

One of my staffers wrote down what he said. He said: "In all my years I have never seen such transparent dishonesty in the Congress."

He said "it is the biggest fraud that has been perpetrated in the history of our country," in his opinion.

Here we have a situation. I want to say I am going to pursue this in a little more detail. I am not going to go into great length tonight. But we have an amendment—Senator BENNET offered an amendment yesterday that said we wouldn't cut guaranteed benefits for Medicare. But the way this deal is being done is they are cutting payments to providers of Medicare.

We are already reaching, as Senator GRASSLEY said, a national crisis because by 2017 we will not be able to have a surplus in Medicare, we are going into default in Medicare. Where are we going to get the money?

Could we have efficiencies? Could we save some money in Medicare? Could we do some things to keep the program afloat? Perhaps. But if we do so, should not we use it, should not we use any efficiencies in savings that we could scrape together without damaging the commitment we have to our seniors—should not we use those savings to save Medicare that is going into default? I suggest that is a moral and legal commitment.

Mr. Eberle has written to me. He has paid for 40 years. He has not been able to draw anything out of it for the 40 years he has paid into it. Now he gets ready to draw, and we are telling him we are going to cut \$465 billion out of the Medicare payment. This is not a little bitty matter.

We seem to have amazing—we seem to have this dispute. One group, from the other side, says: Don't worry, we are not taking \$465 billion from Medicare, and we wouldn't cut Medicare, and we don't believe in cutting Medicare, and we don't want to hurt Medicare in any way. Our side over here is saying: But you are. According to the numbers that are pretty plain in this legislation, hospitals will have a \$135 billion reduction; hospices, you have \$8 billion for life-ending care that has been so helpful to so many families; nursing homes have a \$15 billion reduction; Medicare Advantage, \$120 billion; home health agencies that Senator GRASSLEY talked about, a \$42 billion reduction. Are we imagining this? Have we somehow formulated this? It all totals up to about \$465 billion.

This matter, I suggest, is not going away. Either we have reality here or not. I believe the facts will show that we are raiding Medicare, we are weakening that program when it is already known to all of us in this body that Medicare is not actuarially sound.

I remember when President Bush determined, in a failed effort, to try to alter Social Security in a way that he believed would put it on a more sound footing. He got no help at all. We had many of our Senators on both sides of the aisle saying: If you really want to

do something, as bad as Social Security is, Medicare is in a much worse financial fix. Why aren't you fixing it?

I remember a number of years ago, 10 or more, when Senator JUDD GREGG, then chairman of the Budget Committee, tried to come up with some legislation to contain a little of the growth in Medicare. Over 5 years, he had a plan that would contain the growth by \$10 billion. Not a single Democrat voted for the Gregg proposal. Now they accuse the Republicans of trying to damage Medicare when, in fact, every penny of the \$10 billion to be saved was going to be utilized to strengthen Medicare and try to keep it from going into default.

Now we are talking about taking \$465 billion out of Medicare and starting a new entitlement program, a new entitlement program at the time that this Nation has just passed or just incurred the largest single deficit in the history of the American Republic, \$1.4 trillion. Next year, we will be over \$1 trillion, according to the Congressional Budget Office—not me.

Is this smart? To have a program that people have depended on, that we have a moral compact to support—to support our seniors who paid into this plan for 40 years, now taking money out of that to create a new program? It is, in fact, in quite a number of areas, going to cost far more than is being suggested by the people who are promoting the legislation. We are going to dig into this and try to analyze it with more clarity, but the truth is, the numbers just do not add up. They will not work. We just ought not to be establishing a new entitlement program of massive proportions in a way where we really have little concept of how it is going to play out at a time of the largest deficits this Nation has ever had, deficits that, according to our own Congressional Budget Office, will double the national debt in 5 years and triple it to \$17 trillion in 10 years.

It is an unsustainable course, and one of the first things we have to do is watch how we spend our money. I talked to an individual today. He said: It is like your house is in serious need of repair. You really don't have the money to fix it. You finally decide you have to borrow money to fix the house, and instead you borrow money and add a wing onto the house.

We need to fix the house we have. We need to make sure we honor our commitment to Medicare recipients. They have already paid. That is the important point to remember. They have already paid their working life under a compact and a commitment that money would be in a fund that would be available. We ought not to be taking it away.

I urge colleagues to think about this. This is perhaps the most significant fatal flaw in the legislation. It just doesn't add up. There are others, but this one, to me, is the most dramatic, the most pernicious, the one that is most unwise. We simply need to slow

down, ask ourselves how we can make our health care system better, how we can do it without breaking the bank. Aren't there some things we can do to improve health care without a huge cost? Yes, there are. Let's start with every single one of those we can agree on. If we do that, I think we could make a lot of progress.

Who knows, if this economy turns around—and we all hope it will—we would be in a better footing to consider a new benefit in the future.

I yield the floor.

The PRESIDING OFFICER. The Senator from Montana.

MORNING BUSINESS

Mr. BAUCUS. Mr. President, I ask unanimous consent that the Senate proceed to a period of morning business, with Senators permitted to speak up to 10 minutes each.

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

REMEMBERING MAJOR GENERAL CHARLES BEACH, JR.

Mr. MCCONNELL. Mr. President, I am here today to remember the life of a dear friend, MG Charles Beach Jr., of Beattyville, KY. General Beach passed away this past Veterans Day, at the age of 90. He was a genuine servant to his country, his hometown, and the Commonwealth of Kentucky. While General Beach will be greatly missed, the contributions that he has made to Kentucky, and the sacrifices that he has made for this Nation, will surely live on as his legacy.

Charles Beach knew from a young age that he wanted to serve his country, and in 1940, he graduated from the Virginia Military Institute in Lexington, VA. Shortly after graduation, he completed his special training and began his active service. While in Italy in 1944, Charles became severely wounded during battle. He spent the next 8 months recovering in a military hospital and was awarded the Purple Heart.

Charles Beach joined the Army Reserves after he was released from active duty. After a short time in the Reserves, Beach was recommissioned into the U.S. Army, this time with the rank of major. In 1976, he was promoted to major general after becoming the 18th Commander of the 100th Division, where he commanded the Kentucky Army Reserve Training Division.

General Beach's contributions extended beyond his military service; he was an active member of his beloved hometown of Beattyville. The general served his community through many organizations including, as chairman of People Exchange Bank and Insurance, president of the Beattyville/Lee County Chamber of Commerce, president of September Place Retirement Village, and cofounder of a scholarship program to aid eastern Kentucky students wanting to pursue careers in medicine.