

Another is now a leading al-Qaida operative in Yemen. As I said before, these were supposedly the safe ones.

What would happen if those currently at Gitmo returned to the battlefield?

This document and the actions of those detained at Guantanamo Bay illustrate what some in this Congress seem to have forgotten. We, as a nation, are still at war. They are trying to kill Americans and destroy our very way of life. The prisoners at Gitmo realize this. Our troops realize this. It is time that we in Washington, DC, wake up and realize it as well.

The facilities at Gitmo are state of the art and are some of the most impressive I have ever seen. After touring the facilities down there, I believe it would be next to if not impossible to recreate those facilities in the United States, partially because of the physical location of the facility.

Guantanamo Bay is also the appropriate place to conduct military commissions. The privacy and seclusion of the unique courtroom facilities that have already been built there allow classified information to be protected and allow privacy for the 9/11 families who are grieving and have chosen to watch the proceedings down there. Too often, we forget about those individuals, the families of the 9/11/01 victims.

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Transferring these hardened terrorists to facilities in the United States would make each one of the facilities they are transferred to and the communities in which they are situated terrorist targets.

Would you like to own a small business, a gas station or a convenience store around one of these prisons that house terrorists? I know I wouldn't.

Another observation that struck me while I was down at Guantanamo Bay was the care and treatment of the detainees. Every—every—effort is made to ensure their religious rights are respected. During my visit to the facility, we even paused as part of our tour out of respect for prayer time of the detainees.

In addition, there are various programs and resources to provide detainees with instructional training and social recreation. Listen to these statistics.

Available to the detainees are over 13,000 books for them to read, 910 magazines, and various newspapers in different languages that are distributed weekly. They have access to a vast collection of DVDs for the detainees. It is almost like they have Netflix down there. They also have satellite television, including Al-Jazeera. Detainees are permitted quarterly phone calls to family members and have received or sent over 22,000 pieces of mail, including privileged attorney-client mail. Fi-

nally, we offer literacy classes, second language classes, and art classes for the detainees. These detainees are provided better health care than a lot of Americans are.

Does any of this sound like abuse? Does any of it sound like abuse?

In his first 6 months, President Obama has had to make some tough decisions. Some of these decisions, such as his Afghan policy, I publicly supported. He needs to realize, though, that on this issue of transferring these hardened terrorists to the United States there is strong bipartisan opposition. If the President were to go down to Gitmo, tour the facilities, and to be completely honest with himself, I believe he would come to the same conclusion I did. In the end, there are no superior alternatives to Guantanamo Bay.

The administration must answer this question: How does closing Guantanamo, especially without a plan, make the American people safer?

I yield the floor.

The PRESIDING OFFICER (Mr. UDALL of Colorado). The Senator from Arizona.

#### HEALTH CARE REFORM

Mr. KYL. Mr. President, I commend my colleague from Nevada for his remarks and I want to associate myself with them.

I want to speak to health care and the reform that we are attempting to achieve here in Washington. Little disagreement exists about the need for health care reform. A routine trip to the doctor's office can be surprisingly expensive, and many fear if they lose their jobs or even if they switch jobs, they will be left without health care. Others who are unemployed may be wondering how they can afford to see a doctor at all. So the question is, How can we reform health care so that everyone has access to high quality care without changing what works for millions of Americans?

President Obama wants to centralize power in Washington, to change the way health care is obtained by all. He would create what he calls a public option. This would not be an insurance program run by the public but one run by the Federal Government; that is to say, bureaucrats here in Washington, and I believe it would result in a one-size-fits-all government system that would depend upon complex rules and financing schemes, some kind of Federal health board and, of course, higher taxes. It would also inevitably create waiting lists for treatment and denial of care for many. Why? Because the Federal Government resources are not unlimited, so health care for some will have to be delayed or denied to keep spending in check.

The plan the senior Senator from Massachusetts has put forward would create a medical advisory council to determine what treatments people should get and when they should be

treated. The goal of this medical advisory council, again, would be to control spending, not to ensure that everyone gets care when they need it. It could tell Americans when they can get their treatment and what medications they can and cannot have. The plan of the Senator from Massachusetts would also offer subsidies to those whose incomes reach 500 percent above the poverty line.

President Obama has said that if new government-run health care is created, you won't have to use it if you prefer your current plan. That is not the way the legislation is being written. The way the legislation is being written in the Finance Committee is that after your contract expires—and it is usually an annual contract—your insurance is gone, and your insurance company must begin to abide by a new set of Federal rules and regulations. That means you will not have the same policy you had before.

Moreover, the government-run care would quickly crowd out other insurers. Employees who have insurance through their company could be forced into the government plan if their employer decides it is simpler or cheaper to pay a fine to the Federal Government and eliminate the coverage. The company might reason: Why bother doing the paperwork when we can tell people to get on the government-run plan? That is exactly what the health experts say will happen.

The Lewin Group has estimated that 119 million people will shift from a private plan that they currently have onto this new government-run plan if it is created. That would affect two-thirds of the 170 million Americans who currently have private insurance, all but ending private insurance in this country.

First, we have the takeover of the auto companies and banks and AIG and student loans and now health care. That is apparently the agenda at play here.

Republicans believe that health care reform should make health care affordable and portable and accessible. That last point is often overlooked. Health care needs to be accessible. People need to get the care they need when they need it, and what the doctor prescribes for them rather than what a bureaucrat says they can have. Access to health care does not mean access to a waiting list. Individuals and families, not the Federal Government, should control decisions about their health care. The principles of freedom and choice should apply here. The government should not eliminate your choices and get between you and your doctor.

I am not sure why some are embracing government-run insurance when those programs have created so many problems in Canada and the United Kingdom. Many people think that Canadians and Europeans get the same quality of health care Americans get but pay less. That is not true. The stories you hear from individuals in those

countries about months- and years-long waiting lists and denial of care are not cherry-picked scare stories. They are commonplace. People often have to wait months for an MRI or a dental procedure or a hip replacement that they urgently need.

According to a new study by the Fraser Institute, which is a Canadian-based think tank, the average wait time for treatment from a specialist in Canada is 18.3 weeks. That is the average waiting time. Stop and think for a moment. You may have had your physician say, I think you have something very drastically wrong with you and I think you need to see a specialist to confirm whether that diagnosis is true, but you are going to have to wait on average 18 weeks for the specialist to see you.

Some people then say, well, at least everybody in Canada has a doctor. That is also not true. That same study reports that 1.7 million Canadians—and that is out of a country with a population of 33 million—were unable to see a family physician in the year 2007. Let me repeat: 1.7 million people couldn't even see a family doctor, and that number does not include those who have a doctor and are on a waiting list, so add the wait times. The bottom line is that having a government-run plan does not guarantee that everyone will have access to a doctor or to medical care. Indeed, it chokes access.

There are some Canadian doctors who are taking action because of this. Private hospitals are sprouting up all over Canada. Dr. David Gratzler, who is a physician, recently wrote an article in the Wall Street Journal about the story of another physician, Dr. Brian Day of Vancouver. Dr. Day, who is an orthopedic surgeon, grew tired of the government cutbacks that reduced his access to an operating room, while at the same time increasing the number of people waiting to see him. So he opened a private clinic, the Cambie Surgery Center, which employs more than 100 doctors. Public hospitals send him patients because they are too busy to treat them. The New York Times has reported a private clinic is opening each week in Canada.

Think about that. This is in response to a wonderful health care system? No, it is in response to a health care system that denies care to patients.

Opening a private clinic that gives health care access to more people, of course, is a noble thing to do, and I commend Dr. Day, but the success of these clinics also shows that many people who can get out of government-run health care will do so.

Americans do not deserve or want health care that forces them into a government bureaucracy that will delay or deny their care and force them to navigate a web of complex rules and regulations. They want access to high-quality care for their own families and for their neighbors. They want to pick their own doctors, and they do not want Washington to dictate what care

they can and cannot get for their families.

On a personal note, none of us in the Senate or in the gallery or anybody who may be watching us, I suspect, cares more about anything in the world—other than perhaps their own freedom—than the health of their family. If there is a health emergency right now, we will all drop anything we are doing to provide whatever health care is needed for our family. We don't want anybody to stand in the way of that. But the bottom line is that it is inevitable; when government wants to control the cost of providing health care, and it has control, what it will do is to either deny information to people about what options are available, as happens in Germany, for example; delay the care, which is frequently what happens in Canada; or what frequently happens in Great Britain, where they have a board that makes these decisions, they deny the care altogether because it is simply too expensive for what they consider the value you get out of it. For example: If you are over a certain age, then you are not likely to have an operation such as a hip operation or a knee operation. There are other restrictions that apply as well.

We don't want that in America. We don't want the government in Washington saying that because we want to save money, you can't get care. I would also remind folks that the alternative that is being created in Canada—these private clinics—is not available under the one government-run program we have in America—the Medicare system. We also have a veterans' care system. But under Medicare, there is no alternative. You can't have private care. If you are on Medicare, and you go to a doctor who serves Medicare patients, it is against the law for him to treat you and then charge you individually for that. Under Medicare, it is either Medicare or no care. That is the law.

I know because I tried to get it changed. We tried to get something called private contracting, which would be the same as that alternative in Canada—the private clinic. We tried to get that for Medicare, so that if you were not satisfied with what Medicare gave you, and you wanted to speed it up or get a private doctor, even if he charged you whatever amount he charged you, you would have the right to do that. No. What Congress did was to say—in the middle of the night, in a conference committee—that you cannot do that. Only if a doctor says in advance, I will not treat Medicare patients for at least 2 years is he able to provide that care to you.

So we have a perverse incentive. If you want to take care of people outside of Medicare, you have to agree not to treat Medicare patients. And since we have so many physicians deciding not to take Medicare patients, that is the wrong incentive. We should be encouraging them to take more Medicare patients and at least allow the option that people in Canada have.

The bottom line is, Washington-run health care is not a good idea, and Republicans are not going to support legislation that includes Washington-run insurance companies or that gets in between the physician and the patient and interferes with that important relationship to deny or delay care.

The PRESIDING OFFICER. The Senator from New Mexico.

#### NOMINATION OF HILLARY TOMPKINS

Mr. BINGAMAN. Mr. President, I come to the floor today, as I did on June 2, to urge quick action on the nomination of Hillary Tompkins to be the Solicitor in the Department of the Interior. That is an important job in this country and in the Department of the Interior, and the President has chosen well in choosing Miss Tompkins to be the Solicitor. She has broad experience in natural resource issues. She is extremely well qualified in all respects. She was chief counsel to the Governor of New Mexico, Governor Richardson, until recently, where she demonstrated her ability to lead a team of lawyers in that position and to provide sound legal counsel. So it is unclear to me why anyone would be objecting to her being approved as our Solicitor.

When I came to the floor on June 2, about 8 days ago, and talked about this subject, I asked unanimous consent that we proceed to executive session, that her nomination be confirmed, and that we advise the President of our action and the Senate go back to other business. Senator McCONNELL, on behalf of the Republican Members in the Senate, objected and said that—I think his specific response was they were still working on this. Let me quote him. He said:

We have not been able to get that nomination cleared yet on this side, but we will be consulting with the Republican colleagues, and at some point let him know whether it is possible to go forward.

I assume the word “him” in that quote refers to me. At any rate, he objected. That was disappointing. But I am even more disappointed to announce or to call attention to the fact that we still are not able to clear Miss Tompkins for this important position. I think it is unfair to her, I think it is unfair to our former colleague, now Secretary of the Interior Salazar, who needs a capable person in this position. We should not be standing in the way of that occurring. I think his ability to serve the people of the country will be improved by having a good solicitor in that office and we should get on with the job of confirming that nomination.

At the time I was urging action on her nomination before, I was advised that there were two Senators who had objections. Senator COBURN had put a hold on the nominee because of concerns of one kind or another—I don't know the specifics—and I believe Senator BUNNING had concerns as well. I have now been advised that both of