is that we are going to continue to play the game the way it has been played: Get the votes to defeat the amendment; we will take a little bit of heat; maybe somebody will notice. I will tell you. Twenty years from now, our kids are going to notice, our grandkids are going to notice.

One final thought. If you are under 25 in this country, pay attention to me right now. If you are under 25—there are 50 of you. Twenty years from now, and your children will each be responsible for $1,919,000 worth of debt of this country for which you will have gotten no benefit—none. The cost to carry that will be about $70,000. That is not per family, that is per individual. The cost to carry that will be about $70,000 a year before you pay your first tax.

Ask yourself if you think we are doing a good job when we are going to take away your ability to educate your children, when we are going to take away your ability to own a home, and we are going to take away your ability to have that capital formation to create jobs in this country. Watch and see. That number is going to grow every time we do something like this without paying for it, without offsets, without getting rid of something less important.

I yield back the time and yield the remainder of my time to the chairman of the committee.

The PRESIDING OFFICER. The Senator from Hawaii is recognized.

Mr. AKAKA. Mr. President, I wish to make a point of clarification. This bill, the pending measure, is made up of two bills which is now S. 1963. It was S. 252, which was reported in July, and S. 801, which was reported in mid-October. Both bills were held at the time they went into the calendar. No amendment was prepared to either bill. The first amendment was proposed on Monday of this week, 2 weeks after the bills were combined as S. 1963.

In closing, the debate about the United Nations is not one which belongs on a veterans bill. The underlying bill is a bipartisan approach to some of the most urgent issues facing all veterans—for women veterans, for homeless veterans, to help with quality issues to help all veterans.

This bill, by the way, also includes construction authorization for six major VA construction projects already funded by the VA spending bill.

I urge our colleagues to reject the amendment to S. 1963.

Mr. AKAKA. I yield back my time. I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. FRANKEN). The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

Mr. LEAHY. I thank the Chair.

EXECUTIVE SESSION

NOMINATION OF DAVID F. HAMILTON TO BE UNITED STATES CIRCUIT JUDGE FOR THE SEVENTH CIRCUIT

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to executive session to resume consideration of the following nomination, which the clerk will report.

The bill clerk read the nomination of David F. Hamilton, of Indiana, to be United States Circuit Judge for the Seventh Circuit.

Mr. LEAHY. Mr. President, is there a division of time in this matter?

The PRESIDING OFFICER. The time until 2:30 is equally divided.

Mr. LEAHY. Mr. President, I yield myself 10 minutes.

Mr. LEAHY. Mr. President, the Senate is concluding its long-delayed consideration of the nomination of Judge Hamilton to the Seventh Circuit. Early this week, 70 Senators—Democrats, Independents and Republicans—joined together to overcome a filibuster of this nomination.

This has been a record year for filibusters by the Republican minority: filibusters of needed legislation, filibusters of executive nominations and filibusters of judicial nominations, which just a few years ago they proclaimed were "unconstitutional." Although their filibuster failed, what they achieved was obstruction and delay.

This is a nomination that has been stalled on the Senate Executive Calendar for 5 1/2 months, since June 4. In the days since then, that bipartisan majority of 70 Senators has continued the debate on the Hamilton nomination, and in the more than 30 hours of possible debate since then, Republican Senators have devoted barely one hour to the Hamilton nomination. Only four Republican Senators have spoken at all and that includes the Senator from Alabama who repeated the claims he had made five times to the Senate since September 17.

As has been reported since the nomination was made in mid-March, President Obama's selection of Judge Hamilton as his first judicial nominee was intended to send a message of bipartisanship. President Obama reached out and consulted with both home State Senators, Senator Lugar and Senator Bayh, a Republican and a Democrat, in making his selection. This stands in sharp contrast to the methods of his predecessor, who was stereotyped as "anti-law enforcement"—"anti-law enforcement" last week by Republican critics, and this week Judge Hamilton, the son of a Methodist minister, is reviled as hostile to Christianity. That is not fair treatment.

The unfair distortions of Judge Hamilton's record by right-wing special interest groups seeking to vilify him