Elimination of All Forms of Racial Discrimination (which it ratified on August 29, 1968), and the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights (both of which it ratified on June 24, 1975);

Whereas the Government of Iran has routinely violated the human rights of its citizens, including—

(1) torture and cruel, inhuman, or degrading treatment or punishment, including floggings, and amputations;

(2) high incidence and increase in the rate of executions carried out in the absence of internationally recognized safeguards, including public executions and executions of juvenile offenders;

(3) stoning as a method of execution and persons in prison who continue to face sentences of execution by stoning;

(4) arrests, violent repression, and sentencing of women exercising their right to peaceful assembly, a campaign of intimidation against women’s rights defenders, and continuing discrimination against women and girls;

(5) increasing discrimination and other human rights abuses against persons belonging to religious, ethnic, linguistic, or other minorities;

(6) ongoing, systematic, and serious restrictions of peaceful assembly and association and freedom of opinion and expression, including the continuing closures of media outlets, arrests of journalists, and the censorship of expression in online forums such as blogs and websites; and

(7) severe limitations and restrictions on freedom of religion and belief, including arbitrary unlimited detention, and lengthy jail sentences for those exercising their right to freedom of religion or belief, including a provision in the proposed draft penal code that would make a mandatory death sentence for apostasy, the abandoning of one’s faith;

Whereas, since March 9, 2007, Robert Levinson, a United States citizen, has been missing in the Islamic Republic of Iran, and the Government of Iran has provided little information on his whereabouts or assistance in ensuring his safe return to the United States;

Whereas Jafar Kiani was publicly stoned to death in July 2007 in the Islamic Republic of Iran, contrary to the illegal use of corporal punishment as an instrument of the State and as prescribed in the Islamic Penal Code, and contrary to the Universal Declaration of Human Rights (both of which its ratified on June 24, 1968), the International Covenant on Civil and Political Rights, to guarantee all persons the ‘‘freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing, or in print, in the form of art, or through any other media of his choice’’;

ORDER FOR PRINTING OF AMENDMENT NO. 2786

Mr. KAUFMAN. I ask unanimous consent that amendment No. 2786 be printed.

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

APPOINTMENT

The PRESIDING OFFICER. The Chair, on behalf of the President pro tempore, and in consultation with the ranking members of the Senate Committees on Finance, pursuant to Public Law 103-256, appoints Jagadeesh Gokhale, of Maryland, vice Sylvester Schieber, of Michigan, as a member of the Social Security Advisory Board.

ORDERS FOR FRIDAY, NOVEMBER 20, 2009

Mr. KAUFMAN. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 9:45 a.m. tomorrow, Friday, November 20, that following the prayer and pledge, the Journal of proceedings be approved to date, the morning hour be deemed expired, the time for the two leaders be reserved for their use later in the day, and the Senate resume debate on the motion to proceed to H.R. 3590, as provided for under the previous order.

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

PROGRAM

Mr. KAUFMAN. Mr. President, there will be no roll call votes during tomorrow’s session of the Senate. The next vote will occur at 8 p.m. on Saturday, November 21. That vote will be on the motion to invoke cloture on the motion to proceed to H.R. 3590.

ORDER FOR ADJOURNMENT

Mr. KAUFMAN. If there is no further business to come before the Senate, I ask unanimous consent that it adjourn under the previous order, following the remarks of Senators BROWNBACK and HATCH.

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

The Senator from Utah.

Mr. HATCH. Mr. President, I thank my colleague.
HEALTH CARE REFORM

Mr. HATCH. Mr. President, I would like to take my time to talk about the critical issue of health care reform as this body stands at a historic crossroad on this national challenge.

We have never seen anything like the issues country faces last week. The line between private businesses and public government has never been so blurred. Just look at this chart I have in the Chamber. Government effectively owns several of our Nation’s institutions: commercial and noncommercial financial institutions, banks and automobile manufacturers. CEOs have been fired by government bureaucrats, and Washington is now in the business of dictating salaries in the private sector.

With government takeovers on the rise, drastic labor law changes being pushed forward, and sweeping new corporate taxes circling overhead, we are truly moving toward a European-style government at a time when most European countries are moving away from it.

I deliver these remarks with a heavy heart because what could have been a strong, bipartisan bill reflecting our collective and genuine desire for responsible health care reform on one-sixth of the American economy continues to be an extremely partisan exercise, pushing for more Federal spending, bigger government, and higher taxes as a flawed solution.

The outset, let me make one point as clear as possible. We are all for reform, everybody on this floor. Every Republican colleague whom I have talked to wants to reform our current health care system. Ensuring access to affordable and quality health care for every American is not a Republican nor is it a Democrat issue or idea; it is an American issue. Our Nation expects us to solve this challenge in an open, honest, and responsible manner.

Clearly, health care spending continues to rise too fast. This year will mark the largest ever 1-year jump in the health care share of our GDP—a full percentage point, to 17.6 percent. Growing health care costs translate directly into higher coverage costs.

The last decade, the cost of health coverage has increased by 120 percent—three times the growth of inflation and four times the growth of wages. Rising costs is the primary driver behind why we continue to see a rising number of businesses—everything from hearing aids to crutches—which will end up footing the bill.

By the way, we all know when this bill is fully implemented, it will increase our Federal spending by $160 billion in the next 10 years instead of low-single-digit growth, according to the nonpartisan Congressional Budget Office.

Many Americans recently had a firsthand encounter with the efficiency of the Federal Government in administering the H1N1 vaccination around the country. Their experience consisted of standing in long lines for several hours in sterile government buildings, only to be told they were suddenly out of doses.

Republican in Congress agree with the majority of Americans who believe that just throwing more hard-earned taxpayer dollars at a problem will not deliver them the real solution that the American people that the solution for solving a $2 trillion health care system is to simply spend another $2.5 trillion just does not make sense.

With nearly a half trillion dollars in new taxes, this big stack of papers is a textbook example of the liberal tax-and-spend philosophy we see as a free lunch, especially when Washington tells you something will cost $1, you can count on it costing $10. History is prologue. Medicare started off with a $65 million—that is with an “m”—a one-year budget and now it has a $400 billion, 55-year budget. So low-ball taxes only to go up in the future, as we have just given the Federal Government a whole new checkbook, if we pass this bill.

Let me also talk a little bit about the myth of this health care reform proposal actually reducing the deficit. Here is the harsh reality: The Congressional Budget Office recently reported that our national deficit for fiscal year 2009 alone was a shocking $1.4 trillion. This year put this in a different context. We have exploding deficits. In 2008, it was $459 billion—the last year of the Bush administration. In the first year of the Obama administration, it is $1.4 trillion. It is more than three times our deficit from last year. The 2010 budget is half of the entire economy. This is the largest yearly deficit since 1945. This should send shivers down the spine of every American out there. We are literally drowning this Nation and future of this Nation in a sea of red ink.

The biggest bait-and-switch on the American people about the bill’s impact on the deficit is a simple math trick. If something is expensive to do for a full 10-year period, just do it for 5 years and call it 10 years. Most of the major spending provisions of the bill do not go into effect until 2014 or even later—coincidentally, after the 2012 Presidential elections. So what we are looking at is not a full 10-year score but, rather, a 5- to 6-year score.

Now chart 3: This is the real cost of the Senate plan. The CBO score—because it only scores, basically 5 or 6 years because major provisions of the bill are not implemented until 2014, in some respects, up to 2015—they claim, is only $849 billion, or less than $1 trillion. But the full 10-year score, according to the Senate Budget Committee, fully implemented, if you do it for 10 years, is $2.5 trillion. The House bill is even at a more astonishing level of $3 trillion.

Let me go to chart 4. Because in our current fiscal environment, where the government will have to borrow nearly 40 cents of every $1 it spends this year, let’s think hard about what we are doing to our country and our future generations.

For months, I have been pushing for a fiscally responsible and step-by-step proposal that recognizes our current need for spending restraint while starting us on a path to sustainable health care reform. There are several areas of consensus that can form the