

As I have indicated, he and Senator LEAHY do not agree on parts of this immigration bill, but that is the way things are and should be on this legislation—all legislation. But he has been cooperative in helping us meet his expectations and move forward.

SEQUESTRATION

Mr. REID. Mr. President, a century ago, a person born in the United States could reasonably expect to live to their late forties. I repeat, 100 years ago, a person born in the United States could reasonably expect to live to their late forties. Today, most people born in the United States can live into their late seventies or early eighties. That is the way it is.

Look how things have changed over these last 100 years. Imagine adding more than three decades to life expectancy just in this period of time. This gift is due to a number of reasons. But the most significant reason is we have had 125 years of research done by one of the great institutions of America: the National Institutes of Health.

Due to their research, fewer people die of cancer, for example, each year than the year before. It is stunning, the advances we have made. If one looks at their personal life, the things that happen in their family, think what it would have been a few years ago, such as with a terrible automobile accident or a dread disease like cancer. Think of the work that has been done by these scientists to help us advance the cause of curing people.

Over the last half century, deaths from heart disease and stroke have fallen by 60 percent. That is just in 50 years. Because of the work done, thanks to the Institutes of Health, scientists understand the heart about as well as any part of your body.

Now these wonderful scientists are beginning to study the brain, which is much more complicated than the heart, but still the heart is very complicated. They are going to begin a study to find out everything they can about the brain. The most extensive research project in the world is dealing with the brain, which is going to be—and it has already started—at the National Institutes of Health.

Because of antiviral therapies developed by NIH-funded projects and researchers, now they have diagnosed HIV/AIDS to the extent that—I was out there on Monday, and I talked to them about that when I first came to the Senate, when someone was diagnosed with AIDS, it was a death sentence. Not anymore because of the work done there. They can count their life expectancy in multiple decades, when in the past it was months.

It would be impossible to count the lives NIH innovation has already saved, and researchers are not close to realizing the limits of modern medicine.

I was fortunate to have the opportunity, as I indicated, to visit the facility on Monday morning. These facili-

ties in Bethesda, MD, are stunningly important to visit, to witness, the fascinating work they do there.

I toured one of the clinics where the best medical researchers in the world are trying to solve the world's most elusive medical mysteries. There are 27 different institutes that make up the National Institutes of Health. They are studying diseases that have yet to be identified, let alone be cured. They have one institute where that is what they deal with. On diseases, they do not know what the cause is.

I met a little girl there who is 7 years old—a beautiful child. They are trying to figure out why she has the problems she has. They have made some progress, but they do not know yet. Once they identify—and they have. They have found reasons why in that young lady and others certain things are missing. I am not a scientist and I cannot probably do justice to this, but there are certain things in the body—gene sequencing in the body—where something is missing or something is added, such as a protein that should not be there. Now they can identify this. It is tremendous that they can do that, but on a number of these diseases they are still—even though they have identified what causes it, they do not know for sure how to fix it. That is what they are doing there.

In addition to the work being conducted by the nearly 6,000 scientists who work there—these are labs located on their campus; it is a huge campus—they award not only the work they do there, but they award thousands of grants each year to more than 300,000 researchers across the country. Most of them are university based, but not all of them.

These scientists are seeking the next breakthrough for treatments they can do with drugs and even cures. They are reaching out for the next advancement that will—to borrow Abraham Lincoln's words—add years to our lives as well as life to our years.

But today the crucial lifesaving work at NIH is in jeopardy. The arbitrary, across-the-board cuts of the mean and arbitrary sequester have hit NIH very hard. The institutes have cut \$1.55 billion from their budget this year alone.

Think of the work that is not being done there because of that. The little girl who I met there—think of the work that is not going to be done with little girls and boys like her because, this year alone, \$1.5 billion is cut from their program.

What that means, among other things, is that NIH will award 700 fewer grants this year than last, putting the next revolutionary treatment at risk, whatever it might be. And faced with diminished funding opportunities and an uncertain future, promising young scientists are abandoning the research field altogether.

The Director of the National Institutes of Health is Dr. Francis Collins, the father of the gene sequencing that we now look to in the future to curing

literally every disease. This wonderful man, who could make a fortune by moving out of his scientific endeavors, has decided that is his life's work. Not only does Dr. Collins feel that way, but everyone who works there. They are doing things to help us, our families, our friends, America, and literally the world.

It is very sad to me that these wonderful people, who are dedicating their lives to not how much money they can make but how much better they can make people feel and what they can do to cure diseases, are looking for other places.

The best friend of someone who works for me here in Washington is one of the leading experts, if not the leading expert, in the world on a disease called melanoma—cancer.

He is not applying for grants anymore at NIH because you cannot do this work on a 1- to 2-year basis; it has to be long-term or you would do not the research. It is happening all over. Not only that, people who work there are leaving the institution.

NIH researchers are currently studying cancer drugs that zero in on a tumor more, with fewer sickening side effects. I say that—sickening side effects.

The Capitol physician, Dr. Brian Monahan, is a wonderful man. He was a professor, taught medicine. He is a Navy admiral. He is board certified in hematology, internal medicine, and oncology. As some know, my wife has been through a pretty brutal bout with breast cancer. He told me, when Landra was really sick lots of time—really, really sick—he said just a few years ago that they had to admit women to the hospital because they could not stop vomiting because of the medicine they were taking. We have made progress. That does not happen often anymore. As sick as my wife was, she was not as sick as she would have been a few years ago.

At this wonderful facility, they are developing a vaccine to fight every strain of influenza without a yearly shot, saving money and lives. A man at the institute there, on a blackboard—really a greenboard—with a piece of chalk, drew a picture which showed me and my staff what happens when influenza strikes and the reason we need now a yearly shot for the flu. But we are very close to having one shot to take care of flu all the time.

This flu is not anything to not worry about. In 1918, 100 million people died because of flu around the world—100 million. We have a couple types of flu right now that are potentially very damaging. These scientists are very close to having a vaccine that will take care of the flu with one shot for always.

They are conducting clinical trials to help identify and treat those at risk of developing early-onset Alzheimer's, leading to more successful treatment of this costly and debilitating disease. Many years ago I was at an event in

Las Vegas. Next to me was a physician. I was a new Senator. He said: You and Congress need to do something about Alzheimer's; otherwise, you are going to bankrupt America. With people living longer, there is more Alzheimer's coming all the time. We have made progress. We still have a long way to go.

These innovations have the possibility not only to save lives but to save us all billions of dollars each year on medical care. The NIH is an intellectual and economic leader the world over. Everybody looks at the NIH as the premier research facility for disease.

But the senseless meat ax, unfair cuts we call sequester, puts all that NIH does at risk. As we, this wonderful, great country of ours, are slashing investments in medical research—slashing—our competitors are redoubling their efforts: China, 25 percent increase in medical research; we are cutting billions. In just 2 years, with the sequester deal, we will cut almost \$4 billion. China is increasing theirs by 25 percent; India by 20 percent; South Korea, Germany, Brazil, 10 percent. We are whacking ours, cutting these wonderful scientists. These countries, all they are trying to do is duplicate our success, replicate our success. While they are doing that, we are abandoning investments that brought us to where we are.

But medical innovation does not happen overnight. It takes years of research, years of trial and years of error, quite frankly, years of the process of elimination. One of the institute Directors—we talked about spinal cord injuries. They are making progress with something they thought a few years ago worked really well, but further tests said it works only a little bit, not the way they thought it would.

Even when scientists know the cause of a disease—as I have indicated, they have figured out some of this with gene sequencing—it takes an average of 13 years to develop a drug to treat that. These shortsighted cuts in the research funding will cost us valuable cures tomorrow. While these costs may not be felt this month, this year, or even this decade, their long-term consequences will be grave.

Now, we say it may not be felt this month. To the scientists working there, they are going to feel it very quickly because some of them are leaving. Imagine if we had neglected our commitment to finding effective treatments for cancer, heart disease, or stroke a few decades ago. Imagine if we had abandoned investments in treatment for HIV/AIDS in the 1980s and 1990s. Think of the burden that would have been not only on the people who were sick and dying but the burden it would have been on our economy because of the huge cost, the lost time at work, and all the medical stuff. We do not have to worry about that anymore. Imagine lives cut short.

We can all agree that reducing our deficit is a valuable goal. We have done

a good job—\$2.5 trillion. But we should reduce the deficit by making smart investments, not by the making shortsighted cuts that cause pain and suffering and death. There is simply no price tag you can put on that.

RECOGNITION OF THE MINORITY LEADER

The ACTING PRESIDENT pro tempore. The Republican leader.

HEALTH CARE

Mr. MCCONNELL. Mr. President, a few months back one of our Democratic colleagues warned of a huge train wreck on the horizon—the implementation of ObamaCare. Yesterday we received another warning as ObamaCare speeds down the tracks. This one came from the Government Accountability Office, which highlighted a number of missed deadlines that cast doubt on the ability of the administration to even get the law up and running by October 1.

Of course, the GAO is not the first to issue such warnings. Some of us have been sounding a similar call literally for years. What we have said is that ObamaCare is set to become a bureaucratic nightmare. Most of the law's key provisions have not even been implemented yet. Not a single American has signed up for an exchange. Already it is turning into one big mess.

It was not hard to see this coming. We are talking about a 2,700-page piece of legislation. We are talking about a law that has already generated more than 20,000 pages of regulations—literally a redtape tower 7 feet tall. We are talking about an edict that proposes to alter one of the most personal, most private aspects of our lives in a fundamental way. So it does not take an expert to understand what that leads to—reams of paperwork; a massive new bureaucracy; the coordination of numerous, hulking government agencies, including, of course, the IRS.

It cannot be done without the people the government is attempting to regulate—the doctors, the hospitals, States, small businesses, hundreds of millions of Americans—actually having a clue how to comply. Nobody knows how to comply. The law is maddeningly complex. So, of course, ObamaCare is going to be a mess—going to be a mess. We said it would be. Actually, it already is. Yet earlier this month the President said that ObamaCare was “working the way it is supposed to.” That is literally what he said.

Maybe that is why just yesterday a survey of Americans showed that only 19 percent—fewer than one in five—believe ObamaCare will make their family better off—only 19 percent. It found that a much greater number—roughly half of Americans—worried about losing the health care coverage they already have.

There was another survey released too, a survey of small business owners.

It found that 41 percent of small business owners said they had frozen hiring, literally quit hiring people because of ObamaCare—41 percent of small businesses. About 20 percent said they had already reduced their workforces because of it. Forty percent quit hiring people and 20 percent reduced their workforce because of ObamaCare. Remember, this is a law that is still being implemented, and many businesses already seem to be laying people off. I hope that is not a preview of what we will see once ObamaCare actually comes online. But given the evidence thus far, it is hard to draw a different conclusion.

The Kentucky Retail Federation recently cited ObamaCare as the thing having the most impact on their businesses' ability to grow. As the leader of that group put it, the companies in his federation are hesitant to take on new staff or to invest in their own business growth until they know how much health care reform is going to cost.

So if this is the law that is “working the way it is supposed to,” then it is obviously a very bad law. It is Congress's duty to repeal bad laws. I hope that it will. I hope my Democratic friends here in the Senate will finally work with us to do just that because we cannot do it without them. They have the majority. If they can muster the will to admit their mistake, I hope they can also find the will to work with us to start fresh on health care. This time, I hope they will actually work together with Republicans to get something done for the American people. In my view, that means pursuing effective, step-by-step reforms that cannot only lower costs but they can also be implemented effectively and understood completely by the constituents we were sent here to serve. I know my constituents back in Kentucky would expect as much of us, and frankly they should expect that much of us.

SENATE RULES

Mr. MCCONNELL. Mr. President, as I have talked about repeatedly over the last few weeks, there is a cloud hanging over the Senate, an unease throughout the Senate entirely on the Republican side and some on the Democratic side as well, and that is this: We had a discussion at the beginning of this Congress about what the rules of the Senate would be for this Congress this year and next year. After that bipartisan discussion, we passed two rules changes and two standing orders. The majority leader said we had determined what the rules of the Senate were going to be for the next 2 years. He gave his word that we would not break the rules of the Senate in order to change the rules of the Senate—the so-called nuclear option. Yet he has continued to hint that maybe that was not what he had in mind.

So what my colleagues and I are asking the majority leader to do is to