

While Senator KERRY says he doesn't know what cap and trade is, the American public knows what it is: a massive new energy tax, plain and simple.

It has been kind of interesting to watch this change, watch the phraseology change as time has gone by. But we know this: Nothing has really changed since Kyoto. It is the same thing, cap and trade, the largest tax increase in the history of America.

Let me conclude by saying just how encouraged I am to say that the tide has turned—not is turning, it has turned. The skeptics' challenge has been heard, and I am glad to see that more and more journalists are no longer reporting the hyped fears that many want the American public to believe. Media outlets around the world are more skeptical today of manmade climate fears, and they are also more aware of the enormous cost of climate legislation. More importantly, polls are showing that the people are no longer buying the hype either.

The bottom line is that efforts to pass the largest tax increase in America's history have clearly failed, handing the American people a tremendous victory.

It has been a long time, some 8 years.

I see the Senator from Vermont is very anxious to counter these things I have been saying. That is perfectly all right. That is one thing about this body—you have the opportunity to do that. There is no one I consider a better friend than the person presiding right now, from Maryland. He and I were elected together many years ago to the House of Representatives. We disagree on this issue.

What I am reporting here is science, and the people have come to an agreement. After 8 years, the truth finally does come out.

Winston Churchill said: Truth is incontrovertible. Ignorance may prevent it. Panic may resent it. Malice may destroy it. But there it is.

I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont.

#### HEALTH CARE REFORM

Mr. SANDERS. Mr. President, I do disagree with my friend from Oklahoma very much, but that disagreement will have to wait for another day because today I want to deal with another crisis, and that is the situation regarding health care.

I come to the floor to urge my fellow Senators to go forward in passing the strongest possible piece of health care reform legislation—legislation which is comprehensive, covering all basic health care needs; legislation that is universal, covering every man, woman, and child in our country; and legislation, importantly, that is cost effective both for individuals and for our Nation.

I think all of us understand the United States today is in the midst of a major health care crisis. Mr. President, 46 million Americans have no

health insurance and, importantly, even more are underinsured with large copayments and deductibles. We have heard some of our rightwing friends talk about death panels. Let me tell you about the reality of a real death panel, not a phony death panel, and that is, this year in the United States, according to Harvard University, some 45,000 Americans will die because they lack health insurance and they do not get to a doctor when they should.

Mr. President, 45,000 will die this year. And if we do not take action, 45,000 or more will die next year. This is the United States of America. To see tens of thousands of our fellow country people dying because they do not have access to a doctor is an abomination, it is not acceptable, and that needs to change.

Among many other reforms we need to bring about as we go forward with health care reform is a revolution in terms of primary health care. Today, 60 million Americans, including many with health insurance, do not have access to a doctor. The result of that is, when they get sick, they go to the emergency room, at great cost, or they delay getting health care, and they end up in the hospital being treated for a far more serious illness than they would have had if they were treated initially. Clearly, this is an absurdity. It costs us lives. It costs us money. We have to change that.

I am very happy to say that in that regard I have introduced legislation that has 25 cosponsors in the Senate and which has been incorporated into the Health, Education, Labor, and Pensions bill, which would quadruple—quadruple—the number of federally qualified community health centers in our country over a 6-year period, which would mean there would be a community health center providing excellent quality health care, dental care, mental health counseling, low-cost prescription drugs in every underserved area in the country. We go from about 1,300 centers to 5,200 centers.

Also in this bill, we would increase by 10 times the amount of money for the National Health Service Corps so we can provide debt forgiveness for those people in medical school who want to practice primary health care, which in Vermont and around this country is a desperate, desperate need. We absolutely need to increase the number of primary health care physicians we have.

When we talk about health care reform, we also have to include dental care. Dental care is often sometimes pushed aside. But I can tell you, in many regions of this country, people are finding it virtually impossible to gain access to a dentist and, often-times, they simply cannot afford the dental care they need. So when we talk about health care, we have to include dental care in that.

Furthermore, when we are talking about health care reform, it is absolutely imperative we begin to address

the fact that in the United States of America we spend far more on prescription drugs than do people of any other country. This is not just a financial issue for the individual; this is a health care issue. I have talked to physicians who tell me—and I think this is common not just in Vermont but all over the country—that some 25 to 35 percent of their patients do not fill the prescription the doctor writes because they cannot afford to do that. So what sense is it when somebody goes to the doctor that the doctor writes out a prescription but that individual cannot afford to fill that prescription? We need to deal with the high cost of prescription drugs, and we can do that in several ways.

No. 1, when I was in the House, I was the first Member of Congress to take American citizens over the Canadian border to purchase prescription drugs there that cost a fraction of what they cost in the United States. So we need to pass what is called reimportation—the right of Americans and the right of people who manage prescription drugs, who are in that business, to be able to purchase safe, FDA-approved medicine from abroad at a fraction of the price the drug companies are selling those products to them in this country. That will lower the cost of prescription drugs for all Americans.

Second of all, we, obviously, have to negotiate prescription drug prices under Medicare Part D. When we do that—and we lower the cost that Medicare is paying—we can end the doughnut hole which is now causing so many problems for senior citizens today who go above the first part, where Medicare is paying about \$2,500, and then they have to pay 100 percent of the cost, which is hurting a whole lot of seniors.

Thirdly, we must deal with the biologics issue. My colleague Senator SHERROD BROWN of Ohio has been strong on this issue, so that we stop drug companies from having exclusivity for 12 years, preventing generic companies from getting into the market and lowering the cost of biologics. That is a very important issue.

Any serious health care reform legislation must include strong cost containment. Insurers have increased premiums 87 percent over the past 6 years, while premiums have doubled over the last 9 years—increasing four times faster than wages. If present trends continue, health insurance premiums will double over the next 8 years, which will be a disaster for millions of Americans and, in fact, for our entire economy.

Today, the United States spends far more per capita for health care than any other country on Earth. That is a very important point for us to understand. We are now spending over \$7,000 per person, and yet despite spending almost twice as much as any other industrialized country, our outcome in terms of infant mortality, in terms of life expectancy, in terms of immunization and preventable deaths, is often

behind other countries. So we are spending huge amounts of money; we are not getting value for what we are spending.

The cost of health care in this country is now 16 percent of our GDP, and it continues to soar at a rate that is basically unsustainable. So this is not, again, just an issue for individuals. This is an issue for our economy and our Nation.

If you look at a company such as General Motors—General Motors which went bankrupt—they were spending more money on health care per automobile than they were on steel. Small business owners in Vermont and across this country are finding it harder and harder not only to provide decent health care coverage for their workers, but in many instances they cannot even provide health care to themselves. What ends up happening is, instead of investing their profits into expanding their businesses and creating more jobs, all of that money is going into the soaring health care costs.

But when we talk about the personal impact of our disastrous health care system on individuals, there is no better example than looking at bankruptcy. In this country today, we have approximately 1 million Americans who are going bankrupt because of medically related costs. It is not hard to understand why: You lose your job in the midst of a severe recession. Somebody in your family becomes very ill. Well, how do you come up with the money if you do not have any health insurance, or even if you do have an inadequate health insurance program? The answer is, you go bankrupt. So, incredible as it may sound, close to a million people in this country this year are going bankrupt because of medically related illnesses.

I have talked a little bit about some of the problems that are out there—and there are many more. What is the answer? I do not think anyone has a perfect answer. But I do think the United States should be looking at other countries around the world. Why do we end up spending so much and get relatively poor value for what we are spending? When we do that, when we look at countries throughout Europe, Scandinavia, Canada, and so forth, I think it leads one to the conclusion that if we are serious about providing quality, affordable care to all Americans, in a cost-effective way, then we must move toward what many of us call a Medicare-for-all single-payer program.

I understand, as I think many people do, that because of the power of the insurance companies and the drug companies and the medical equipment suppliers, because of their campaign contributions, because of their lobbying, the truth is, a single-payer program has never been on the table from day one since this whole discussion began. I think that is very unfortunate. It is doubly unfortunate because we have many thousands of physicians in this country, including the 16,000 members

of Physicians for a National Health Program, and other health care providers, the largest nurses union in this country, in support of a single-payer system. Millions of Americans want us to move that way. But because of big money interests, that discussion does not even begin to get to the floor.

Well, I intend during the course of the debate to offer an amendment on a national single-payer system. We will see how many votes we get. But what I am also trying to do is give States flexibility so that, if they so choose, they can move forward with a single-payer approach. My guess is that if one State does it—whether it is Vermont, California, Pennsylvania—whichever that State may be, if it works well, if everybody in that State has good quality health care, in a cost-effective way, it will spread all over the country. I intend to do my best to see that language is in the bill, which will allow States to do just that.

A single-payer national health insurance program is a system in which a single public or quasi-public agency organizes health financing, but delivery of care remains largely private. This is not a government health care program. It is not what they do in the United Kingdom. It is public insurance privately delivered.

The reason we spend more—and this is an issue that has gotten amazingly little discussion—why do we end up spending almost twice as much as any other country? Well, I think that is a good question to ask. I do not hear a whole lot of answers. The reason is we have a patchwork system of for-profit payers. We have private insurance. What is the function of a private insurance company?

Everybody in America understands the function of a private insurance company is not to provide health care, it is to make money. What we end up with are 1,300 private insurance companies, with thousands of separate systems, each geared to a different group, each geared to make as much money as it possibly can. The result is we as a nation are spending about 30 cents of every \$1 not on doctors and medicine and nurses; we are spending it on administration and bureaucracy, huge profits, advertising, billing, sales, marketing—you name it; we spend it—rather than spending it actually on trying to keep people healthy or make them well.

Single-payer financing is the most significant way I know to end the waste and bureaucracy of the current system. What the studies suggest is if we move toward a single-payer system, we would save over \$350 billion every single year, getting rid of all of that bureaucracy, that waste—the paper shuffling that has nothing to do with making people well.

Under a single-payer system, all Americans would be covered for all medically necessary services, including doctor, hospital, long-term care, mental health, dental, vision, prescription

drug, and medical supply costs. In other words, unlike anything else I have been hearing, it would be comprehensive: all of your basic health care needs. Patients, of course, would remain free to choose the doctor and hospital they would want, and doctors would retain autonomy over patient care, which often is not happening today as they have to argue with insurance companies as to what kind of therapies they can prescribe. Physicians would be paid fee-for-service according to a negotiated formulary or receive salary from a hospital or non-profit HMO group practice. Hospitals would receive a global budget for operating expenses. Health facilities and expensive equipment purchases would be managed by regional health planning boards. A single-payer system would be financed by eliminating private insurers and recapturing their administrative waste. Modest new taxes would replace premiums and out-of-pocket payments currently paid by individuals and businesses. Costs will be controlled through negotiated fees, global budgeting, and bulk purchasing.

Well, that is where, in my view, we should be going. That is not where we will go. As I said earlier, that approach is anathema to the insurance companies, the drug companies, the medical equipment suppliers, all of the big money interests, and they have, unfortunately, enormous power over what goes on in Congress, so we are not going to go there.

Let me say a few words about where we are going. Obviously, we are in the middle of that right now. Last week the House came forward with their bill. Majority Leader REID is now trying to meld the two bills in the Senate from the HELLP Committee and from the Finance Committee, and we expect that new legislation will be out very shortly. I have not seen it; I don't know if anybody has. Let me express a few words of concern about what I have seen in the discussion and the legislation that has been passed in the House.

First of all, the average American is saying—I get this in Vermont every day, and I am sure the Presiding Officer gets it in Maryland every day—all right, hey, good, health care reform. That is great. What is it going to cost me? What do I get? How much am I going to have to pay, and what do I get for what I pay? That is the question on the minds of millions of Americans.

The answer is, at this point—and, again, we have not seen Senator REID's bill which will be out almost momentarily, but let me just tell my colleagues about what was in the Senate Finance Committee bill so everybody has a sense of what we are talking about.

Under the Finance Committee bill—and that is going to change; whether it goes up or down, I don't know, but it will change—a family of four in Vermont earning \$44,000 a year, which is not an unusual sum in my State, would pay about \$3,087 in annual premiums, while the Federal Government

would pick up the rest of the total of \$14,700 in premiums. In a year with high medical expenses—in other words, somebody gets ill, somebody has an accident and ends up in the hospital for 3 weeks—that family would pay up to \$5,800 out of pocket. So you have premiums of \$3,087, out-of-pocket costs of \$5,800. That is a total potential payment in premiums and out-of-pocket expenses of \$8,887 for health care under the Finance Committee's bill. This would be about 31 percent of the net income, after-tax income, of a family in Vermont, and I don't know that Vermont is any different than Maryland or any other State earning \$44,000—31 percent.

Somebody could tell us that is health care reform, but I really don't see it. Asking people in this country who, admittedly, have had a tough year with illness to pay 31 percent, and then say, hey, we passed health care reform, that, frankly, is not good enough for me, and I am going to do everything I can to make sure the final product out of the Senate is a lot better than that for ordinary middle-class families.

The second issue that concerns me as we proceed down the line in terms of this health care debate is the issue of public option. I think there is a lot of confusion about what a public option is, but let me say this: My belief is the vast majority of the American people want to have a choice as to whether they stay in a private insurance company or whether they go into a Medicare-type public option which is funded by premiums. It is not Medicare; it is funded by premiums. But there are large numbers of Americans, for right reasons—I agree with them—who do not trust private insurance companies because they understand that a private insurance company wants to make as much money as possible off of their premiums. They would like the choice of looking at and maybe going into a public option. My view is we should make that choice available to as many people as possible.

I have the sad thought that many folks out there are hearing us talking about a public option saying: Hey, that is great. I am going to have a choice. I don't like my employer-based health care. Now I am going to have a public option. That is great.

Let me break the bad news to you if that is what you believe. That is not the case as it now stands. Relatively few people—people who are currently uninsured; small, very small, businesses; people who today get their insurance companies privately for themselves or their families; the self-employed, those are the people for whom a public option is currently available based on what has been passed. I think that is wrong. I think we need to expand it. Frankly, I think virtually every American should have that choice.

There is the great debate: Should Members of Congress have the public option as our rightwing friends talk

about? Yes, we should. And if the public option is better than Blue Cross Blue Shield or private insurance companies, many of us would take it. But as does everybody else, we deserve the option. That is what it is, an option. If you like private insurance, it is working well for you, stay with it. If you like the public option because it is better for you, you go with it. Let's give as many Americans the choice, not 2 or 3 percent but the vast majority of the people in our country who are now in private insurance.

That takes us to another issue because, in the midst of a bill which is very complicated—and I am not a great fan of complicated. I think when you have a bill that is 1,900 pages, that just begs for the big money interests and the special interests to get their little things in it, and I worry about that a whole lot. This is much too complicated, but there it is. I think the House bill is 1,900 pages. But when we talk about opening the public option for more Americans, it means to say you have to open the exchange, the gateway for more Americans. The gateway means if you choose either your private insurance company or a public option, you are going to get subsidized by the Federal Government. Right now, as this bill stands, there are many people stuck in bad private insurance plans.

Maybe you work for Wal-Mart, maybe you work for Dunkin' Donuts, maybe you work for McDonald's, and they are offering you some kind of insurance program which either costs a fortune or doesn't cover very much. Well, under the current legislation, up to now at least, you are stuck with that. That is what you have. That is not health care reform, to be stuck in a bad Wal-Mart plan. We have to do better than that. So we want to expand that gateway for more people.

The other question is—I don't know what Majority Leader REID's bill is going to end up costing, but the estimates are that we are looking at about, over a 10-year period, \$800 billion to \$1 trillion. Well, the simple question is, Where is the money coming from? Where is the money coming from?

There are some people who have said: Well, maybe we want to tax good, strong insurance programs out there. That is the way to go. Well, not for this Senator, it is not, and I will do everything I can to oppose any movement in that direction. Workers have fought, in many cases, long and hard—given up wage increases—in order to get decent health insurance programs for their families, and now we are going to tax them? Not me. I am not going to do that. This country has the most unequal distribution of income and wealth. The rich are getting much richer while the middle class is shrinking.

I think it is fair as we move forward in health care reform to ask the wealthiest people in this country to start paying their fair share of taxes.

There is another issue which is kind of a local issue, I admit, and that is on the impact on early-acting States in terms of Medicaid reimbursements. It was just in the newspapers today—and I am very proud of this—that for whatever it is worth, according to some group, the State of Vermont is now the healthiest State in the country. What that tells me and what I know for a fact is that Vermont, which is not a wealthy State, has said we are going to take care of our kids. We are going to make sure that as many kids as possible are involved in what we call our SCHIP program. It is called Dr. Dinosaur. It is a very good, popular program. We are going to have other public health insurance programs. We are going to do the best we can.

I am proud that today Vermont was acknowledged to be perhaps the healthiest State in the country. I am not going to sit by idly while Vermont and Massachusetts—another State that has taken major steps forward—are penalized because we have made reimbursement rates. Because we have done the right thing is not a reason to penalize us. I am all for helping out States that have not done the right thing, but we should not and will not penalize States that have done the right thing.

So let me conclude by saying this: This country faces a major crisis in health care. Because of the power of big money, we are not going to do the right thing and pass a Medicare-for-all, single-payer approach, which is the only way to provide quality, affordable, cost-effective health care for all Americans. What we are now looking at is a 1,900-page bill which is enormously complicated which clearly has been heavily influenced by the drug companies, by the insurance companies, and by every other special interest that is making billions off of health care.

I think it is very important as we proceed down this path to take a very hard look at the end of the day as to what this bill will mean for middle-class families, for working-class families, and for the financial stability of our country as a whole. I am going to do everything I can to make sure this bill is something worth voting for—worth voting for.

So with that, I thank the Chair for the indulgence, and I yield the floor.

Mr. COBURN. Mr. President, I seek recognition to speak on the nomination of Judge Hamilton.

The PRESIDING OFFICER (Mr. MERKLEY). Without objection, it is so ordered.

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#### NOMINATION OF JUDGE DAVID HAMILTON

Mr. COBURN. I come to the floor—I am a member of the Judiciary Committee—to raise significant concerns about this nominee. There is no question he is a fine man. There is no question he has a lot of experience, a great