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Senate

The Senate met at 9:30 a.m. and was called to order by the Honorable ROBERT P. CASEY, a Senator from the Commonwealth of Pennsylvania.

PRAYER

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

Let us pray.

Gracious God, to whom all thoughts are revealed and all desires known, we pray for this large Senate family. Lord, you know the secret needs of each person on Capitol Hill, those who are hurting or feel frustrated, discouraged, or exhausted. You know who has stopped loving and those who are experiencing estrangement in important relationships. You know also when guilt is corroding a soul.

Today, we ask You to bless all those who need Your love and healing, providing them with the grace and renewal only You can give. Lord, do in their lives exceedingly, abundantly, above all that they can ask or imagine, according to Your power working in and through them.

We pray in Your merciful Name. Amen.

PLEDGE OF ALLEGIANCE

The Honorable ROBERT P. CASEY 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 10, 2009.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable ROBERT P. CASEY, a Senator from the Commonwealth of Pennsylvania, to perform the duties of the Chair.

ROBERT C. BYRD,
President pro tempore.

Mr. CASEY 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, there will be a period of morning business for up to 1 hour, with Senators permitted to speak therein for up to 10 minutes each. The Republicans will control the first 30 minutes and the majority will control the second 30 minutes.

Following morning business, the Senate will resume consideration of the tobacco legislation. There will then be up to 1 hour for debate only, with the time equally divided and controlled between the two leaders or their designees. This morning, we hope to reach an agreement to dispose of the pending Lieberman amendment and several additional amendments. Upon the use or yielding back of the debate time on the bill—that is 1 hour—and disposition of the Lieberman amendment, the substitute amendment will be agreed to and the Senate will proceed to a cloture vote on the underlying tobacco bill; therefore, Senators should expect a vote at around 11:30.

NOMINATIONS

Mr. REID. Mr. President, we have 25 nominations the Republicans have held

up. They are important. I was visited by Secretary Salazar regarding Hilary Tompkins, who is somebody he needs. She would be a lawyer for the Interior Department. She has a great education and background. That was cleared yesterday, and then the Republicans said no.

We have numerous people. For the Sentencing Commission, there is William Sessions of Vermont. We hear that is being held up because Senator LEAHY is from Vermont and they don't like the way Chairman LEAHY is handling the Judiciary Committee. That is what we have been told. We also have Harold Koh. I heard on Monday, day before yesterday, from Secretary Clinton that this is somebody she needs very badly. Mr. Koh is going to be the lawyer for the State Department. We have a number of people under the auspices of the judiciary, and we can go through these. We have somebody who is going to help run the Department of Homeland Security, Rand Beers, who is well-qualified and a good person. The topper of them all is LTG Stanley McChrystal to be the man who runs Afghanistan.

I hope people will search their consciences and try to get these done. I cannot file cloture on every one of these. So that people watching this will understand our Senate procedure, it takes days for us to do that. With 25 nominations held up, it would take all summer—until we finish the July recess and beyond that—for us to get this done, filing cloture on every one of these. I hope it doesn't come to that.

HEALTH CARE

Mr. REID. Mr. President, in a single word, the health debate is about "choices." Will our country choose to tell parents they cannot take their child to the doctor because insurance is not in existence or is prohibitively expensive? Will we choose to tell small

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



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businesses they have to lay off employees because they cannot afford skyrocketing health care premiums? As was outlined by Senator DURBIN yesterday, a small businessman he talked about was dealing with the travails of trying to maintain health insurance for his employees. Will we choose real, meaningful health care reform that assures everybody the quality care they deserve?

There is another way this debate is about choice. Democrats are committed to ensuring all Americans can choose their doctors, hospitals, and health plans. No matter what the Republicans claim, this government has no intention of choosing any of these things for you or meddling in any of these relationships. We have said that time and again. If you like the coverage you have, you can choose to keep it or you can change if you desire.

Like most Americans, we believe there should be more choice and more competition to lift the heavy weight of crushing health care costs. Today, 18 cents of every dollar spent in America is on health care. If we don't do something about this legislatively, by 2020 it will be more than 35 percent of every dollar spent in America. If we leave it up to private insurance companies, which are more interested in keeping their profits than keeping us healthy, that won't happen. One of the best ways to do that—that is, to give people choice and competition—is to pass the health care legislation.

Third, the Republicans have a choice in this debate. They can choose to work with us or against the interests of the American people. From the start, we have reached out to Republicans in this debate. Senator BAUCUS has done everything he can to get a bipartisan bill. He still believes he can do that. I hope that is the case. Senator DODD, filling in for Senator KENNEDY, has done the same. He has reached out to Ranking Member ENZI and others on the committee to try to come up with a bipartisan bill. That bill was given to us yesterday.

Again, from the start, we have reached out to Republicans. We have let them know we would rather write this bill with them. That is what we want to do. Republicans, so far, have made it quite clear what they are against. We remain interested to learn what they are for. Democrats continue to save for our Republican colleagues a seat, or seats, at the table, and we sincerely hope they will take those seats.

Last year, the American people made their choice clear. In no uncertain terms, they rejected the Republican status quo. Those with coverage know their health care bills are higher because of tens of millions of Americans who are uninsured. They know they should not have to go bankrupt or lose their home just to afford to stay healthy or care for a loved one.

I am sure we will disagree in the debate at times, and that is fine. We welcome an open and honest debate on the issue. We welcome a dialog.

One choice we do not have is to wait. We don't have a choice to wait. Health care is not a luxury. It should not be a luxury. We cannot afford another year in which about 50 million of us have to choose between basic necessities and lining the pockets of big insurance companies just to stay healthy.

RECOGNITION OF THE MINORITY LEADER

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

HEALTH CARE

Mr. McCONNELL. Mr. President, Americans are increasingly frustrated with the U.S. health care system as we know it. They expect real reform, not just the promise of reform that never seems to come or the illusion of reform that ends up destroying what is good about the current system and replacing it with something that is actually worse.

Americans don't think basic medical procedures should break the bank, and they don't understand why millions of Americans have to go without basic care in a nation as prosperous as our own. Still, many Americans are quite happy with the health care they currently have, and they don't want to be forced into a government plan they don't like.

So the need for reform is not in question. The real question is what kind of reform—the kind that makes care more affordable and accessible or the kind that makes existing problems worse.

One thing most people like about health care in the U.S. is the quality of cancer care that's available here. Far too many Americans die from cancer. Yet for all the problems we have, the fact is, America boasts some of the highest cancer survival rates in the world. And that is not the kind of thing Americans want to see change. But it could very well change if the U.S. adopts a government-run health care system along the lines of the one some are proposing.

A recent study comparing U.S. cancer survival rates with other countries found that, on average, U.S. women have a 63 percent chance of living at least 5 years after a cancer diagnosis compared to a 54 percent rate for women in Britain. As for men, 66 percent of American males survive at least 5 years while 45 percent of British men do.

Just as important as treatment is early detection. And here again, the U.S. routinely out performs countries with government-run health care systems. According to one report, 84 percent of women between the ages of 50 and 64 get mammograms regularly in the United States—far higher than the 63 percent of women in the United Kingdom. Access to preventive care is extremely important and, frankly, when it comes to breast cancer, preven-

tive care is something we do quite well in the U.S.

These are the kinds of things Americans like about our system, and these are the kinds of things that could change under a government plan. Americans don't want to be forced off their existing plans, and they certainly don't want a government board telling them which treatments and medicines they can and cannot have.

It is no mystery why Americans have higher cancer survival rates than their counterparts in a country such as Great Britain. Part of the reason is that Americans have greater access to the care and the medicines they need. And they don't want that to change. All of us want reform but not reform that denies, delays, or rations health care. Instead, we need reform that controls costs even as it protects patients.

Some ways to do this would be by discouraging the junk medical liability lawsuits that drive up the cost of practicing medicine and limit access to care in places such as rural Kentucky; through prevention and wellness programs that reduce health care costs, such as programs that help people quit smoking, fight obesity, and get early diagnoses for disease; and we could control costs and protect patients by addressing the needs of small businesses without imposing mandates or taxes that kill jobs.

All of us want reform, but the government-run plan that some are proposing for the U.S. isn't the kind of change Americans are looking for. We should learn a lesson from Canada. At a time when some in the U.S. want government-run health care, Canada is instituting reforms that would make their system more like ours.

According to Canadian-born doctor David Gratzer, the medical establishment in Canada is in revolt, with private sector options expanding and doctors frustrated by government cutbacks that limit access to care. The New York Times reported a few years ago that private clinics were opening in Canada at the rate of about one a week—private clinics. Dr. Gratzer asked a simple question: Why are Americans rushing into a system of government-dominated health care when the very countries that have experienced it for so long are backing away? Many Americans are beginning to ask themselves the very same thing.

SOTOMAYOR NOMINATION

Mr. McCONNELL. Mr. President, Senator LEAHY's decision to rush Judge Sotomayor's confirmation hearing is, indeed, puzzling. It risks resulting in a less-informed hearing, and it breaks with years of tradition in which bipartisan agreements were reached and honored over the scheduling of hearings for Supreme Court nominees. It damages the cordiality and good will the Senate relies on to do its business. These kinds of partisan maneuvers have always come with consequences. This time is no different.