

lengthiest judicial record in recent memory. Last week, in a departure from past practice, the Democratic leadership of the Judiciary Committee unilaterally scheduled her hearing without even notifying the ranking member. Because of this unwise and unfair approach, Judge Sotomayor's hearing will begin just 3 weeks from today. As I understand it, her questionnaire is still incomplete. Among other deficiencies, she has not provided materials from 17 cases she handled as a prosecutor, nor has she provided materials from any appellate cases she handled, and she has not provided materials from over 100 speeches she has given.

During the Roberts and Alito hearings, our Democratic friends repeatedly told us it was more important to do it right than to do it quick. Now that there is a Democratic President, it appears the attitude is to just do it. They want the shortest confirmation process in recent memory for a nominee with the longest judicial record in recent memory. There is clearly a double standard at play here—one that undermines our ability to fulfill one of the Senate's most important and solemn responsibilities.

HEALTH CARE REFORM

Mr. MCCONNELL. Mr. President, as the national discussion over health care intensifies, one thing is already clear: Both Republicans and Democrats agree health care is in serious need of reform. The only thing that remains to be seen is what kind of reform we will deliver. Americans are increasingly worried about what they are hearing from Washington.

Americans want lower costs, and they want the freedom to choose their own doctors and their own care. What they do not want is a Washington takeover of health care along the lines of what we have already seen with banks, insurance companies, and the auto industry. Americans don't want a government-run system that puts bureaucrats between patients and doctors. They certainly don't want the kind of government boards that exist in places such as New Zealand and Great Britain that deny, delay, and ration treatments that are currently available to Americans.

Americans want change, but they do not want changes that will make existing programs worse. That is exactly what a government-run system would do.

Unfortunately, the notion of a government-run plan has been gaining steam. Over the past couple weeks, one Democratic leader after another has insisted that it be included as a part of any reform. The reaction to this should tell us something.

Among those who have begun to mobilize in opposition to America's plans are America's doctors who warn it would limit access to care and could lead to nearly 70 percent of Americans

being kicked off the health plans they currently have.

The U.S. Chamber of Commerce, which represents about 3 million businesses in this country, has warned that the creation of a government plan would lead to a government-run health care system. The CEO of the renowned Mayo Clinic warned that some of the best providers could go out of business. The National Federation of Independent Businesses, one of the Nation's leading associations of small businesses, has also expressed its concerns about a government-run plan.

Americans don't want the kind of government-run system that some in Washington have proposed. They do not want politicians to use the real problems we have in our health care system as an excuse to tear down the whole thing, take away everything that is good about it, and replace it with something worse. They want practical solutions to specific problems, and that is what the rest of us are proposing.

Here are some commonsense proposals: We all agree health care in this country is too expensive. Americans don't think basic procedures should break the bank, and American families shouldn't have to worry about going bankrupt if a family member becomes ill.

But government-run health care will only make matters worse. If our experience with Medicare shows us anything, it is that the government health plans are not—I repeat are not—cost effective.

Over the weekend, the administration proposed making cuts to Medicare as a way of defraying the cost of a new government plan. That is exactly the wrong approach. America's seniors expect Congress to stabilize Medicare so it continues to serve their needs, not drain its resources to pay for another, even bigger government plan. Changes to Medicare should be used to make Medicare solvent for seniors today and for those who are paying into it and who will rely on the system tomorrow, not to build a brandnew government plan on top of one that is already on an unsustainable course. If we want to cut costs and rein in debt, then extending a Medicare-like system to everyone in America is exactly the wrong prescription. We need to make Medicare itself solvent and find ways to improve the current health care system.

One way to do that is to implement reforms that we know will save money. We could start with illness prevention programs that encourage people to quit smoking and to control their weight. It is no mystery that smoking and obesity are leading causes of the kinds of chronic diseases that are driving up health care costs. And finding ways to reduce these illnesses would also reduce costs. We should allow employers to create incentives for workers to adopt healthier lifestyles.

We should also encourage the same kind of robust competition in the

health insurance market that has worked so well in the Medicare prescription drug benefit, Part D. We can enact long-overdue reforms to our Nation's medical liability laws. For too long, the threat of frivolous lawsuits has caused insurance premiums for doctors to skyrocket. Doctors then pass these higher costs on to patients, driving up the cost of care. Well, most people think health care dollars ought to be spent on health care, not insurance premiums. Yet doctors all across America are not only passing along the costs of higher and higher premiums, they are also ordering expensive and unnecessary tests and procedures to protect themselves against lawsuits.

One study suggests that roughly 9 out of 10 U.S. doctors in high-risk specialties practice some form of defensive medicine such as this—and the cost to patients is massive. Some doctors simply shut their practices or discontinue services as a result of these pressures. Patients such as Rashelle Perryman of Crittenden County Hospital are the ones who lose out. Rashelle's first two babies were born in Crittenden County Hospital, about 10 minutes from her home. But her third child had to be delivered about 40 miles away because rising malpractice rates caused doctors at Crittenden County Hospital to stop delivering babies altogether.

This isn't an isolated problem, and it is not just obstetricians. According to a report by the Kentucky Institute of Medicine, Kentucky is nearly 2,300 doctors short of the national average—a shortage that could be reduced, in part, by reforming medical malpractice laws.

Comprehensive health care reforms are long overdue—reforms that lower cost and increase access to care. But a government-run plan isn't the way to do it. There are other solutions that address our problems without undermining our strengths.

Over the past few weeks, I have warned about the dangers of government-run health care by pointing to the problems this kind of government-run system has created in places such as Britain, Canada, and New Zealand. These countries are living proof that when the government is in charge, health care is denied, delayed, and rationed. As I have noted, the main culprits in every case are the government boards that decide what procedures and medicines patients can and cannot have.

I have discussed how Britain's government board has denied care to cancer patients because the treatments were too expensive. In one case, bureaucrats in Britain refused to prescribe cancer drugs that were proven to extend the lives of patients because they cost too much. The government board explained it this way:

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

I have also discussed how the government-run health care system in Canada

routinely delays care. Today, the average wait for a hip replacement at one hospital in Kingston, Ontario, is about 196 days. Knee replacement surgery at the same hospital takes an average of 340 days. The American people don't want to be told they have to wait 6 months for a hip replacement or a year for a knee replacement, but that is what could very well happen in a government-run health care system.

Finally, I have discussed how New Zealand's government board has rationed care by deciding which new hospital medicines are cost effective. In one case, government bureaucrats in that country denied patients access to a drug that was proven to be effective in fighting breast cancer because they thought it was too expensive. As one cancer doctor in the country put it:

New Zealand is a good tourist destination, but options for cancer treatment are not so attractive there right now.

Americans want health care reform, but they don't want the kind of reform that denies, delays, and rations care, such as the government-run systems in New Zealand, Britain, and Canada. They don't want to be forced into a government plan that replaces the freedoms and choices they now enjoy with bureaucratic hassles, hours spent on hold, and politicians in Washington telling them how much care and what kind of care they can have. They want health care decisions left to doctors and patients, not remote bureaucrats. But if some in Washington get their way and enact a government takeover of health care, that is exactly what Americans can expect.

I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. KYL. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

(The remarks of Mr. KYL pertaining to the introduction of S. 1259 are printed in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

ADDITIONAL STATEMENTS

COMMENDING THE LOTHSPREICH BROTHERS

- Mr. CONRAD. Mr. President, I want to take a moment to honor a North Dakota family filled with heroes. Even in a State where sacrifice is more than a slogan and service is a way of life, the Lothspeich family stands out. When their nation needed them, every single one of the nine Lothspeich brothers rose to answer the call to duty.

Today we recognize the service of the three brothers who are still with us, and honor the memory of those who are not. In times of crisis, it is our best

and bravest that step forward, risking it all, to come to the defense of our Nation. The honorable service of each of these nine brothers epitomizes the story of our Nation's veterans.

Eugene was a machine gunner in Italy in the Second World War, where he was awarded the Purple Heart. Harold served in the Philippines, where he earned two battle stars. Edward served in the Pacific with the Navy, Donald served in Germany at the peak of the Cold War, Gerald worked with the atomic bomb program here in the U.S. Lyle was a rifle instructor helping to train the next generation of our Nation's servicemembers, and Spike served in the Air Force Medical Service Corps in Japan.

From World War II through the Korean conflict and the Cold War, for 15 years running, at least one of these nine men could be found in uniform, serving their country in the Army, in the Navy, and in the Air Force. It is truly a remarkable story. We owe a deep debt of gratitude to them and to all of our veterans.

Years ago our forefathers founded this country with a vision of freedom for all. It was that vision that inspired the Lothspeich brothers to leave Park River, ND, to travel to Italy, Germany, Japan and the Philippines in defense of this great land. We honor them, and we honor all of our brave veterans and all of those who serve our country in uniform today. Without selfless service by those like the Lothspeichs, we simply would not have the freedoms we hold most dear.●

CONGRATULATING RICKEY HENDERSON

- Mrs. BOXER. Mr. President, I ask my colleagues to join me in congratulating Rickey Henderson on his induction into the National Baseball Hall of Fame on July 26, 2009. During a remarkable 25-year career, Rickey Henderson's keen batting eye and unique combination of speed and power earned him the recognition as one of the greatest leadoff hitters in the game's long and storied history.

Born on Christmas day in 1958, Rickey Henderson and his family moved to Oakland, CA, when he was 2 years old. He was a standout athlete at Oakland Technical High School, where he excelled at basketball, baseball and football. Though his exploits on the gridiron as an All-American running back earned him dozens of scholarship offers, Rickey chose to pursue a professional baseball career and follow his dream to don the green and gold of his hometown Oakland Athletics.

Rickey Henderson made his major debut on June 24, 1979. Over the course of the next 25 seasons, he would compile one of the most impressive resumes in baseball history. In a game which defines greatness by statistics, Rickey Henderson's name can be found at or near the top of some of the more hallowed records in baseball history.

The 10-time All Star retired as the all-time leader in career walks and holds the career records for runs scored and stolen bases as well as the single-season stolen base record. The 8 stolen bases that he amassed during his Most Valuable Player performance in the 1989 American League Championship Series remains the record for most stolen bases in a single postseason series. A year after spearheading the Oakland A's 1989 World Series title, Rickey was named the American League Most Valuable Player in 1990.

Rickey Henderson's induction into the National Baseball Hall of Fame will see him join Joe Morgan and Frank Robinson as a legend of the game who honed his skills and love for America's pastime during his formative years in Oakland. During three separate stints with his hometown team, Rickey established a bond with generations of loyal Oakland A's fans that remains as strong today as when Rickey stole 130 bases in 1982. Speaking after his election into the Hall of Fame, he said that, "in my eyes, I wanted to see the fans in Oakland enjoy the game as much as I enjoyed it . . . playing in front of friends and family there gave me a little bit more of a boost. It helped me out in my career, and I was proud to go out there and represent the Oakland area." Judging from his achievements on the field and his devotion to the fans, it is clear to see why Rickey Henderson is one of the most beloved sports figures in the bay area and a worthy exemplar of the rich history of major league baseball in Oakland.

As his teammates and fans would attest, Rickey Henderson is a deserving inductee into the National Baseball Hall of Fame. Throughout his career in baseball, Rickey has consistently achieved excellence on the field and conducted himself with integrity and character off the field.

I congratulate Rickey Henderson on his induction in the National Baseball Hall of Fame, and wish him continued success in his future endeavors.●

50TH ANNIVERSARY OF THE SISTER CITY RELATIONSHIP

- Mr. INOUYE. Mr. President, today I would like to recognize the 50th anniversary of the sister city relationship between the city and county of Honolulu and the city of Hiroshima.

Mr. President, 1959 was an eventful and significant year in history. Not only was Hawaii admitted into the Union as the 50th State, but on May 19, 1959, the city and county of Honolulu Council passed a resolution inviting the city of Hiroshima into a sister city agreement. Established by former U.S. President Dwight Eisenhower, the "People to People" program was to promote peace and mutual understanding between citizens of different countries. Many of Hawaii's residents were of Japanese ancestry or were originally from Hiroshima. With this in