Afghanistan, Pakistan, North Korea, with what is going on on the continent of Africa—he is involved in global warming because of the treaty implications of the treaty we are trying to negotiate in Copenhagen in December.

I am extremely impressed with Senator KERRY always but especially in the last few days. As chairman of the Foreign Relations Committee, he has played a central role in resolving the crisis in Afghanistan.

As many have read in the news, he had been trying to persuade President Karzai that a second round of elections was necessary—and they were necessary. If you read the press today, it was a touch-and-go thing. It was not until President Karzai and Senator KERRY took a walk together to talk about what is going on in that part of the world that the decision was made by President Karzai that he would go along with the second election.

Senator KERRY has worked closely with our diplomatic team, including Ambassador Eikenberry; Secretary Clinton; our National Security Adviser, General Jones; and others to send a clear message to President Karzai.

We all know the situation in Afghanistan remains fragile and that there will still be many steps needed to be taken so we have a credible and legitimate government in Kabul. But I believe very sincerely Senator KERRY played a pivotal role in preventing a crisis in Afghanistan and that his work has not only stabilized Afghanistan but the entire region.

I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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 President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

RECOGNITION OF THE MINORITY LEADER

The ACTING PRESIDENT pro tempore. The Republican leader is recognized.

HEALTH CARE WEEK XIV, DAY III

Mr. MCCONNELL. Mr. President, over the last several months, lawmakers in Washington have been engaged in a serious and wide-ranging debate about the fate of our Nation's health care system. It is a debate that grew out of a recognition that while America may have the best health care in the world, the cost of care is too high and too many lack insurance. This much was never in dispute.

There is not a single Member of Congress from either party who does not want to solve these problems. That is why the disagreements we have had have arisen not over the ends but over the means of achieving these common goals. That is why, over the past few months, two very different approaches to reform have come into view.

For most Democrats, reform seems to come in a single form: a vast expansion of government, detailed in complicated, 1,000-page bills, costing trillions. The only thing that is clear about the Democratic plans are the basics: They cost about $1 trillion, they increase premiums, raise taxes, and slash Medicare.

In short, they include a lot of things Americans did not ask for and do not want, and they include very few of the things Americans thought they were going to get.

What was supposed to be an exercise in smart, bipartisan, commonsense reforms that cut costs and increased access somehow became an exercise in government expansion that promises to raise costs, raise premiums, and slash Medicare for seniors. For Democrats in Congress, the original purpose of reform seems to have been blurred.

Republicans have taken a different approach. We agreed at the outset that reform was needed. But in our view, those reforms would not necessarily cost a lot of money, would not add to the debt, and would not expand the government.

Instead of a massive government-driven experiment, Republicans have offered commonsense, step-by-step solutions to the problems of cost and access—things such as medical liability reform, which would save tens of billions of dollars and increase access to care; needed insurance reforms that would increase access and lower costs; and prevention and wellness programs, such as the ones that have been so successful in bending the cost curve in the right direction—which is downward—at major businesses such as Safeway.

Here were the two approaches to reform. Well, the American people looked at these two approaches and they made their choice. All summer long, we watched as ordinary Americans reacted to the administration's plan to put government between individuals and their health care and to pay for it with higher premiums, higher taxes, and Medicare cuts in the middle of a recession.

Americans rejected the idea of a vast, new experiment to reorder their health care and nearly one-fifth of the economy in a single, stunning move. They know the stakes are too high. Last Friday, the Treasury Department announced the government ran a deficit, in the fiscal year that just ended, of more than three times the previous record.

The national debt is nearly $12 trillion. It is expected to grow by another $9 trillion over the next 10 years. Medicare and Medicaid cost the Federal Government nearly $700 billion a year—a cost that is expected to double in 10 years. These numbers are like nothing we have ever seen. Yet in the midst of all this, the administration is proposing that we conduct a $1 trillion experiment in health care that would expand government spending even more. Now Democrats in Congress are proposing that we put another $1/4 trillion on the government charge card in order to prevent a cut in the reimbursement rate to doctors who treat Medicare patients.

All of us want to keep this cut from happening, but the American people don't want us to borrow another cent to pay for it, and they don't want Democrats in Congress to pretend that this $¼ trillion isn't part of the cost of health care reform because it is. It is also a clear violation of the President's pledge that health care reform wouldn't add a single dime to the deficit over the next decade. In fact, if Democrats have their way, this bill would add nearly 2.5 trillion dimes to the national debt. Well, the American people have a message for Democrats in Congress: The time to get our fiscal house in order is not tomorrow, it is not next year, it is now—right now.

Last week, 10 Democratic Senators sent a letter to the majority leader outlining some of the problems that can be expected to result from our record deficit and debts. They pointed out that each American's share of today's debt is more than $38,000, that long-term deficits will lead to higher interest rates and inflation, and all this debt threatens to weaken not only our basic standard of living but also our national security. Then they make an urgent plea. They called on their party to do something to deal with these urgent fiscal realities.

Well, they shouldn't hold their breath because instead of addressing these urgent issues, a handful of top Democrats are pressing forward behind closed doors with a health care plan that, once fully implemented, and including the physician reimbursement issue, would cost more than $2 trillion.

It is hard to imagine, but if the history of government entitlement programs is any guide, then these estimates are almost certainly on the conservative side. History shows these kinds of programs almost never come in under cost. Consider just a few examples: At the time that Medicare Part A was created, it was estimated that costs for hospital services and related administration for the year 1990 would run about $9 billion. The actual cost was seven times that amount. Medicare Part B, a program that covers physician services, was expected to run on $500 million a year from general tax revenues, along with a $3 monthly premium. Last year, the program was funded through nearly $150 billion in Federal revenue.

As I say, these are just a few examples, but they illustrate a larger point that can't be ignored. The nature of government entitlements is such that they only get bigger with time. The estimates we are getting have to be viewed in light of past experience, and past experience isn't encouraging.