

COLLAPSE OF THE BERLIN WALL

Mr. KYL. Mr. President, on this 20th anniversary of the Berlin Wall's collapse, I would like to say a few words about the Cold War and the lessons we should take from it.

It is often said that President Ronald Reagan won the Cold War without firing a shot, and that is true. Unfortunately, the current administration seems to have forgotten the overarching lesson of President Reagan's legacy.

Reagan's predecessor had urged Americans to abandon their inordinate fear of communism, but Reagan was determined to infuse U.S. foreign policy with a sense of moral clarity, which had been lost during the 1970s. The Reagan administration championed the cause of democracy activists in Russia and Eastern Europe, and it did not shy away from highlighting the Soviet Union's complete denial of personal freedom.

In 1982, when the United States was mired in its worst recession since World War II, President Reagan defied the pessimism of the day, and he predicted:

The march of freedom and democracy which will leave Marxism-Leninism on the ash heap of history as it has left other tyrannies which stifle the freedom and muzzle the self-expression of their people.

Roughly a year later, he called the Soviet Union what it so obviously was, an "evil empire." The "evil empire" speech drew criticism from many of Reagan's domestic political opponents, and it greatly angered the Kremlin. But it also galvanized Soviet dissidents who were encouraged that a U.S. President had been bold enough to denounce the moral bankruptcy of communism.

One particular Soviet dissident, Natan Sharansky, found Reagan's speech deeply inspiring. Sharansky read about it in the pages of *Pravda*, the Soviet propaganda newspaper, while he was imprisoned in a gulag prison camp on the Siberian border. Years later, Sharansky described his reaction to the speech and the reaction of his fellow prisoners:

Tapping on walls, word of Reagan's provocation quickly spread throughout the prison. We dissidents were ecstatic. Finally, the leader of the free world had spoken the truth—a truth that burned inside the heart of each and every one of us.

Mr. President, this past June, when prodemocracy rallies broke out in Iran following a fraudulent election, I hoped the current administration would follow President Reagan's example of American leadership and offer strong support for the Iranians who took to the streets and risked their lives to oppose a tyrannical regime. But the President's statement at the time, expressing "deep concerns about the election," lacked the moral fortitude the world has come to expect from America, the world's standard bearer of freedom and democracy.

New antigovernment protests began last week to mark the 30th anniversary

of the 1979 takeover of the U.S. Embassy in Tehran. Still, the White House failed to use the opportunity to make the moral case for freedom over totalitarian oppression. In a message to the White House, demonstrators could be heard chanting: "Either you're with them, or you're with us."

The President's decision on how to respond should be easy: the administration should stand with democracy and use this opportunity to underline the moral failings of Iran's dictatorship.

Anthony Dolan, chief speechwriter for President Reagan, wrote in the *Wall Street Journal* today:

Reagan spoke formally and repeatedly of deploying against criminal regimes the one weapon they fear more than military or economic sanction: The publicly spoken truth about their moral absurdity, their ontological weakness—their own oppressed people.

Moral clarity helped Ronald Reagan bring down Soviet totalitarianism during the 1980s, and it can help us bring freedom to Iran today.

The ACTING PRESIDENT pro tempore. The Senator from Illinois.

VETERANS DAY

Mr. DURBIN. Mr. President, this morning, I woke up in Chicago, got dressed, came downstairs, met a staffer, went off to a breakfast, out to the airport, and then here to work in Washington on Capitol Hill. It was a fairly normal day for Members of the Senate and Congress. We move about and don't think twice about restrictions on our movement or problems that we might have in getting from place to place except for traffic, perhaps a delayed airplane. But for 6,800 veterans, they woke up this morning in a hospital bed at home or went from that bed to a wheelchair and will stay in that house today and every day.

There are 6,800 seriously disabled veterans who are not in veterans hospitals or in nursing homes but at home—at home with someone who loves them very much.

Yesterday, in Chicago, I had a press conference with a young man named Yuriy Zmysly. Yuriy Zmysly is a veteran of both Iraq and Afghanistan, who came home, and during the course of a surgery at a Veterans Hospital, after he was home, had a serious complication—a denial of oxygen to his brain—and he has become a quadriplegic. Yuriy has no family, but he had a devoted and loving young woman in his life—Aimee. After he faced quadriplegia, Aimee said she wanted to marry him. So Aimee married Yuriy during his struggle with this health issue and now has given her life to him every day, every minute, every hour. She is a caregiver who is there for her husband, a veteran.

Mr. President, repeat that story 6,800 times, and you will find husbands and wives, parents, brothers and sisters, who are giving their lives every single day to disabled veterans who are at home surviving because of the love and concern of people like Aimee Zmysly.

I think of Ed and Marybeth Edmondson, whose son Eric was the victim of a traumatic brain injury in Iraq. Ed quit his job, his wife gave hers up, and they moved in the house to take care of Eric and his wife and little baby. That is their life, their commitment to them.

I tell you these stories this week as we celebrate Veterans Day because I believe these caregivers deserve something special from us, from the American people, and from our government. That is why I picked up a bill introduced by Senator Hillary Clinton that provides a helping hand for caregivers such as those I have just described.

It isn't a lot, but it could make a big difference. It says we will offer them the very basics in training so that these home caregivers, these family caregivers, know what to do—how to change dressings on wounds, how to administer an intravenous formula or prescription, how to give an injection, how to move a patient from a bed to a chair and back again.

It provides also a monthly stipend for them—not a lot of money but something to help them get by because, for most of them, this is their life, this veteran they are working for every day to keep alive and as comfortable and happy as that person can be. It gives them 2 weeks of respite so they can take off and put themselves back together after all of the stress and strain, fiscally and mentally, of caring for this person they love.

I was so glad that DANNY AKAKA, who is chairman of the Senate Veterans' Committee, not only considered this bill but made it his own, added good things to it and reported it out of his committee and brings it to the floor where it sits on our calendar of business, a bill to help veterans caregivers, some 7,000 veterans caregivers who give each day to these veterans we treasure so much for their service to our country.

Sadly, this bill has been sitting on the calendar for weeks because one Senator objects to it. That is the way the Senate works—one Senator. This Senator's objection has held up this bill and held up our effort to provide a helping hand to these veterans caregivers. I would say to that Senator or any Senator, if you object to it, vote against it. If you want to offer an amendment, offer an amendment. But for the thousands of people who give this care, who sacrifice so much each day for these veterans who gave our country so much, we owe them a vote. I hope this week, even this short week before Veterans Day, we can move this bill for veterans caregivers across America, to give them a helping hand.

HONORING COACH DAN CALLAHAN

Mr. DURBIN. Mr. President, I rise today to honor an outstanding person in Illinois. His name is Dan Callahan. He is the head baseball coach at Southern Illinois University. I have known

Dan since he was 3 years old. He is being honored by the Missouri Valley Conference, receiving their "Most Courageous" award.

As Southern Illinois' baseball coach for the last 16 years, Callahan has led his team to more than 414 victories, making him the second winningest coach in the school's history. Clearly, Coach Callahan has the talent to help his players perfect their skills as batters, pitchers and fielders.

But he has also coached them on some of life's harder lessons, showing them what it means to live a life of persistence and commitment.

You see, 3 years ago Coach Callahan was diagnosed with a form of melanoma, a cancer he is still battling today. After receiving his diagnosis, Callahan silently endured the rigors of his treatment while continuing to coach his team. He didn't miss a single game that season.

When the next season rolled around, Callahan was still battling his illness. This time he faced more intense treatment, including a surgery that would take away part of his lower jaw.

It was only then that he went public with his illness and continued to coach as much as his treatment would allow.

While the surgery damaged Callahan's depth perception and hearing, he's still leading his baseball team today. He may not be able to demonstrate a fastball with the same intensity that he once had, but he has certainly shown his players how to face adversity and not give an inch.

Last year, cancer or no cancer, Dan Callahan pushed through to record his 400th win at SIU and 550th victory as a NCAA Division I head coach.

This year Coach Callahan will receive the Missouri Valley Conference's Most Courageous Award, an award that honors those that have demonstrated unusual courage in the face of personal illness, adversity or tragedy.

Mr. President, I congratulate Coach Callahan on this award and wish him continued success in his recovery as well as another winning season. I salute his wife Stacy, his wonderful daughters Alexa and Carly, Dan's mom and dad, Gene and Anne Callahan, and the whole family who is joining him in this battle.

Now—as a man used to say in Chicago in his radio show—for the rest of the story. One of the reasons Dan Callahan is alive today is because he has extraordinarily good medical care and health insurance. Because of that care, his oncologist recommended a special drug, a biologic drug. It is called Avastin. Avastin is a drug that is used to treat various forms of cancer but it has not been specifically tested for the treatment of cancer that Dan Callahan has. They tried it and it worked. It stopped the spread of the cancer.

Dan, of course, was heartened and relieved, a young man with a young family. Having gone through chemotherapy and radiation, having faced surgery where his jaw was removed,

having faced the disability and the discomfort, they found a drug. That is the good news.

The bad news is that his insurance company, WellPoint, announced they would no longer pay for this drug. They decided it was an experimental drug and even though Dan Callahan's oncologist wrote to the company and said: It works, I can show that it works, it stopped the spread of the cancer, they said, no, we won't cover it. The drug costs \$13,000 a month. I need not tell you that a coach at a university in southern Illinois doesn't make the kind of money that he can afford to pay for this drug. So his family and friends rallied and raised enough money, through their own savings and borrowing, to pay for two more administrations of the drug. Washington University in St. Louis decided they would make him part of a trial on this drug as well and added another couple treatments with this expensive drug. But December will be the last time Dan Callahan will be able to receive this drug because WellPoint, his health insurance company, has said that is the end, no more.

You might wonder how WellPoint is doing as a company. They are doing very well. When it comes right down to it, it is one of the most profitable health insurance companies in America. It has the largest membership of any company in the United States. Its enrollment has fallen off a little bit but it didn't stop WellPoint from posting \$730 million in profits for the last 3 months.

Despite their profitability and their strength in the stock market and the increase in the share value, they have decided they will no longer cover the use of this drug for Dan Callahan.

If this is a story that sounds as if it involves something far away, not a part of our lives, stop and think twice. Each of us is one diagnosis or one illness away from what Dan Callahan is facing today in his battle with WellPoint. If these companies can turn us down for lifesaving drugs and treatments at these critical moments, then we are entirely at their mercy. If you cannot shop for another health insurance company because you have a history of cancer or preexisting illness, you are stuck. You are at the mercy of them.

Is that as good as it gets in America? This still is the only industrialized country in the world where a person can literally die for lack of health insurance. That is what we face in this debate about health care reform. There are lots of opinions. I salute the House for passing the measure, sending it over here. We will hear those opinions expressed in the Senate in the weeks and months to come. As I consider this bill and what it means, I will be thinking about my friend, the coach at Southern Illinois University. I watched him start off as a little kid playing baseball and he turned out to be a terrific coach and, more than that, a ter-

rific person. He is well deserving of his "Most Courageous" award.

The question now is will the Senate summon the courage to change this system and bring fairness to the system for the millions of Americans across this country who run the very risk of this very same challenge.

I ask unanimous consent to have printed in the RECORD an editorial from the St. Louis Post-Dispatch which was published yesterday relating to Dan Callahan's case.

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

[From stltoday.com, Nov. 6, 2009]

COSTLY NEW DRUGS: A CRISIS FOR ONE FAMILY, A QUANDRY FOR U.S.

(By: Editorial Board)

It began with a little black spot on Dan Callahan's lower lip. He didn't think it was anything to worry about. His doctor thought it was cancer. The doctor was right. It was neurotropic melanoma, a very rare—and very serious—type of skin cancer. Even after the little black spot was successfully removed six years ago, the cancer remained. And grew.

Last October, doctors at Barnes-Jewish Hospital began chemotherapy. They used a three-drug cocktail that includes Avastin, one of a new generation of anti-cancer drugs. It works by blocking the formation of new blood vessels that feed and nourish tumors. Until just a few years ago, that kind of treatment was the stuff of science fiction.

For patients battling advanced cancer like Mr. Callahan, Avastin represents something as important as food or water: It is time in a vial.

This is what it cost: \$13,686 per treatment. Mr. Callahan has received six so far. Total price: \$82,116. What's it worth? That's a much more difficult question.

About 10 miles up Illinois Route 13 east of Carbondale, Ill.—just above Crab Orchard Lake—lies a little town called Carterville. Mr. Callahan lives there with his wife, Stacy, and two daughters. Alexa, 18, is a student at the University of Illinois. Carly, 13, is in eighth grade.

You can buy a three-bedroom house in Carterville for about what Mr. Callahan's six infusions of Avastin cost. For about \$100,000—the price of a year's treatment—you can get a classic bungalow with a screened-in front porch, a long, shaded driveway and a two-bedroom cottage out back.

The Callahans both have good jobs and health insurance. Stacy works for a credit union. Dan is the head baseball coach at Southern Illinois University-Carbondale.

Their insurance paid for minor surgery to remove the little black spot from Mr. Callahan's lip. It paid for more extensive surgery in April, when doctors removed the right side of his jaw trying to stop the cancer's spread.

And it paid for yet another operation in September, when infection forced doctors to remove the prosthetic device they had implanted to replace his missing jaw.

But Mr. Callahan's insurance won't pay for Avastin.

The U.S. Food and Drug Administration approved Avastin in 2004 to treat advanced colon cancer. Since then, it has been cleared for breast and lung cancers. Doctors are free to prescribe it for other forms of cancer. It is being tried on 30 other cancers, including melanoma, but those uses technically are experimental.

Because many experimental treatments don't pan out, insurance companies in Illinois and most other states do not have to

cover them. The major health care bills pending in Congress would not change that. For the first time, they allow generic versions of so-called biologic drugs like Avastin. But only after 12 years on the market, twice as long as other drugs.

For thousands of Americans, including the Callahans, that means many newer cancer drugs are out of reach. "When they told me the insurance wouldn't cover it, I said we'll just pay for it ourselves," Mrs. Callahan recalled last week. "Then they told me how much it cost."

The Callahans scraped together about \$27,000 from friends and family members—enough to cover the cost of two treatments. They got a grant from Washington University to pay for four more. They are appealing the insurance company denial, so far without success. The grant expires at the end of December. After that? Mrs. Callahan paused. "We don't know what we'll do."

Despite the high prices and higher hopes, Avastin has been shown to extend cancer patients' lives by only a few months. Many patients and oncologists say it improves quality of life and shrinks tumors—or at least prevents them from growing. Mr. Callahan's doctor said it has slowed the progression of his tumor. That is no small achievement for patients with advanced cancer. But stopping the progression of cancer is not the same as curing it. A study published in January followed 53 melanoma patients who received Avastin. After 18 months, 13 were alive.

The company that makes Avastin, Genentech, spent about \$2.25 billion to develop it. It spends another \$1 billion a year testing it on new cancers. Avastin has been a blockbuster success. It had \$2.7 billion in sales in the United States last year and more than \$3.5 billion worldwide.

Genentech says Avastin's price reflects its value. Another cancer drug, Erbitux, costs even more, and it hasn't been shown to extend life at all. In March, Swiss pharmaceutical giant Roche agreed to buy Genentech for \$46.8 billion. Avastin is a big reason the company was sold for so much money.

Not everyone agrees that Avastin is worth the price. Experts in Britain recommended against covering it. A drug that costs as much as a house and extends life for just a few months isn't worth the money, they said.

Some people go to pieces when they find out they've got cancer. Mr. Callahan went to work.

He has coached the Salukis for 14 years. "I try to carry on like I'm going to be here next week and next month," he said. "I think about coaching in 2010, about going to my daughters' college graduations and their weddings."

His 2009 team finished with 24 wins and 28 losses. Coach Callahan was too sick to travel to away games. But he was in the dugout each time the Salukis took the field in Carbondale.

From the beginning, the Callahans have made it a point not to ask doctors about his prognosis. "We don't want to know it, and we don't want our kids to know it," Mrs. Callahan said. "We just wanted to live our lives as normally as possible, with no time line."

Coach Callahan thinks it is inherently unfair that patients can be denied treatment simply because of a drug's high price. It's like giving one team an extra at-bat.

But the game is not over. Even with two outs in the ninth inning, even with two strikes against you, there's hope. And a question: Who sets the price of victory?

The ACTING PRESIDENT pro tempore. The Senator from Nebraska is recognized.

HEALTH CARE REFORM

Mr. JOHANNES. Mr. President, I rise today to speak about health care and the debate that is heading our way, especially now following the action of the House this last weekend. We all read the articles, we hear the debate, we hear the talk about trying to find a compromise when it comes to the government-run health insurance program. Some oppose it with passion. Some say they will not support reform without it. There is a whole variety of opinions.

One idea that seems to be picking up steam in this effort to find a compromise is the idea of a trigger, whatever that means. Proponents call it a safeguard. They say it will trip only if insurance premiums go up.

Here is the problem with that. Inherent in the underlying legislation is the sure-fire trip that could set off the trigger. You see, we already know that current proposals in this health care reform initiative itself will cause premiums to rise. The government mandates and taxes and all of the other things that are going to be burdened upon health insurance policies are going to cause the premiums to rise. We are saddling policies with huge new fees and taxes and mandates.

The Finance bill piles \$67 billion in new fees on the very policies that the vast majority of Americans have. Can anyone claim with a straight face that premiums will not go up under these circumstances, caused by governmental action? The nonpartisan Congressional Budget Office—if you have any wonder about this—confirms it. Its analysis of the Finance Committee bill says the fees imposed would, and I am quoting from the CBO, "be passed on to purchasers and would ultimately raise insurance premiums by a corresponding amount."

This idea of a trigger that trips only if premiums rise is an illusory safeguard. It is because the trigger is rigged to shoot.

Further evidence is the fact that the trigger fires if health insurance is deemed, and again I am quoting, "unaffordable." Guess who gets to decide that. The government will decide that. It will decide what affordability is. So bureaucrats pull the trigger by simply labeling premiums "unaffordable" after all of these fees and higher taxes on these policies kick in. This illusory safeguard is meant to appease those of us concerned about making Washington the great czar of health care, but it doesn't work.

I believe the American people see through this. I urge those who support a trigger to be straightforward about what their stance is. If they are for government-run health insurance, say let's go there.

Incidentally, I will passionately debate that position. I don't believe it is in the best interests of our Nation, but I will not criticize them for holding that opinion. After all, that is what the Senate floor is for, to debate opinions.

On the other hand, I take issue with disguising a government takeover of health insurance and calling it a trigger. I take issue with laying additional taxes on health insurance policies and then calling a press conference to complain that premiums went up. The implication that the trigger will never fire, quite honestly, gets to be folly.

I gave a speech a week or so ago on the floor and I talked about the opt-in and the opt-out. There is no real option if States will have to face the unfunded mandate's tax and fees. I pointed that out in that speech. The only thing States can opt out of, or choose not to opt in to, I believe, when we see the actual language, will be the benefits. All of the other burdens will fall upon the taxpayers of that State. It is an illusory option. It is a false promise, just like the trigger.

Just like the trigger. Some suggest the trigger is just like the trigger in the part D, the Medicare prescription drug benefit. I have heard that argument too. But, boy, is there a world of difference between what happened there and what is being proposed here.

You see, Part D was designed to ensure competition in an entirely new marketplace. It was measurable. It was not discretionary. It asked this question: Would private insurance companies enter into this marketplace? Well, they did. The trigger being discussed now is very different. It is set up to shoot. It is based upon the word "affordability," and the government holds the power of deciding that issue. Then the government holds the power to tax policies, and, of course, as the CBO pointed out, that is going to translate into higher premiums.

You see, what I see happening here is that the government is setting itself up to be both the pitcher and the umpire—the pitcher, who throws the ball, and the umpire, who gets to call the strike. I do not think the game is working fairly.

The goal of a trigger is to ensure competition. So let's drop the illusions, and let's enable real competition. Let's allow insurance companies to compete across State lines. The so-called trigger is just camouflaging the true intent: to establish a government-run system.

I can't help but wonder, is the intention to confuse opt-in, opt-out, triggers, co-ops, exchanges? But it all boils down to the same thing: you are going to end up with a government-run health insurance industry and a government-run health care system. Whether it is opt-in, opt out, trigger, co-ops, it really is no real option. There is no free marketplace. Instead, it is government making your health care decisions, forcing you, dictating to you not only to carry insurance but dictating the kind of policy you will have and requiring that your plan be approved in Washington, causing many to be displaced from their private insurance.