

risk of waterborne disease is acute. The risk of other diseases, such as malaria and dengue fever, is growing as mosquitoes rapidly reproduce in the flooded areas.

Existing malnutrition among children, which affects up to half the population in Burma, is even worse because of the flooding and cyclone.

Mr. President, perhaps the world should not be so surprised with this military's outrageous reaction to this disaster. This is, after all, a government with a long, well-documented history of brutality to its own people.

In eastern Burma, the military has destroyed 3,000 villages over the past 10 years. It has widely used forced labor and has recruited up to 70,000 child soldiers—far more than any other country in the world. Today, Burma has an estimated 1.5 million internal and external refugees.

It is a country with a well-documented history of political repression and torture. Two years after the Burmese people protested conditions in 1988, the government held an election. Aung San Suu Kyi, a leader in human rights around the world, was placed under house arrest before the election and has suffered mightily since. Despite her party's victory she was subjugated and imprisoned in her own home for most of the last 18 years. Suu Kyi has been awarded the Congressional Gold Medal—recognition by this Congress of her singular efforts in Burma to bring a new day and a new government. Last September, thousands of monks peacefully protested for change in Burma. Many of them were hunted down, imprisoned, and killed. This military junta has ignored global calls for dialog and an end to the violence.

Earlier this week, ADM Timothy Keating, who leads the U.S. Pacific Command, and USAID Administrator Henrietta Fore landed with an American relief flight in Rangoon. They met directly with the Burmese military officials to offer help. I hope this visit does help.

Last week, I spoke of the world taking definitive action to halt the genocide in Darfur. Today, we face a mounting humanitarian crisis in Burma.

Some, including French Foreign Minister Bernard Kouchner, have said the United Nations should invoke the responsibility to protect—a provision that allows the world community to help those left unprotected by their governments. Others argue that China, which also has suffered a horrible natural disaster this week, should use its friendship with Burma to help open the country to outside assistance. At a minimum, Burma should view China's response to its earthquake, in which it immediately and proactively stated its willingness to accept emergency aid, as an important way to work with the global community. Whatever the route, the world community, with American leadership and generosity, must do more to address this humanitarian crisis.

HEALTH CARE

Mr. DURBIN. Mr. President, free market fundamentalism tells us that all we have to do is get Government out of the way and the miraculous powers of competition and supply and demand will solve all our problems. This is a cardinal principle of the administration now in power. They have had 7½ years to test their theory, and the results—for our economy and America's working families—has been a disaster. They have put their theory to work, and it has thrown Americans out of work. The middle class in America is shrinking and suffering. Today, more Americans are falling out of the middle class than are working their way into it.

A new poll by the respected Kaiser Family Foundation provides a sobering look at the economic situation and the reality of economics in America today. The Kaiser Foundation asked people about seven economic trends or changes that they considered serious problems. Forty-four percent of Americans said problems paying for gasoline is a serious problem for their family's financial well-being. Twenty-nine percent said problems getting a good-paying job or a raise are serious. Twenty-eight percent of Americans said problems in paying for health care and health insurance were serious and hurting their economic well-being. Those are the top three economic strains on family budgets: The price of gasoline, jobs—good-paying jobs—and paying for health care.

They also rated serious problems when they were asked about the strains and problems their families face. Problems paying for mortgage or rent: One out of five. Problems paying for food and credit card debt: One out of five. Losing money in the stock market: About one out of six.

We have heard a lot said about the strain the record gas prices are placing on families and our economy. Yet in the midst of all this, with the knowledge of what it is doing to our economy, to families, to businesses, to farmers, big oil companies continue to rake in record profits at the expense of the American economy.

I wish to take a few minutes to talk about another economic problem that is hurting America's families and businesses: out-of-control health care costs. A recent essay in Newsweek magazine contained an eye-opening title: "The Myth of the Best in the World."

I ask unanimous consent that the full article be printed in the CONGRESSIONAL RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From Newsweek, Mar. 22, 2008]

THE MYTH OF 'BEST IN THE WORLD'—A SPATE OF NEW RESEARCH SHOWS THE U.S. BEHIND OTHER COUNTRIES IN CANCER SURVIVAL AND DIABETES CARE

(By Sharon Begley)

Not to be heartless or anything, but let's leave aside the dead babies. In international

comparisons of health care, the infant mortality rate is a crucial indicator of a nation's standing, and the United States' position at No. 28, with seven per 1,000 live births worse than Portugal, Greece, the Czech Republic, Northern Ireland and 23 other nations not exactly known for cutting-edge medical science—is a tragedy and an embarrassment. Much of the blame for this abysmal showing, however, goes to socioeconomic factors: poor, uninsured women failing to get prenatal care or engaging in behaviors (smoking, using illegal drugs, becoming pregnant as a teen) that put fetuses' and babies' lives at risk. You can look at 28th place and say, yes, it's terrible, but it doesn't apply to my part of the health-care system—the one for the non-poor insured.

That, in a nutshell, is why support for health-care reform is fragile and shallow. Yes, many people of goodwill support extending coverage to the 47 million Americans who, according to the Census Bureau, had no insurance for all or part of 2006. An awful lot of the insured, though, worry that messing with the system to bring about universal coverage, even if it allows more newborns to survive, might also hurt the quality and availability of care that they themselves get ("If I have trouble getting my doctor to see me now, what will happen when 47 million more people want appointments?"). This is where you start getting the requisite genuflection to the United States' having "the best health care in the world." One problem: a spate of new research shows the United States well behind other developed countries on measures from cancer survival to diabetes care that cannot entirely be blamed on the rich-poor or insured-uninsured gulf. None of this implies a specific fix for the U.S. health-care system. It does, however, say that "the best in the world" is a myth that should not be an impediment to reform.

How widespread is the "best in the world" view? In a survey of 1,026 U.S. adults, the Harvard School of Public Health and Harris Interactive reported last week, 55 percent said they thought the United States has the best quality care of any country. (Fewer called the U.S. system the best overall, due to poor access and high costs.) "Health-care reform has failed before and will fail again if middle-income people with insurance think it will make quality go down," says Harvard's Robert Blendon.

One thing Americans love about their system is the availability (for the insured) of high-tech equipment and the latest procedures. But there is abundant evidence that these are not necessarily beneficial. I remember breast-cancer patients screaming bloody murder in the 1990s when they were denied access to bone-marrow transplants. Sadly, once the treatment was subjected to rigorous study, it was shown not to extend life. But it made women who worked the system to get it (some private insurers agreed to cover it) suffer even more than they already were. In a centralized system such as Medicare, science more than the market shapes what treatments are available. "Some of the things patients scream for," says Blendon, "aren't going to help them." Though they do run up the U.S. medical bill. At \$6,697 per capita in 2007, it is the highest in the world (20 percent more than Luxembourg's, the next highest) and more than twice the average of the 30 wealthy countries in the Organization for Economic Cooperation and Development.

If only it bought better care. Only 55 percent of U.S. patients get treatments that scientific studies show to work, such as beta blockers for heart disease, found a 2003 study in *The New England Journal of Medicine*. One reason is that when insurance is tied to employment, you may have to switch doctors when you change jobs. In the past three

years, says Karen Davis, president of the Commonwealth Fund, 32 percent of Americans have had to switch doctors. The result is poor continuity of care—no one to coordinate treatment or watch out for adverse drug interactions. Such failures may contribute to the estimated 44,000 to 98,000 annual deaths from medical mistakes just in hospitals, and to “amenable mortality”—deaths preventable by medical care. Those total about 101,000 a year, reports a new study in the *Journal Health Affairs*. That per capita rate puts America dead last of the study’s 19 industrialized countries.

Other data, too, belie the “best in the world” mantra. The five-year survival rate for cervical cancer? Worse than in Italy, Ireland, Germany and others, finds the OECD. The survival rate for breast cancer? You’d do better in Switzerland, Norway, Britain and others. Asthma mortality? Twice the rate of Germany’s or Sweden’s. Some of the U.S. numbers are dragged down by the uninsured; they are twice as likely to have advanced cancer when they first see a doctor than are people with insurance, notes oncologist Elmer Huerta of Washington Hospital Center, president of the American Cancer Society. But the numbers of uninsured are too low to fully explain the poor U.S. showing.

It isn’t realistic to expect America to be the best in every measure of medical quality. And none of this tells us how to reform the U.S. system. But it does say the “best in the world” is misguided medical chauvinism that should not block attempts at reform.

Mr. DURBIN. This column points out that the United States spent almost \$7,000 per person on medical care last year—\$6,697 per capita. That is the highest in the world. It is 20 percent more per person than the next highest spending nation of Luxembourg, and it is more than twice as much as the 30 wealthiest countries around the world.

In a survey of over 1,000 adults, the Harvard School of Public Health and Harris Interactive found that 55 percent thought the United States had the best-quality care in the world.

The fact that we spend so much per person may lead people to that conclusion—that we have the best care. After all, we spend the most money. Yet the facts tell us otherwise. The highest cost doesn’t mean the highest quality. We rank below other nations in many critical health outcomes. There is no doubt in my mind if I were seriously ill in any part of the world, I would try to find my way to the United States. There is no question we have the very best doctors, the very best medical professionals, hospitals, and medical technology.

But when you take a step back and look at the outcomes for the American people, it tells a different story. The 5-year survival rate for cervical cancer in the United States—cervical cancer—is worse than Italy, Ireland, Germany, and many others. The survival rate for breast cancer in the United States is worse than the survivor rate in Switzerland, Norway, Britain, and other nations. Our asthma mortality rate is twice the rate of Germany and Sweden. True, we have the best hospitals but not the best outcomes, in many instances.

Only 66 percent of U.S. patients receive treatments that scientific studies

show to work, such as beta blockers for heart disease, according to the *New England Journal of Medicine*.

According to a 2007 survey by the Independent Commonwealth Fund, adults in the United States are more likely to forgo needed health care than adults in Australia, Canada, Germany, Netherlands, New Zealand, and the United Kingdom. Nearly one out of five American adults surveyed said they have serious problems paying medical bills. That is more than double the rate in the next highest country. Nearly a third of those surveyed had spent more than \$1,000 out of pocket in the last year on medical costs not covered by insurance. Only one out of five Australians and one out of eight Canadians spent that much money on out-of-pocket health expenses. No other nation came even close.

Seven years ago, the World Health Organization made the first major effort to rank the health systems of 191 nations. The top two nations in the world: France and Italy. The United States did not even make the top 10; not even the top 20. We ranked 37th in the world, according to the World Health Organization, when it came to our health care systems. We have this vanity in the United States that because we spend so much money on health care, we must be the best in the world. It is not true.

More people die each year from medical and surgical mistakes in the United States than in any other industrialized nation. Incidentally, more Americans die of medical mistakes each year than die from AIDS, breast cancer, and automobile accidents combined.

In health information technology, we lag far behind. By 2005, the United Kingdom had invested 450 times more per person in public funding of health information than the United States. We rank the highest in infant mortality among 23 nations and near the bottom in healthy life expectancy at age 60. We are 15th among 19 countries in deaths from a wide range of illnesses that would not have been fatal if treated timely and in an effective way. We do well in reducing smoking, but we still have the worst rates of obesity.

When you get beyond the myths and look at the studies, it becomes clear. The quality of a nation’s health care is determined not by how much we spend but by whether we provide universal care that works. The United States is the only major industrialized nation without universal health coverage. We cannot give an assurance to every single American that they will have a doctor at hand when they need one. We can’t give them the assurance that they can have basic access to needed health care when they absolutely need it for their family. Other nations have met that responsibility. We have not.

Ironically, the persistent and unfounded belief that Americans receive the best health care is a major reason why we don’t move toward change and

don’t move toward providing the peace of mind which every American and every American family deserves. The health care and insurance companies spend millions of dollars to frighten Americans into thinking that covering everyone with health insurance will somehow mean less coverage for others and less choice for Americans who already have health insurance. That is a scare tactic. Look at all the other countries in the world that have better health care at much lower cost. By the way, when it comes to health care choice—especially choice of doctors—a third of Americans with health insurance say they had to change doctors in the last 3 years because their insurance company insisted on it. One out of three Americans. So the idea that consumers are in charge of their own health care choices is belied by that statistic.

There is no reason why we can’t build a better health care system in America that lowers costs, covers everybody, and makes us a healthier nation. One of the first steps is to get beyond the myths and the vanity and actually look at the facts.

I yield the floor and 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. CORNYN. 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.

RECOGNIZING ISRAEL’S 60TH ANNIVERSARY

Mr. CORNYN. Mr. President, I want to join others of my colleagues in helping the nation of Israel celebrate its 60th anniversary.

The nation of Israel was founded, of course, on May 14, 1948. I think it is appropriate that we honor this ally of the United States and reaffirm the bonds of close friendship and cooperation between our two countries. This alliance, this friendship, has never been more important to the mutual security and safety of our people than it is today. This friendship, of course, spans oceans and is based on shared values.

I was pleased when Congress recently reaffirmed our commitment to preserving and strengthening that alliance by passing a concurrent resolution honoring Israel and recognizing its important mission and its history.

In the face of common threats, our relationship with Israel today is as important as ever. We have mutual goals in defeating radical Islamic terrorism, fostering Middle East stability, and promoting freedom.

Israel has shown an unwavering conviction in democracy, justice, security, and peace. The nation of Israel and its people deserve not only our friendship and our support but our admiration as