

That cynicism has been authenticated by the process we are going through.

I would again urge the majority leader to invite us in to sit down. We have some constructive ideas. We have some thoughts as to how we can reform health care in America. We know there needs to be reform. We have people such as my colleagues, two doctors—Dr. COBURN and Dr. BARRASSO—on our side of the aisle, who have extensive hands-on experience with these issues. Why can't we at least at some point—which we should have done a long time ago—be allowed to have input into the behind-closed-doors process that is taking place as we speak?

H1N1 PREPAREDNESS

Mr. President, I wish to also say a few words this morning about an issue that is of great concern to me and is of greater concern throughout the country; that is, the availability of vaccines in order to combat swine flu, known as H1N1. There are long lines around the country. There is scarcity. There is great concern amongst the American people about this problem. Unfortunately, just last week, in a hearing before the Homeland Security Committee, the Secretary of Health and Human Services assured us that it was no problem and that there would be plenty of supplies on hand.

The previous administration conducted the initial analysis, as we know, and worked with the World Health Organization to estimate the magnitude of this worldwide pandemic. A plan was put in place and stakeholders began executing their roles in protecting the public health.

In the fall of 2005, in response to the government's lessons from combating avian flu, Congress provided \$6.1 billion in the 2006 supplemental appropriations for pandemic planning across several Federal departments and agencies. Since then, annual funding has been provided to the Centers for Disease Control and the FDA and activities in Health and Human Services to continue work on vaccine development, stockpiling of countermeasures, and assistance to States.

In late April of this year, Margaret Chan, the World Health Organization's Director General, declared "a public health emergency of international concern" when the first cases of the H1N1 virus were reported in the United States. National and State plans were in place and orders for vaccines were processed. Among other actions, officials released antiviral drugs from the national stockpile, developed and released diagnostic tests for the H1N1 virus, and developed guidance for the clinical management of patients and the management of community and school outbreaks. The administration requested \$9 billion in emergency supplemental appropriations to address the situation.

On June 26 the President signed an appropriations bill which provided \$1.9 billion immediately and an additional \$5.8 billion contingent upon a Presi-

dential request documenting the need for and proposed use of the additional funds. In total, from 2004 through 2009, Health and Human Services alone has received almost \$9 billion for pandemic flu preparedness. Again, this doesn't account for the other billions to other agencies.

However, for the \$9 billion and counting the government has spent on preparing for pandemic outbreaks, Americans have only experienced frustration at vaccine shortages and the long lines for the limited supply of H1N1 vaccines that are available. This should make all Americans extremely nervous about the government possibly taking control of our health care system.

Three months ago we were told—this is important. Three months ago we were told the CDC expected 120 million to 160 million doses by the end of October. Two months ago the administration's estimate of vaccine availability dropped to 40 million by mid October, with 20 million additional doses rolling out every week. Last week, the estimate dropped again. Now only about 28 million doses are expected to be available by the end of October. Yet the CDC estimates there are at least 45 million high-risk Americans, including pregnant women and children, in need of the vaccine. So according to my math, we are about 20 million doses short.

Unfortunately, the outbreak of the flu is widespread and deaths are accumulating. The Washington Post reported yesterday:

As of October 17, 46 States were reporting "widespread" influenza activity and many doctors' offices have been swamped with swine flu patients . . . The U.S. Government has ordered enough vaccine to make up to 251 million doses if needed, but production has been slower than originally anticipated. A total of 11.3 million doses of vaccine have been shipped to U.S. doctors and hospitals and clinics as of Wednesday, according to the CDC, out of a total of 14.1 million doses that manufacturers had shipped to warehouses by that time. By Friday, 16.1 million doses of vaccine had been shipped to warehouses.

In Arizona, State officials estimated a need of 900,000 to 1 million vaccines for my State's 6.5 million residents.

The PRESIDING OFFICER. The Senator's time has expired.

Mr. MCCAIN. I ask unanimous consent for 2 additional minutes.

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

Mr. MCCAIN. However, Arizona has only received 263,000 vaccines as of yesterday. According to the Arizona Republic, the swine flu vaccine was only available at 35 of the 113 planned clinics in Maricopa County. The article quoted the county's director of public health as stating:

It's a very frustrating situation where we are just not getting what we need. Right now, it is completely out of everyone's control.

On October 24, the Arizona Republic reported:

The lines were long, but the desire intense Saturday as hundreds, possibly thousands, of

people waited up to three hours to get in one of today's rarest experiences: a swine-flu shot.

The doses available represented a little more than 1 percent of Maricopa County's population. People were turned away if they did not fall into the high-risk group.

Congress needs to know more information. Obviously, the hearing we had in the Homeland Security Committee last week was, at best, misleading as to the magnitude of this problem. We need more information from the government, and we need to act now and find out how we are going to get enough swine flu vaccine to take care of the citizens of this country. We have already invested \$9 billion. I don't think we have a lot to show for it.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. COBURN. Mr. President, I will be recognized for the remainder of our time. Would the Chair tell me when I have 1 minute left, please?

The PRESIDING OFFICER. The Senator will be informed.

HEALTH CARE REFORM

Mr. COBURN. Mr. President, I listened the last few weeks on the Senate floor to many of my colleagues on both sides of the aisle. I happen to be one of two physicians in the Senate. I still practice. I saw 11 patients Monday morning in an office in Muskogee, OK. I saw some sick kids, saw some women, some senior citizens, saw people having difficulties with pregnancies. I was kind of struck, as I watched and listened, to where we are in the country today.

We have a lot of problems in front of us, including the financial problems, our unemployment problems, the fact that we need to get our economy up and going. But I saw something my staff sent me that explained and gave a great big, huge answer to me. It became crystal clear. It was a guy holding a poster. I have added a few things to his poster, but in essence here is what it said.

On the top line it said: "Medicare is broke." That is true. We all know that. It runs a negative cash balance, total negative cash balance starting in 2017, probably 2014. So 5 years from now, the vast majority of the funds from Medicare are not going to come from Medicare taxes. They are going to come from the citizens of this country through their regular taxes or we are going to borrow it from our kids.

The States are broke because they have Medicaid, and they are all struggling mightily right now, so Medicaid is broke.

What else is broke? The Post Office is broke. We know that. We just gave them \$2 billion to get them out of their cash flow, but they are going to run about an \$8 billion, \$10 billion deficit next year.

The census is broke. We know that. It is going to cost 2½ times what it

cost the last time, and we are not even sure we are going to get an accurate census.

The highway trust fund is broke. We are getting ready to have a bill on the Senate floor in the very next few days or weeks that will extend the life of the highway trust fund. It is going to take \$248 billion from our grandkids with a wink and a nod and say it is not broke. It is not any different from what we were trying to do on the Medicare doctor fix, on the reimbursement fix. So the highway trust fund is broke.

Fannie Mae is broke. Freddie Mac is broke. Medicare is broke. Medicaid is broke. The country is broke.

Here in the midst of all of this, we are getting ready to add a \$1 trillion program run by the very same individuals who have Medicare broken, Medicaid broken, highway trust fund broken, Post Office broken, census broken, Fannie Mae broken, Freddie Mac broken, and we are supposed to trust us to design a system to fix the problem.

There is no question there are some problems in health care. The biggest problem is that it costs too much. I see that every day when I practice medicine. I have seen it for 25 years. It is exacerbated now.

Most people won't agree with my assessment, but one of the reasons the costs are so high isn't just technology—and certainly it isn't the insurance industry—it is the demands we place on the system through Medicare and Medicaid. I get to experience that every day—the added costs that go into the health care system because I have to do something the way Medicare wants me to do it, not the way I would do it normally. I have to cross the T's and dot the I's for Medicare.

It is ironic that right now, as we are sitting here, there is a hearing going on on strategies to address Medicare fraud. We have a bill that is getting ready to come to the floor that doesn't have any of that in it. Why didn't we have that hearing 6 months ago when we asked for it? Or a year ago when we asked for it? Two years ago, we did have one in my subcommittee, where we found out that HHS doesn't even know how much Medicaid fraud there is, and they underestimate their Medicare fraud by 50 percent, according to GAO. We are almost at 20 percent fraud. And now we are having a hearing, after a bill is written, to find out new strategies for it.

Why? It is because there is no defense that we could ever muster or maintain against the accusation that we have allowed a system to have this kind of fraud in it. Yet we are supposed to turn around and ask the American people to trust us to fix what is wrong in health care. There are significant things wrong in Medicare. It costs way too much. It doesn't have to cost way too much. But we have put that into the system.

Let me, for a minute, defend American medicine. If you are sick anywhere in the world, the best place to

get sick is in this country. We have a 30- to 50-percent higher cancer cure rate than anybody in the world. If you have an acute coronary syndrome, heart attack, or stroke, we have the best hope for the best outcome and the best survivability for you. If, in fact, you have an orthopedic problem, whether it is a fractured hip or leg, or you need a new joint, this is the best place in the world to get the best care with the least complications, with the best outcome of anyplace in the world.

There have been a lot of people critical of the bad parts in health care, and they should be. But what we are about to do is to damage the very best health care in the world to fix what is wrong with that system. So rather than to preserve what is good, we are going to take over—we are already at 61-percent government-run health care; 61 percent of all health care is run by the government today. Add it up—whether it be military health care, Indian health care, VA health care, Medicaid, Medicare, SCHIP, or the Federal employees health care, FEHBP. Sixty-one percent of health care is run through the government today. You may say, how in the world can we have the cost go out of line? It is because we have health care bills that will not address the real costs.

Instead of having a monstrous bill that costs \$1 trillion—actually far more than that, about \$2.8 trillion the full first 10 years it is in effect. Rather than doing that, we ought to fix the easy things first, such as the fraud in Medicare. It is not hard to fix. We pay and chase. We have known that for years. We tried to do something about it, but we cannot do anything about it. We assume that when you bill Medicare, you bill them right and we pay you. If you don't do it right, we try to figure out, rather than having active live intervention to determine that you did a certified procedure or used a certified product. So we could save, in health care, \$60 to \$70 billion a year just in government programs if we fix the fraud.

We can save another \$100 billion a year if, in fact, we incentivize or change the tort system in this country, because what we know is that 80 percent of all lawsuits are frauds in health care. They all get dropped. They never get paid attention to. But they get filed, hoping to extort money out of our insurance companies that cover doctors. Of the remaining 20 percent, 89.9 percent of those are found in favor of the providers. So what that says is less than 3 percent of all the suits that are filed are legitimate, and those poor people who win the 3 percent—60 percent of the money doesn't go to them; it goes to the system.

What else could we do? We can change the Tax Code so that if you are an individual, you get the same tax benefit that corporations do when they buy their employees health insurance. No, we won't do that. We have not done that in this bill. So if, in fact, you are

well-to-do or you have the benefit of employer-paid health care, you get \$2,700 worth of health benefit a year; but if you are a single man or woman trying to raise a child, and are self-employed, you get \$100 worth of tax benefit. So we totally side with those who are well-to-do, in terms of the tax benefits in this country, rather than help the people out there trying to buy individual health insurance.

We can create a transparent market. We can mandate tomorrow that for all insurance sold you have to put out the quality, your payment terms, and you have to put out the prices you will pay, and the same with every provider in health care, so that you can know what you are going to get, what it will cost, and the likelihood of the outcome beforehand.

Finally, we could encourage the sale of insurance products across State lines to force competition into the insurance market. There is no question they need competition. They have it inside, but it is mandated down to the State level. So the only way you will ever create real competition and force competition in health care is to make them all compete against each other, which will give you the ability to buy what you want for your family, what you think you need, and get the care you want, at a price you can afford. We are not going to do that with this plan or any of the plans that have been offered. We are going to see the cost of insurance go up, not down.

Finally, we could have group health associations, where businesses can come together across State lines and join an association and have buying power in the insurance industry. That has been blocked in this body for 4 years.

So we can do four or five things, and none of those would cost any money. None of that would require us to steal money from Medicare Advantage and Medicare to create a new program, rather than to fund the sustainable portion of Medicare. So as we look at health care—and there is no question we have problems, and I want to see them fixed—it is important to put it into perspective. We have failed at everything we have done, in terms of being effective stewards, when it comes to health care programs through the Federal Government. They are neither efficient nor highly effective. We are getting ready to ask the American people to trust us with another couple trillion dollars over the next 10 years to create a new system, demonstrating the fact that we don't know how to run and won't be responsible for the systems we have. We are going to create a new system, and the idea is to just trust us. Our actions which have demonstrated a lack of financial stewardship of the health care programs today ought to give us all great caution that somehow the Federal Government knows what it is doing when it comes to health care. The proof is that we absolutely have no idea what we are

doing. That is why there is an \$85 trillion unfunded liability on Medicare. That is why there are over \$100 trillion in unfunded liabilities when it comes to Medicare, Social Security, Medicaid, and SCHIP that we will never be able to take care of, which we will shove over onto our kids and grandkids. But trust us, we can get it right this time.

We can create 88 new programs—that is what is in this—new bureaucracies, new government programs, with 150,000 new employees. And if you think that 150,000 employees won't stand between you and your provider, you have another thought coming. They are going to write rules and regulations that will cripple the ability for you to make decisions about your health care in your family. It is going to slow your access to health care and raise your cost of health care.

There are ways to get out of this. There are ways to lower the costs. There are ways to not grow the government and make more health care available to hundreds of thousands and millions of American citizens. The first health care bill introduced was the Patients Choice Act, filed in this Congress by myself and RICHARD BURR. It saves money rather than costing money. It saves \$70 billion in the first 10 years. It saves the States \$1 trillion in the first 10 years. It is the opposite of what we have coming. It is a patient-centered plan rather than a government-centered plan. It puts patients in charge rather than government bureaucrats and Senators. The last thing I want to happen to my patients and me—I am 61 years old, and it will not be long before I am eligible for Medicare—is somebody in Washington making a decision about what my family and I can get. And whether I can afford it is up to me. But what I can get, and where I can get it, ought to be totally and 100 percent left in my hands as an individual who is free in this country.

I have one final point. In this bill is a mandate that you have to buy insurance. You have to buy insurance. If you own your own home, you don't have to buy homeowners insurance. If you don't want to have general liability on your property, you don't have to do it. If you choose not to drive a car, you don't have to buy auto insurance. By the way, 25 percent of the people who own a car don't buy it or they buy it and they cancel it. We know that. That was the latest statistic. So we are going to tell everybody in America that you no longer have the freedom to make a choice, that if you have the assets and you choose not to buy health insurance, you are going to get a fine—a misdemeanor—from the Federal Government. We are going to take away your freedom to make a decision you think is in your best interest.

I note that I have a limited amount of time. With that, I call on the American public to pay very close attention not to what we say and are going to do in the next few weeks in Washington but look at what we have done in the

past. I don't think you can trust us with health care the way we are going. We have not demonstrated we can do that. The person to trust on health care is you. We can fix what is wrong without bringing another 20 percent of health care into the Federal Government and shackling our children forever.

I yield the floor.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

UNEMPLOYMENT COMPENSATION EXTENSION ACT OF 2009—MOTION TO PROCEED

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of the motion to proceed to H.R. 3548, which the clerk will report.

The assistant legislative clerk read as follows:

Motion to proceed to H.R. 3548, a bill to amend the Supplemental Appropriations Act of 2008 to provide for the temporary availability of certain additional emergency unemployment compensation, and for other purposes.

The PRESIDING OFFICER. The Senator from Michigan is recognized.

Ms. STABENOW. Mr. President, I have come to talk specifically about the urgency of passing the unemployment benefit extension.

I want to take a moment to respond to my friend from Oklahoma, who was essentially bashing the Government's ability to provide any kind of structure or opportunity for health care, saying that the Federal Government cannot be trusted to provide access to health care for people. I suggest that the 40 million people who receive their health care through Medicare—seniors over age 65 and people with disabilities—would probably disagree with that. I think my 83-year-old mother would wrestle me to the ground if I tried to take away her Medicare card. She has access to choose her own doctor and procedures.

This is a system that involves the public and private sectors, and it was in fact established in 1965 by the U.S. Government to make sure seniors and people with disability have health care. Also, those who are poor in this country and have lost their jobs and are fearful of losing their health care, families, and low-income seniors who need to go into nursing homes would probably disagree with my friends from Oklahoma about Medicaid, even though there are many challenges that we need to work on in terms of rates and so on.

Medicaid is a safety net for many Americans. That is the difference, in some cases, for seniors in nursing homes between life and death.

I am proud the Federal Government also stepped up on Medicaid. I also

think the Children's Health Insurance Program, which was started in the nineties for low-income working families to make sure that if someone is working in a job and does not have health insurance, at least their children can be taken care of with a low-cost policy they pay for. But we established and created a way for families to get health insurance. I think those folks would probably disagree with the statement as well.

In many regards, the VA—and while there are certainly challenges and issues and we all push through to make sure our constituents are served—has been in the forefront of health information technology, electronic medical records, and so on. The VA is a system that works for our veterans as it should. When it is not well funded, as it has not been in the past with the previous administration, we stepped up to increase the funding repeatedly to make sure our veterans have what they need through a Federal Government health care system.

Finally, I will just say, there are our military and military retirees as well whom, I am proud to say, our country has supported through providing a health care system.

We can talk more about health care at another time. But I do think this ongoing effort to be critical of anything we do collectively as a country, through a democratic process of government, that somehow that is bad, I find that interesting, when we are saying to those around the world they should go to our system. We, together through our system, have made sure there are opportunities for many Americans, most Americans, if you count the employer-based health care system, the tax credits, the incentives for employers, the government policy. In some way, our government has been involved in incentivizing health care. The question now is, Do we complete the job? I am very hopeful we will complete the job for every American and tackle health care costs that are crippling our businesses, our government, and our families.

I wish to speak about something else that is of tremendous urgency for families. I was very pleased that last night, finally, after 3 weeks of blocking our ability to get to this bill to extend unemployment benefits, we have the opportunity to get to a vote. Eighty-seven Members voted to proceed to the bill. I don't understand, when 87 Members vote to proceed to the bill, why we could not have done this sooner.

Since we started to try to get to this bill, to this point today, 143,000-plus people have lost their unemployment insurance benefits—just in the last 3 weeks, over 143,000 people, who have done nothing but work all their lives, play by the rules, the job goes away, they are trying to find another job and, in the meantime, keep a roof over the head for their family, food on the table, turn on that electric, turn on that heating system, which is going to cost