

Stephen Johns was just 39 years old. He had a wife and a son. He grew up in Temple Hills, MD, just a few miles south and east of where I stand today. He still lived in that community. Mr. Johns started working at the Holocaust Museum after spending a year in New Orleans in the aftermath of Hurricane Katrina.

Those who knew Mr. Johns called him “Big John” and “a gentle giant.” Those who knew him describe him as caring, polite, friendly, and helpful. Even those who didn’t know him are deeply saddened by his loss and inspired by his heroism.

In the spirit of the museum where every day he so bravely reported for duty, it is our duty to keep alive his memory. Today, the Holocaust Museum is closed. Its flags fly at half staff. When it opens tomorrow, it will continue to serve as one of our Nation’s most poignant reminders of the inexcusable racism, hatred, violence, and cruelty that we must never stop trying to erase from our world. When it opens tomorrow, and every day thereafter, Stephen Johns’ courage and courtesy will be missed.

#### HEALTH CARE

Mr. REID. Madam President, our plan to fix America’s broken health care system is based on a simple premise: when it comes to keeping ourselves and our loved ones healthy, people—not corporations—should be in the driver’s seat.

We have a plan to right that wrong. That plan is guided by three goals: One, lower the high costs of health care; two, ensure every American has access to that quality, affordable care; three, let people choose their own doctors, hospitals, and health plans.

One of those choices should be a public option. This has two primary benefits: First, people can choose to get their insurance from someone other than a greedy private insurance company; second, the very existence of that public option means there is more competition in the market. As a result, the private options will have to serve their customers even better.

The Republicans often like to pretend the government will force you to take the public option. Every time you hear them say that, you know they are not interested in honest debate. After all, it is right in the name; it is a public “option.” So talking about government forcing anybody to do anything is simply unfair and not accurate. It is a public option, meaning you have choices.

If you have coverage, and you like it, you can keep it. You should be able to choose the best coverage for your family. You should be able to compare benefits and prices instead of surrendering to out-of-control corporations. You, the individual, should be in control of your own family’s health decisions.

I am confident that both private insurance companies and the option of a

public plan can live in harmony. When you send a birthday present to a relative—say, I want to send something to one of my children in Nevada—the products that I choose can be sent by FedEx, UPS, DHL, or you can choose the U.S. Postal Service. The Postal Service may not be perfect, but because that public option is there, the private companies—FedEx, UPS, and DHL—know they cannot overcharge, rip you off, or slack in their service.

Just like our proposal for the health care system, you don’t have to choose the Postal Service. But it is good to know it is there. For some, it is all they can afford. I hear every day from Nevadans who are asking for our help. They are people turned down for health coverage by insurance providers who care more about profits than people; people who lost their health coverage when they lost their jobs and now have no means of getting it back; people who play by the rules and rightly demand our health care system be guided by common sense.

Nearly two-thirds of all bankruptcies are caused by medical problems and the exorbitant bills that ensue. Many of the foreclosures are both a cause and an effect for the global credit crisis and can be traced back to health insurance costs.

If you agree we already have enough economic problems on our hands, if you agree we cannot wait another year while 50 million Americans live without any options to stay healthy, then you will agree now is the time for action, not partisan games.

Insurance companies are holding Americans’ health hostage. Far too many people cannot afford the ransom. If we are going to fix our broken health care system, we are going to have to return control to the people who need that care.

I yield the floor.

#### RECOGNITION OF THE MINORITY LEADER

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

#### HEALTH CARE

Mr. McCONNELL. Madam President, the American people are frustrated with the U.S. health care system. But they are also increasingly concerned about some of the proposals coming from Washington. Now the alarms are beginning to sound. As reported in today’s New York Times, the Nation’s doctors are strongly opposed to the so-called government plan that appears to be gaining steam in Washington. The American Medical Association says the government plan threatens to restrict patient choice by putting out of business existing health plans that cover nearly 70 percent of Americans.

One estimate suggests that 119 million Americans could lose the private coverage they have as a consequence of

the government plan. Moreover, the AMA, in its statement from yesterday, notes that “the corresponding surge in public plan participation would likely lead to an explosion of costs that would need to be absorbed by taxpayers.”

Republicans and Democrats alike agree that health care reform is needed in this country. But a government plan is not the kind of reform the American people want. They want real reform for a system that’s in serious need of it. Unfortunately, what some in Washington are proposing instead is the illusion of a reform that will replace what is good about health care in America with something that is far worse.

Instead of making health care more affordable and accessible, these proposals could make treatments and procedures that everyday Americans currently take for granted less accessible or even impossible to obtain—even as these proposals would add to the colossal and unsustainable debt that already burdens the Federal Government.

I have spoken repeatedly on the Senate floor about the dangers of a government-run health plan. By drawing on the experience of countries that have already adopted these government-run system I have pointed out the serious problems government-run health care creates for millions around the world. I have noted that a common defect of these government-run plans is that they deny, delay, and ration health care. And I have noted that the primary culprit in almost every case is the so-called government board that these countries have established to decide which treatments and medicines patients in these countries can and cannot have. This morning I would like to focus again on these so-called government boards, so people have an idea of what they could expect from a government-run plan here in the U.S.

Britain’s government board, the National Institute for Health and Clinical Excellence, or NICE, is responsible for setting guidelines on the use of drugs and treatments for patients in that country. The government bureaucrats at this agency are supposed to weigh the effectiveness of a medicine or a treatment against its cost to the government. If the government thinks that a drug is too expensive, it can refuse to make it available to patients, regardless of any potential benefits.

Last summer, the board in Great Britain denied patients in that country access to four kidney cancer drugs that have the potential to extend life. Here’s the chilling explanation it gave to justify the move.

Although these treatments are clinically effective, regrettably the cost . . . is such that they are not a cost-effective use of . . . resources.

After a public outcry, NICE reversed its position on one of the drugs but affirmed its ban on the other three.

In New Zealand, a government board known as Pharmac reviews potential drugs and treatments and decides whether they should be prescribed to

patients in that country. Pharmac says its goal is to use its “expertise” to “help . . . decide which new hospital medicines are cost-effective.” And like the government board in Great Britain, if Pharmac does not think a drug’s cost justifies its benefits, it can refuse to make it available to patients or doctors who want it.

One drug that Pharmac did not think was worth the cost was Herceptin, which had proven to be effective in fighting breast cancer. Although Pharmac began covering the drug for advanced breast cancer in 2002, it refused to fund the drug for early stage breast cancer. After a public outcry and a reevaluation of the decision, Pharmac finally relented and decided to allow the drug for early stage breast cancer in 2007, but only for a limited amount of treatments.

These kinds of decisions about which drugs should or should not be covered are based on a method commonly known as “comparative effectiveness.” Comparative effectiveness is not alien to the U.S. health care system. Indeed, the stimulus bill Congress passed earlier this year included significant funding to lay the groundwork for just this kind of research in the United States. In my view, the more research we do on the effectiveness of drugs and treatments the better. Doctors should have as much good information as possible in dealing with their patients.

What Americans strenuously oppose, however, is the government using this information to deny access to treatment or procedures that patients and doctors choose to pursue—just as government agencies such as NICE and Pharmac do in Great Britain and New Zealand. Americans oppose this kind of government-mandated limitation on health care. They simply will not allow it.

That is why my friend, Senator KYL, will propose a bill that will prohibit the government from ever using comparative effectiveness in this way. It is a wise bill, and it should be included as a part of any health reform we consider. Americans want their doctors to have clinical information on which treatments work best and which ones do not. But government bureaucrats should not be able to use that information to determine what treatments Americans can or cannot get. That is a decision we currently leave between a patient and his or her doctor, and that is where it should remain.

Americans want to see changes in the health care system, but they don’t want changes that deny, delay, or ration care. They want reforms that control costs, even as they protect patients. They want us to discourage frivolous medical liability lawsuits that limit access to care in places such as rural Kentucky. They want prevention and wellness programs that cut costs by helping people quit smoking, overcome obesity, and diagnose illnesses early. And they want us to address the needs of small businesses without im-

posing new mandates or taxes that kill jobs.

All of us want reform, but the government-run plan some are proposing in the United States is not the kind of change Americans are looking for. We should learn the lessons from problems we have seen in countries such as Great Britain and New Zealand. We should learn a lesson from the nightmares so many people in these countries and their families have endured as a result of government-run health care and the bureaucratic government boards that almost always come with it.

Madam President, I am about to yield the floor, but before I do that, I see my friend from Arizona is on the floor. I want to express to him my gratitude for his leadership on this very important issue. The most important issue we will be dealing with this year is the question of whether the government should literally take over and run 16 percent of our economy. We have seen the government take over banks, insurance companies, and automobile companies. Now it appears as if there is an effort underway to take over health care as well.

I thank my friend from Arizona for the contribution he has made on this important issue in the past and say we are looking forward to working together on this in the future.

Madam 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, there will now be a period for the transaction of morning business until 2 p.m., with Senators permitted to speak for up to 10 minutes each, with the first hour equally divided and controlled between the two leaders or their designees, with the Republicans controlling the first 30 minutes and the majority controlling the second 30 minutes.

The Senator from Arizona.

#### HEALTH CARE REFORM

Mr. McCAIN. Madam President, I rise to discuss two issues this morning, health care reform and also the pending supplemental spending bill that, according to news reports, does not include the Senate language that explicitly allowed President Obama to keep photos of detainee abuse during the Bush administration confidential.

I thank my friend from Kentucky, the Republican leader, who has shown such impressive leadership on, as he describes, probably the most important domestic issue that certainly will be addressed by this Congress. I look forward to working with my colleagues

over the next few weeks on legislation reforming our current health care system.

Americans are looking to Congress to enact health care legislation that provides all Americans affordable access to health insurance and the ability to choose the health insurance policy that fits each American’s needs. Yesterday, it was reported that 62 percent of Americans support Congress enacting a major overhaul of the U.S. health care system, according to a Diageo/Hotline poll.

I believe health care should be available to all and not limited to where you work or how much money you make. I believe any proposal must use competition to improve the quality, availability, and affordability of health insurance and match people’s needs, lower prices, and promote portability. I believe American families, not Washington bureaucrats or insurance companies, should be in charge of any health care decision. But I don’t believe we need to expand government’s bureaucracy to control one-sixth of our economy to ensure the uninsured get health coverage. Nor do I believe Americans should be asked to pay more in taxes to cover the costs of any comprehensive health care reform legislation.

Last month, the Wall Street Journal stated:

But now Democrats need the money to finance \$1.2 trillion or more for their new health insurance entitlement. . . .

A sampler:

End or limit the tax-exempt status of charitable hospitals. . . .

Make college students in work-study programs subject to the payroll tax. Also targeted are medical residents, perhaps on the principle that they’ll one day be “rich doctors.”

I agree that any real health care reform proposal must address the tax treatment of employer-provided health benefits, but not in such a way that would force Americans to fork over more of their hard-earned money to the Federal Government, particularly during these difficult times.

Today individuals who receive health insurance through their employer are not taxed on their health care benefits, as we know. However, those who purchase coverage on their own do not receive such a tax break. That is unfair and regressive. It hits those who need this tax break the most—the self-employed or working poor whose employer does not offer health insurance coverage.

To offset the taxable treatment of this income, I believe Americans should have funds returned to them to assist with the cost of acquiring health insurance. An approach such as this treats individuals equally, in stark contrast to the system we currently have.

Key to any proposal is a policy that allows people to have accessible, portable, and affordable health insurance coverage. Policies should also address what I hear from Americans everywhere I go—choice. Americans want