

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

surgery, patients in Ontario are told they have to wait 6 months for surgery. Americans often get right away.

The patients at Kingston General Hospital in Kingston, Ontario, have been understandably unhappy with all the waiting they have to do. Fran Tooley was one of them.

Two years ago, Fran herniated three disks in her back and was told that it would take at least a year before she could consult a neurosurgeon about her injury which had left her in constant pain and unable to sit or stand for more than a half hour at a time. According to a story in the Kingston Whig-Standard, Fran's doctor referred her to a neurosurgeon after an MRI scan showed the herniated disks were affecting the nerves in her legs. The story went on to say that patients in Ontario can be forced to wait for up to 2 years and sometimes even longer for tests, appointments with specialists, or even urgent surgery.

Americans don't want to end up like Fran Tooley. They like being able to get the care they need when they need it. They don't want to be forced to give up their private health plans or to be pushed into a government plan that threatens their choices and the quality of their care. They don't want to wait 2 years for surgery their doctors say they need right away. And they don't want to be told they are too old for surgery or that a drug they need is too expensive. But all of these things could be headed our way. Americans want health care reform, but they don't want reform that forces them into a government plan and replaces the freedoms and choices they now enjoy with bureaucratic hassles, hours spent on hold, and surgeries and treatments being denied and delayed. They don't want a remote bureaucrat in Washington making life-and-death decisions for them or their loved ones. But if we enact the government-run plan, that is precisely what Americans can expect.

Mr. President, I yield the floor.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will now begin a period for the transaction of morning business until 5:30 p.m., with Senators permitted to speak for up to 10 minutes each.

The Senator from Arizona.

FAMILY SMOKING PREVENTION AND TOBACCO CONTROL ACT OF 2009

Mr. McCAIN. Mr. President, I take the floor this afternoon to discuss the issue of importation of prescription drugs and the amendment, which is No.

1229, which is pending but may be made nongermane because of a vote, if cloture is invoked.

There has also been some discussion about the fact that I am holding up the bill because of my desire for this amendment. I am not. I am simply asking for 15 minutes or even 10 minutes of debate and a vote. I understand there are other amendments, such as one by Senator LIEBERMAN and one by Senator BURR, that also should be considered. I wish to point out that I am not holding up the bill nor putting any hold on the legislation. The fact is, importation of prescription drugs is certainly germane and should apply to this legislation before us.

Last week, the majority leader was kind enough to say he would see about this amendment and when it could be considered. He has just informed me that he has discussed the possibility that it be brought up on the health care legislation when it comes to the floor. One, the issue cannot wait and, two, that is not an ironclad commitment. As much as I enjoy people's consideration around this body, from time to time I have found that without an ironclad commitment, sometimes those commitments of consideration go by the wayside. But I do appreciate very much the majority leader seeking to help me address this issue.

Mr. President, I ask unanimous consent that when the Senate begins consideration of H.R. 1256, it be in order for the Senate to consider amendment No. 1229 regarding prescription drug importation, the text of which is at the desk, and I ask that the amendment be considered in order, with 15 minutes of debate on the amendment equally divided between both sides, and that at the disposition of such time, the Senate vote on or in relation to the amendment.

The ACTING PRESIDENT pro tempore. In my capacity as a Senator from the State of Virginia and at the request of the leadership, I object.

Mr. McCAIN. I thank the Chair. I am not surprised. But if there is to be any allegation that this bill is being held up because of this amendment, that is simply patently false. In fact, I am more than eager to vote on this legislation because it has been before this body for a long time and it is a very clear-cut issue. The pharmaceutical industry has spent millions of dollars to sway lawmakers against the idea of drug importation.

Mr. President, I ask unanimous consent to have printed in the RECORD an article from The Hill newspaper.

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

[From The Hill, June 3, 2009]

PhRMA DEFENDS VULNERABLE DEMS

(By Aaron Blake and Reid Wilson)

What a difference a Speaker's gavel makes. Just a few years ago, before Democrats took control of Congress, the pharmaceutical industry was busy funneling millions to Republican candidates, at times giving the GOP

three dollars for every one headed to Democrats.

Over the last two cycles, though, drug makers have been much more generous with the other party. In the 2008 cycle, pharmaceutical companies gave the two parties about \$14.5 million each, and this year the industry has given \$714,000 to Republicans and \$721,000 to Democrats.

But the industry's main lobbying arm in Washington is now going beyond writing a check. The Pharmaceutical Research and Manufacturers of America, better known as PhRMA, spent the congressional recess running advertisements thanking four vulnerable Democratic freshmen for their early work in Congress.

The advertisements are running on behalf of Reps. Parker Griffith (D-Ala.), Bobby Bright (D-Ala.), Tom Perriello (D-Va.) and Frank Kratovil (D-Md.). They cite the four freshmen's votes for the State Children's Health Insurance Program (SCHIP) and for extending healthcare benefits to unemployed workers, a measure contained within the stimulus package passed earlier this year.

PhRMA is also running advertisements for a few Republican candidates, though the group declined to provide their names.

Nonetheless, Democrats are encouraged by the group's ads on behalf of the four members, all of whom won in 2008 by the narrowest of margins.

PhRMA "has really stepped it up and shown a willingness to work with us where our policy interests intersect," one senior Democratic aide said.

The group isn't the only one that gives overwhelmingly to Republicans that has had to change its approach lately. In February, the Chamber of Commerce put out press releases praising Democratic votes in favor of the stimulus legislation, and the National Federation of Independent Businesses backed Democrats on the credit card bill last month.

PhRMA itself has grown more bipartisan. In recent years, Democratic strategist Steve McMahon has crafted many of the organization's advertisements, and former Democratic Congressional Campaign Committee political director Brian Smoot has been helping its efforts as well.

The group said the ads are part of a year-long campaign run in conjunction with the Healthcare Leadership Council. Both groups say they "share the goal of getting a comprehensive healthcare reform bill on the president's desk this year," according to PhRMA Senior Vice President Ken Johnson.

Ken Spain, spokesman for the National Republican Congressional Committee, said the question going forward is "whether or not Democrats in Congress will choose to do for the healthcare industry what they have done for General Motors. That is a concern many in the healthcare community share with Republicans in Congress."—R.W.

No partnership among brothers when it gets down to promotions.

Republicans are Republicans and Democrats are Democrats.

Except, that is, when it comes to House members eyeing the Senate.

The start of the 2010 election cycle has been marked by a pretty overt attempt by House campaign committees—specifically the Democratic Congressional Campaign Committee (DCCC)—to push members of the opposing party into statewide races.

Problem is, those statewide races are pretty important, too. And when the pressure on people like Reps. Mark Kirk (R-Ill.) and Mike Castle (R-Del.) pushes them out of their House seats and into their states' open Senate races, they could seriously hamper Senate Democrats' efforts to win those much rarer seats.