

who, by virtue of that screening process and that test, have been detected early and able to beat breast cancer, which is something that afflicts a great number of women across this country.

That is one example. I use that as an example of how this new type of government-run program might work. But there are countless other examples of the very same thing.

As we head into this debate, again I remind my colleagues this type of undertaking—reforming health care—ought to be about driving down costs, it ought to be about providing more access to Americans, it ought to be about maintaining that important relationship between a physician and their patient and not getting to where we have the government making those decisions, where we are actually bending the cost curve up rather than driving it down.

By the way, the CBO said in response to the majority's bill that was unveiled yesterday that it actually increases costs by \$160 billion. To me, the fundamental goal of health care reform for most Americans, the key concern they have about health care today, is its costs. Everything we have seen so far, including this most recent version which we are going to have at some point on the floor of the Senate, probably sometime after the Thanksgiving holiday, increases costs, drives the cost curve up.

How can you be for something that cuts Medicare to providers and seniors across this country, that raises taxes on small businesses, the economic engine that creates jobs in this country, raises taxes on middle-income Americans and which also, ironically, raises the cost of health care, increases the cost of health care? I am not saying this is the CBO. That has been consistent through all the bills that have been produced. It is consistent with this one as well that the proposals and all the new provisions that will be included—again, \$2.5 trillion, 10-year fully implemented costs paid for by Medicare cuts, \$1/2 trillion in Medicare cuts, \$1/2 trillion in tax increases, and obviously much more than that when you get into the fully implemented time period, all that—all that—to raise health care costs for people in this country. How can we label that reform?

I hope the American people, as they listen to this debate, will engage, will take a hard look at this 2,074-page bill. It is going to be a lot of legislative, arcane language. We are all going to do our best to make sense out of it. But it is a massive bill, just in terms of its volume. It also includes a massive expansion of the Federal Government in Washington, DC, at tremendous cost to the taxpayers, to Medicare beneficiaries and, in the end, doesn't do anything to drive down the cost of health care. It simply increases it and puts at risk, I would argue, many of the types of things I talked about with regard to breast cancer screening. When government is making decisions

rather than patients and doctors, that is a world in which I don't think I want to enter, and certainly I think most Americans don't either.

Mr. President, I ask unanimous consent to have printed in the RECORD a Wall Street Journal editorial.

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

A BREAST CANCER PREVIEW

A government panel's decision to toss out long-time guidelines for breast cancer screening is causing an uproar, and well it should. This episode is an all-too-instructive preview of the coming political decisions about cost-control and medical treatment that are at the heart of ObamaCare.

As recently as 2002, the U.S. Preventative Services Task Force affirmed its recommendation that women 40 and older undergo annual mammograms to check for breast cancer. Since regular mammography became standard practice in the early 1990s, mortality from breast cancer—the second leading cause of cancer death among American women—has dropped by about 30%, after remaining constant for the prior half-century. But this week the 16-member task force ruled that patients under 50 or over 75 without special risk factors no longer need screening.

So what changed? Nothing substantial in the clinical evidence. But the panel—which includes no oncologists and radiologists, who best know the medical literature—did decide to re-analyze the data with health-care spending as a core concern.

The task force concedes that the benefits of early detection are the same for all women. But according to its review, because there are fewer cases of breast cancer in younger women, it takes 1,904 screenings of women in their 40s to save one life and only 1,339 screenings to do the same among women in their 50s. It therefore concludes that the tests for the first group aren't valuable, while also noting that screening younger women results in more false positives that lead to unnecessary (but only in retrospect) follow-up tests or biopsies.

Of course, this calculation doesn't consider that at least 40% of the patient years of life saved by screening are among women under 50. That's a lot of women, even by the terms of the panel's own statistical abstractions. To put it another way, 663 additional mammograms are more expensive in the aggregate. But at the individual level they are immeasurably valuable, especially if you happen to be the woman whose life is saved.

The recommendation to cut off all screening in women over 75 is equally as myopic. The committee notes that the benefits of screening “occur only several years after the actual screening test, whereas the percentage of women who survive long enough to benefit decreases with age.” It adds that “women of this age are at much greater risk for dying of other conditions that would not be affected by breast cancer screening.” In other words, grandma is probably going to die anyway, so why waste the money to reduce the chances that she dies of a leading cause of death among elderly women?

The effects of this new breast cancer cost-consciousness are likely to be large. Medicare generally adopts the panel's recommendations when it makes coverage decisions for seniors, and the panel's judgments also play a large role in the private insurance markets. Yes, people could pay for mammography out of pocket. This is fine with us, but it is also emphatically not the world of first-dollar insurance coverage we live in, in which reimbursement decisions deeply influence the practice of medicine.

More important for the future, every Democratic version of ObamaCare makes this task force an arbiter of the benefits that private insurers will be required to cover as they are converted into government contractors. What are now merely recommendations will become de facto rules, and under national health care these kinds of cost analyses will inevitably become more common as government decides where finite tax dollars are allowed to go.

In a rational system, the responsibility for health care ought to reside with patients and their doctors. James Thrall, a Harvard medical professor and chairman of the American College of Radiology, tells us that the breast cancer decision shows the dangers of medicine being reduced to “accounting exercises subject to interpretations and underlying assumptions,” and based on costs and large group averages, not individuals.

“I fear that we are entering an era of deliberate decisions where we choose to trade people's lives for money.” Dr. Thrall continued. He's not overstating the case, as the 12% of women who will develop breast cancer during their lifetimes may now better appreciate.

More spending on “prevention” has long been the cry of health reformers, and President Obama has been especially forceful. In his health speech to Congress in September, the President made a point of emphasizing “routine checkups and preventative care, like mammograms and colonoscopies—because there's no reason we shouldn't be catching diseases like breast cancer and colon cancer before they get worse.”

It turns out that there is, in fact, a reason: Screening for breast cancer will cost the government too much money, even if it saves lives.

Mr. THUNE. Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Michigan.

Ms. STABENOW. Mr. President, I ask unanimous consent to speak for up to 20 minutes in morning business.

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

HEALTH CARE REFORM

Ms. STABENOW. Mr. President, first, it is a good thing our health care reform doesn't do the kinds of things the Senator is talking about. I wouldn't support it either. I don't think the Chair would either. It is a good thing that is not what we are doing. With respect to my friend from South Dakota, we have a different view of this bill.

Let me first start by saying, as the Chair knows and has said, this bill saves lives and saves money, and particularly protects Medicare and stops insurance abuses. That is what we are about.

Before going through the specifics of the bill, I wish to read from a very interesting column today in the New York Times. We can have competing newspapers, dueling newspapers on the floor. Nicholas Kristof did a column called “The Wrong Side of History.” I quote:

Critics storm that health care reform is “a cruel hoax and delusion.” Ads in 100 newspapers thunder that reform would mean “the beginning of socialized medicine.”

The Wall Street Journal's editorial page predicts that the legislation will lead to “deteriorating service.” Business groups warn

that Washington bureaucrats will invade “the privacy of the examination room,” that we are on the road to rationed care and that patients will lose the “freedom to choose their own doctor.”

All dire—but also wrong. Those forecasts date not from this year, but from the battle over Medicare in the early 1960s. The heirs of those who opposed Medicare, [who protected the insurance industry at that time] are conjuring the same bogymen [today].

Indeed, these same arguments we hear today against health reform were used even earlier, to attack President Franklin Roosevelt’s call for Social Security.

I appreciate the concerns that have been raised, but this is a replay of a time in the sixties when there was a debate about whether seniors who couldn’t find affordable insurance in America should have access to the health care they need and the insurance they need.

Thank goodness, Democrats at that time, the President, and the Democratic majorities in the House and the Senate, chose to stand up for seniors and to override the objections coming from the insurance companies and the insurance lobby and those making money off the system at that time.

Let me talk a little bit about what is at stake if we do nothing, because that is the first question. Why should we be doing something? Every single day—in fact, today—14,000 Americans got up with health insurance and by the time they go to bed tonight they will not have it because they have lost their job, because their business had to drop them because the costs went up too much, because they couldn’t afford the explosion in premiums and copays.

Insurance rates will almost double by 2016 for families, up to \$24,000 for a family of four. Businesses will see their costs double in the next 10 years. What is extremely concerning to me as a Senator of the great State of Michigan, where we have a lot of employer-based care, employers doing the right thing, working hard to try to continue to provide health care coverage, those increased costs, doubling the costs over the next 10 years will, in fact, cost us 3.5 million jobs. Health care reform is about saving jobs.

Family incomes will be reduced by \$10,000. Every single day—right now—5,000 homes are foreclosed. About half the homes that are foreclosed every day are foreclosed because of a medical crisis, and most of those families had insurance but it did not cover the cost of their medical expense. And we know that 62 percent of the bankruptcies today are because of a health care crisis and health care bills.

The status quo is not acceptable. Doing nothing means costs will go up, the insurance industry will still stand between you and your doctor deciding the kind of care you should get and the doctors you should see. In many cases, most plans require a certain set of doctors, a certain set of parameters.

We will lose jobs if we do not act. We cannot afford to lose more jobs. We are committed to turning the economy

around and putting people back to work.

What do we hear from our Republican colleagues? Wait, wait, wait. We heard that in committee. Wait, slow down, we are going to have a lot of efforts on the floor to slow things down, take hours and hours and hours, don’t act. Wait, wait, wait. And while we wait, those who make a lot of money off the current system will continue to make a lot of money off the current system while people see their health care costs go up and too many families struggle every day to figure out how they are going to provide health care for their children and themselves.

Business as usual from insurance companies—that is what we hear from the other side. Let the insurance companies do it. Let the insurance companies make the decisions about when you will be covered, how you will be covered, what you are going to pay, whether your doctor is in network or out of network, and whether you will be able to see the specialist you want to see. Business as usual is OK. Higher costs for middle-class families and small businesses are OK.

We believe these things are not OK, that doing nothing is only going to explode the deficit, hurt businesses, hurt families. We are prepared to act.

What does this mean in saving lives and saving money? First, it strengthens and protects Medicare. I will talk a little bit more about that. Lowering costs for small businesses and families. We know right now the majority of those who are uninsured are working. They are working in a small business or they are working out of their home as a single entrepreneur. They are in their garage, frequently working on that next invention, or they are out as a realtor in the community.

For years we have been saying we should pool small businesses and entrepreneurs into a larger group so they could get a better rate, such as a big business. That is what this is about. Amazingly, this big government takeover we hear so much about is for less than 20 percent of the people in the country right now. Eighty percent of the people in the country get their insurance through their employer—about 60 percent. The rest through a public program of some kind—Medicare, VA for veterans, our military, Medicaid. We are talking about filling in the gaps for small businesses and individuals, providing them tax cuts so that health insurance is more affordable and pooling them together. That is what this is about.

We are going to stop the insurance company bad practices as I talked about before. We are going to focus on prevention and quality which saves us money over time. In fact, one of the biggest ways we will save money is by focusing on keeping people healthy, focusing on ways that we change a system so we are not paying for individual procedures, but paying for those things the doctor needs to do and wants to do

in total to help you recover from an operation or have the treatment you need.

We are going to, importantly, reduce long-term costs, lower the deficit and reduce long-term spending. If we do nothing, costs will continue to go up and up and, unfortunately, because of family costs and business costs, we are likely to see care go down and down as they struggle to keep their heads above water.

Let me talk a little bit more about Medicare. This is so important, as we know. We are going to strengthen Medicare. We know, again, if we do nothing, it is predicted the Medicare trust fund will be insolvent in 2017. We have to act.

We are doing a number of things both to bring down costs by focusing on prevention, saying to seniors and people with disabilities that if you go in for that annual checkup, if you go in for preventive work and, yes, mammograms, or the dread colonoscopy, that you will be able to do that without costs. There will be no deductible and no copay.

We are going to lower the gap in the prescription drug program under Medicare. Right now we know there is a gap in coverage, and we are going to begin to close that and hopefully close that all the way over time.

We are going to prevent payment cuts to doctors. This is something about which I care very deeply. We are going to make sure the cut for next year of 21 percent does not take place for doctors. But we need to solve long term the formula problems that are putting at risk doctors’ and patients’ ability to see their doctor. We are committed to doing that, to working with physicians.

It is incredibly important that seniors right now who can, in fact, see the doctor they want—because under Medicare you can choose your own doctor—we want to make sure they can continue to do that.

We are going to reduce the deficit and protect Medicare for the future. This is very important. In fact, the payroll tax that was talked about by the Senator from South Dakota would go into the Medicare trust fund to help make sure we are doing that.

It is important we recognize that the AARP, which has endorsed the House bill and supports health care reform moving forward—they have not specifically at this point endorsed what Senator REID has brought before us today, but we are hopeful they will. We know they are supporting health care reform.

There is no question that AARP, a champion for seniors in this country, would not be supporting moving forward on health care reform, they wouldn’t be supporting what the House did if, in fact, it did what our colleagues are saying on the other side of the aisle. They would not.

Unfortunately, we have had too many seniors who have been scared. I, frankly, think that is shameful, the

kind of misinformation that is being given out to seniors. I know my mom, at 83, was initially concerned about what she was hearing until I walked through what we are doing. By the way, I think you would have to wrestle my mother to the ground to take away her Medicare card.

The reality is, this is a great American success story, and we want to keep it that way.

The reality is also that the AARP Web site talks about the myth that health care reform will hurt Medicare. This is from them, from their Web site. I welcome anyone to check it out. The myth is that we would be hurting Medicare.

Fact: None of the health care reform proposals being considered by Congress would cut Medicare benefits or increase your out-of-pocket costs for Medicare services.

None of them would cut Medicare benefits or increase your out-of-pocket costs.

Fact: Health care reform will lower prescription drug costs for people in the Medicare part D coverage gap or “donut hole” so they can better afford the drugs they need.

Fact: Rather than weaken Medicare, health care reform will strengthen the financial status of the Medicare program.

This is from AARP, not from the Senate, not from Democrats. This is from a group whose job, whose mission it is to analyze what we are doing here and call it as they see it on behalf of those who receive Medicare benefits.

It would be terrific if that stopped being a talking point.

Let me talk a little more about insurance reform.

Whether you have insurance now or whether you are in the less than 20 percent who are without insurance today, affordable insurance, who will be going into this new pool we have, the insurance exchange—we see broad changes that will benefit patients. We really are talking about patients, consumers, families benefiting from insurance reform.

We are going to end discrimination for preexisting conditions, whether your child has leukemia and you are worried about whether at some point they are going to be able to find insurance on their own as they get older, a child with disabilities, or someone with juvenile diabetes. Unfortunately, we have also seen this used to discriminate against women. We have seen insurance companies say pregnancy is a preexisting condition and use it not only against women but against men who are expectant fathers. We want to make it very clear that you cannot be discriminated against if you have either a temporary or a permanent health condition.

We are going to stop the practice of dropping you if you become seriously ill. I don't know how many times I have heard from people in Michigan who said: You know, I am doing fine, I am paying my insurance premiums, I have insurance coverage, I am doing fine. But they have never really had to

use the insurance. They have been fortunate that no one in their family has gotten seriously ill. Then something happens—a cancer, serious car accident, some other diagnosis that is very serious—and then in too many cases we have seen the insurance company come back and look for a technicality in order to be able to drop them because they are now having to pay out money for health care. That is wrong. This process of rescissions needs to stop, and under health reform it will.

We also, again, are saying that as a matter of policy under insurance, preventive care should be free. You are paying a premium but no copays and deductibles. We want people to be able to go to the doctor to get the annual visit, to be able to get the screenings, to be able to get the other preventive services they need. We want to save lives. This saves lives and saves money. We want to make sure that happens.

Then we are eliminating the annual and lifetime caps, to be able to address the caps as well.

Also, I am very pleased about two other provisions I think are so important for families. One is to allow young people to be able to stay on their parents' insurance through age 26. I wish that had been in place a couple of years ago, actually. I know from experience that the first job a young person may get out of college may not have health insurance or they may come out of college and work one or two or three part-time jobs in order to put things together while looking for work. This is very important for young people, to give them the opportunity to stay on their parents' insurance until age 26. This is one of the provisions that will start immediately when the bill is enacted. I believe it is very important.

Another provision that will happen immediately that is particularly important for many people in my wonderful State is a provision that will help hold down costs for early retirees. I was proud to be the author, with Senator KERRY, of this provision. We have many people who are retiring at age 55. It may not be voluntary. To many people, it is not voluntary. If the company continues the insurance, it is expensive. A person is not eligible for Medicare yet, and when they are retired early, someone 55 to 64 is usually using more medical care, more health care services. So it tends to be higher cost.

We also now have situations such as the United Auto Workers have decided, in order to help their industry and their companies, that they would assume the costs of retiree insurance, and early retirees are finding it extremely difficult, as they put together the numbers, to pay for care. Going forward, when this bill passes we will be a partner with those businesses or entities providing early retiree insurance by providing coverage for catastrophic care. It is called reinsurance, but basically above a certain amount we will cover it as the Federal Government. Above a \$15,000 amount of a par-

ticular health care cost or treatment, the company will know that the Federal Government will reinsure or cover that. That means the exposure for the company is capped, which means their costs will not go up. In fact, they should go down significantly for early retirees. It also means other entities as well should be able to more accurately plan based on this partnership between businesses, employer-based care, and the Federal Government. This is very significant.

Again, as I close, it is very important to stress what this is all about. There are many pieces to this. I invite anyone from Michigan, as we have done all year, to go to my Web site. We have the entire bill posted. We have done this at every step of the way. We will continue to do that as the debate moves forward, with amendments and so on. We welcome people to get engaged.

I have a Health Care People's Lobby that folks can sign up for e-mail, and we will keep you posted on what is happening, and you can share your thoughts, your feelings, and your stories about what health care reform would mean to you or what has happened to you as someone needing health care or not getting the health care help from your insurance company that you believe you should as someone who has been paying for health care.

We are in a position now, we are poised to do something that I believe should have been done years ago. Many have tried to do it.

I commend this President for making health care, health insurance reform, a top priority; for understanding that we are losing jobs overseas because we are not competitive internationally with other countries, that health insurance reform is about jobs. It is about saving jobs. It is about the cost of losing your insurance. It is about businesses seeing their costs go up. It is also about a moral imperative that says, if you lose your job, you should not lose your health insurance in the greatest country in the world.

This is about saving lives at every level. It is about saving money at every level—for families, individuals, small businesses, larger businesses, States, the Federal Government. This is about tackling what has become a huge cost to our economy and beginning to turn that. It will take time, but we have to begin to turn this ship so we can get these costs under control. Saving lives, saving money, protecting Medicare for the future, and stopping the insurance abuses that occur every day for too many families—that is what health insurance reform is all about.

I am so pleased and proud of our leader, Senator REID, and grateful for his leadership and amazing skill in bringing us to this point. I am so grateful for the leadership of Senator BAUCUS in Finance and Senator DODD and Senator HARKIN on the HELP Committee and everyone who has been involved in this effort.

It is worth the time, whatever it takes, to do this and get it right. Saving lives and saving money for American families and businesses, protecting Medicare, stopping insurance abuses—this is worth fighting for. I am very proud to be part of a group of people who have placed this as a top priority.

I yield the floor.

The PRESIDING OFFICER. The Senator from Delaware is recognized.

INAUGURATION OF THE
PRESIDENT OF AFGHANISTAN

Mr. KAUFMAN. Mr. President, today, I rise to recognize the inauguration of President Karzai, as he begins his second term as President of Afghanistan. This milestone presents a unique opportunity to begin a new chapter in Afghanistan's history, which I hope will be characterized by transparency, effective governance, accountability, and an even stronger partnership with America.

Our two governments share common interests in the success of Afghanistan and the stability of the region.

When I met with President Karzai during my September visit to Kabul, we discussed counterinsurgency strategy and the importance of stronger governance at all levels—national, provincial, and district. Counter-insurgency strategy has proven effective throughout the course of history, and good governance is essential for its success.

President Karzai knows that he must garner greater support among the Afghan people for his government because, ultimately, this is a battle for legitimacy between the Afghan government and the insurgents. We will continue to partner with the Afghans to defeat the Taliban, but counter-insurgency cannot succeed if the Afghan people believe their government is plagued by corruption.

I welcome President Karzai's recognition of corruption as a "dangerous enemy of the state" in his inaugural address earlier today.

His intention to create an anti-corruption unit is an important step to this end, but words are not enough. He must match this rhetoric with action, and immediately take steps to effectively address the problem.

No government official is above the law, and all should be held accountable for their actions. Numerous criminal cases involving government officials—such as recent allegations that the Afghan Minister of Mining accepted a \$30 million bribe as part of an illicit deal with a Chinese mining firm—must be thoroughly investigated.

As President Karzai said today, government officials should register their earnings. Those who engage in corrupt behavior should face the full weight of the law and be brought to justice.

Corruption must be addressed for two primary reasons: one, to build the confidence of Afghans in their govern-

ment; and two, to ensure that the government functions more effectively in providing essential services.

In order to fulfill these two goals, I urge President Karzai to appoint competent governors and cabinet members who respect the rule of law and human rights, and are unequivocally committed to the people of Afghanistan. The stakes are too high to revert to cronyism. Now is the time for President Karzai to appoint and support capable, effective, and law-abiding public servants.

The essential defense against the Taliban is an effective Afghan government. As such, I urge President Karzai to work with the United States and other international partners to produce specific and measurable guidelines for combating corruption, improving government transparency and accountability, providing essential services, strengthening rule of law tackling the drug trade, and improving the economic infrastructure.

Clear benchmarks must be set, and progress must be monitored to ensure compliance.

This plan cannot be limited to Kabul. It is critical that government officials in the provinces and districts are well qualified and empowered with the necessary authorities and budgets to improve the lives of all Afghans. We must work together to undermine the Taliban's foothold and role as the de facto provider of rule of law and basic services, especially in southern Afghanistan.

In addition to good governance and essential services a third element of success in counterinsurgency is the training and deployment of effective national security forces.

I welcome President Karzai's stated intention to assume complete Afghan control over security within 5 years. I also echo his calls for NATO partners to take more effective steps to accelerate the training of the Afghan National Army—ANA and Police—ANP.

Currently there are not enough Afghan and international forces on the ground to "clear and hold" against the Taliban. In fact, the number of trained Afghan security forces is less than one-third that of Iraq—a geographically smaller country with nearly the same-sized population.

The training of the ANA and ANP must be expedited to build a stronger force of needed counterinsurgents, with the near-term goal of transferring responsibility to the Afghans.

During my two trips to Afghanistan this year, it was clear that the Afghan people identified security as a key concern, and wanted a swift transition from international to Afghan forces. Americans also hope for a swift transition, so we can eventually end our military presence and bring our brave troops home to their families.

I fundamentally disagree with accusations by some in Afghanistan—including President Karzai—that the U.S. presence in Afghanistan is purely

self-serving. We are committed to working with President Karzai to secure our shared objectives. It has been said that nations have no permanent allies, only permanent interests. As we stand on the cusp of history together, the United States and Afghanistan are allies with shared goals and coinciding interests.

As President Obama outlined in March, it is America's goal to disrupt terrorist networks in Afghanistan, to defeat al-Qaida, and to help to promote a more capable and effective Afghan government. The way to do this is to partner with the Afghan people to defend them against a resurgent Taliban. As Secretary Clinton said, these are mutually reinforcing missions.

There is an underlying urgency to this joint venture, and we cannot succeed without a true partner in the Afghan government.

In his inaugural address, President Karzai said the right things. Now is the time for implementation.

During my visits to Afghanistan, I was impressed by the resolve and vision of the brave people of Afghanistan. In the face of enormous challenges, the majority of Afghans have rejected the Taliban's oppression, and chosen to seek a better life for future generations.

Today represents an opportunity for President Karzai to fulfill the hopes and dreams of his people, and bring greater peace and prosperity to Afghanistan through good governance.

As he begins his second term, President Karzai must forge a path that will lead to a brighter future, free from corruption. We need leadership, resolve, and determination, if we are to be successful in Afghanistan.

AMERICAN EDUCATION WEEK

Mr. FEINGOLD. Mr. President, this week I join my colleagues and the Nation in observing the 88th annual American Education Week.

The United States of America has a rich history of providing a free public education to its children, and the education that millions of students receive every year opens countless doors of opportunity to these students. Teachers, administrators, and support staff in our Nation's communities plant the seeds of knowledge in our students, who are the future of the American economy, American innovation, and American society. And sometimes I do not feel like enough is said of these individuals who have dedicated their lives to the cause of public education and who have touched the lives of millions of children. So this week, let us reflect on the positive impact teachers and schools have on this country.

While enormous strides have been made in expanding access to public education since our Nation's founding, the United States still has a long way to go before we can say that every child in our Nation has access to a high-quality public education. There is