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Senate

The Senate met at 2 p.m. and was called to order by the Honorable MARK R. WARNER, a Senator from the Commonwealth of Virginia.

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

God of wonder, majesty and grace, You have promised that wherever two or three or a thousand gather in Your Name, You are in their midst. Come and dwell with us today. Be with our Senators but also with all beyond this Chamber who daily join us in prayer. Lord, raise up an army of praying people, whose love for You and country will bring a new birth of spirituality and patriotism to our land. Today, we claim Your promise that the earnest fervent prayers of righteous people produce powerful results. In response to our prayer, give us wisdom to discern Your will and the power to do it. We pray in Your mighty Name. Amen.

PLEDGE OF ALLEGIANCE

The Honorable MARK R. WARNER led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore [Mr. BYRD].

The legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, June 8, 2009.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable MARK R. WARNER, a

Senator from the Commonwealth of Virginia, to perform the duties of the Chair.

ROBERT C. BYRD,
President pro tempore.

Mr. WARNER thereupon assumed the chair as Acting President pro tempore.

RECOGNITION OF THE MAJORITY LEADER

The ACTING PRESIDENT pro tempore. The majority leader is recognized.

SCHEDULE

Mr. REID. Mr. President, following leader remarks, the Senate will be in a period of morning business, with Senators allowed to speak therein for up to 10 minutes each. Following that, the Senate will resume consideration of the tobacco legislation. We will immediately proceed to a cloture vote on the Dodd substitute amendment.

The first vote will occur at 5:30 p.m. The filing deadline for first-degree amendments is 3 p.m. today. The filing deadline for second-degree amendments is 4:30 p.m. today.

ORDER OF PROCEDURE

I ask unanimous consent that the time from 5 until 5:30 be equally divided and controlled between Senators DODD and ENZI or their designees.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

FAMILY SMOKING PREVENTION AND TOBACCO CONTROL ACT

Mr. REID. At 5:30, we are going to have an extremely important vote on whether this body will invoke cloture on the tobacco legislation.

Sunday—yesterday—3,500 children who had never smoked before tried their first cigarette. Today, another 3,500 will do the same and Tuesday it will be the same and Wednesday it will be the same. For some, it will also be

their last cigarette but certainly not all.

We all have had our experiences of when we tried our first cigarette. In a little book I wrote about myself, I talk about that experience, and I will relay it here briefly.

My Brother Don is 12 years older than I am. He came home from the Marine Corps smoking Kool cigarettes. He smoked a lot of them. He agreed to take his little brother hunting. There isn't much to hunt in Searchlight, but it was a time to get together with his brother. We had a little .22 rifle, and we were hoping we would see a rabbit or something. Mostly, it was a chance for my big brother to be with his little brother. He was smoking, and he smoked a lot. We were driving down a dirt road, what we called the railroad grade. I kept saying: Don, give me a puff. I kept asking, as a little boy would do; I was maybe 10 or 11 at the time. Finally, he said: OK. Here is what you do. Take it like I do and suck in as hard as you can. I did anything my brother asked me to do, so I did that. I can still feel it. That was the last cigarette I ever smoked or ever wanted to smoke. Even though my entire family smoked, not me; it hurt too bad.

For others not having had the experience that I had, smoking would become part of their daily lives, as happened with the kids I grew up with in the little town of Searchlight. They all smoked as little kids. If you think 3,500 is a scary number, how about 3.5 million. That is a pretty scary number. That is how many American high school kids smoke—3.5 million. Nearly all of them aren't old enough to buy cigarettes. That means there are at least a half million more students who smoke than there are men, women, and children living in Nevada. It means we have as many boys and girls smoking as are participating in athletics in high schools. We have as many as are playing football, basketball, track and field, and baseball combined. When

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.



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there are that many students endangering their health as there are staying healthy by playing the four most popular sports in the country—remember, I didn't mention soccer, but it is popular now, so we can include that and still outmatch that by far.

Should we be surprised? Every year, the tobacco industry pours hundreds of millions, if not billions, of dollars into marketing and designing to get more people, including children—because they know what the market is—to start smoking. Nine out of ten regular smokers in America started when they were kids—some of them as young as 8 or 9 years old. The tobacco marketers are very good at their jobs, there is no question. But it is time we do our job.

The bipartisan bill Senator KENNEDY and the HELP Committee delivered does a lot of good. It helps keep American children and their families healthy. It keeps tobacco companies honest about the dangers of using their poisonous products by strengthening the existing warning labels. It will make it harder for them to sell cigarettes, and even smokeless tobacco, to children. It will make it harder for tobacco companies to lure our children in the first place.

When this bill becomes law—and it will; it is only a question of time—it will also help those who smoke overcome their addictions and make tobacco products less toxic for those who cannot or don't want to stop.

I wish to be clear about one thing. Nobody is trying to ban the use of tobacco products. But we are giving the proper authority—the Food and Drug Administration—the tools it needs to help those who smoke and protect those around them.

We will talk a lot in the coming weeks and months about different ways to lift the heavy weight of health insurance costs. Think of tobacco. These crushing costs keep Americans from getting the care they need to stay healthy or help a loved one stay the same. The overall cost of health care—think about tobacco. Health care costs have driven countless families into bankruptcy, foreclosure, disease, and even death. We will debate and, at times, we will disagree. But think of tobacco. One of the most surefire solutions is to prevent health emergencies before they begin.

There is no doubt the effects of smoking qualify for such an emergency. Tobacco-related health care costs in America are unbelievably high—more than \$100 billion every year. If you think government is spending too much of your money, consider this: Your State and Federal Government spend about \$60 billion every year on Medicare and Medicaid payments for health problems related to tobacco. For Medicare and Medicaid, it is \$60 billion a year related to tobacco diseases and conditions. So it is not just a health crisis, it is an economic crisis—one we cannot afford.

We cannot afford to spend \$60 billion in Medicare and Medicaid money on to-

bacco-related problems. Still, if that weren't bad enough, about 500,000 people die every year as a result of their smoking or someone else's smoking. These deaths are from lung cancer, emphysema, and many other conditions related to tobacco, including heart disease, because we all know that is made much worse by tobacco. You can name any disease, and it is rare that tobacco doesn't make it worse. It is preventable. This bill will ease the pain and prevent others from going through it.

The dangers of smoking are hardly breaking news. We have known about it for decades. We know about it, and we have known about it for a long time. I have to say, though, that my parents didn't know about it. They didn't know about it. They started smoking as kids, and everybody smoked. When you went into the military, they gave you free cigarettes as part of the deal. We didn't know about it when my brother offered me the cigarette. But we know volumes about it today. We must do more than just know about it.

This vote is simple. It is between endangering our children's health and enriching the multibillion-dollar tobacco industry that poisons and preys upon them. It is between accepting the responsibility we have to our future and rejecting the irresponsibility of the pervasive and perverse tobacco companies. It is time we have that vote because tomorrow 3,500 more of our sons and daughters will light up their first cigarette.

The ACTING PRESIDENT pro tempore. The Republican leader is recognized.

HEALTH CARE

Mr. MCCONNELL. Mr. President, when it comes to health care, Americans are looking to Washington for real reform. Americans are rightly frustrated with the ever-increasing cost of health care, and many are concerned about losing the care they already have. Americans also believe that in a nation as prosperous as ours, no one should go without the health care they need. All of us agree reform is necessary, that we must do something to address the concerns Americans have on this issue. The only question is, What kinds of reform will we deliver?

Will we deliver a so-called reform that destroys what people like about the care they already have or will we deliver a reform that preserves what is good even as we solve the problems all of us acknowledge and want to address?

Unfortunately, some of the proposals coming out of Washington in recent weeks are giving Americans reason to be concerned. Americans have witnessed a government takeover of banks, insurance companies, and major portions of the auto industry. They are concerned about the consequences. Now they are concerned about a government takeover of health care—and for good reason.

What Americans want is for health care to be affordable and accessible. What some in Washington are offering instead is a plan to take away the care people already have—care that the vast majority of them were perfectly satisfied with—and replace it with a system in which care and treatment will either be delayed or denied.

Last week, I offered some examples of real people in Britain and Canada who were denied urgent medical treatment or necessary drugs under the kind of government-run system those two countries have and that many in Washington would now like to impose on Americans, whether the American people like it or not. This afternoon, I will describe how government-run health care systems such as the one in Canada not only deny but also delay care for weeks, months, and even years.

By focusing on just one hospital in one city in Canada—Kingston General, in the city of Kingston, Ontario—we can begin to get a glimpse of the effect that government-run health care has on the Canadians and the long waits they routinely endure for necessary care.

I have no doubt that the politicians in Canada never intended for the people of that country to see their health care denied or delayed. I am sure the intention was to make health care even more accessible and affordable than it was. But as we have seen so many times in our own country, government solutions have a tendency to create barriers instead of bridges. The unintended consequence becomes the norm. That is what happened in Canada, and Americans are concerned it could happen here too.

A medium-sized city of about 115,000, Kingston, Ontario, has about the same number of residents as Lansing, MI, to its south. But while it is not uncommon for Americans to receive medical care within days of a serious diagnosis, at Kingston General Hospital wait times can be staggering. Take hip replacement surgery, for example. A couple of years ago, the wait time for hip replacement surgery at Kingston General was almost 2 years. A lot of people were understandably unhappy with the fact that they had to wait more than a year and a half between the time a doctor said they needed a new hip and their surgery to actually get it. So the government worked to shorten the wait. Today, the average wait time for the same surgery at the same hospital is about 196 days. Apparently in Canada, the prospect of waiting 6 months for hip surgery is considered progress. That is hip replacement surgery. What about knee replacements? At Kingston General, the average wait is about 340 days, or almost a year, from the moment the doctor says you need a new knee. How about brain cancer? In Ontario, the target wait time for brain cancer surgery is 3 months—3 months. The same for breast cancer and for prostate cancer. And for cardiac bypass