

offer coverage. Over the next few years, an additional 19 percent of American small businesses may be forced to eliminate their coverage as well. But there is a better way.

From a government standpoint, we are currently spending 4 percent of the GDP on Medicare and Medicaid. By 2040, that number could reach 15 percent. This level of government spending would be unsustainable. There is a better way.

Meaningful reform could cut costs for families, save small businesses, and even help pay down the budget deficit.

Some still say the cost of reform is too high. But the choice is clear: We can invest in the right reform now, ensuring quality health care in the future and sustained cost reductions in the long term, or we can do nothing and watch as the cost of health care steadily increases until it drives our families—and our country—to financial ruin.

My colleagues and I have real solutions. We can ensure that every single American has access to quality, affordable health care. We can save money on administrative costs and put an end to coverage denials due to preexisting conditions. With a shift in our focus from what we refer to as “sick care” and toward preventive medicine, we can keep people healthier, bolster our economy, and we can save money. This is the better way.

I urge my colleagues to leave partisanship at the door and do what is right for the American people. We cannot afford to do any less.

Thank you, Mr. President. I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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 President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. BEGICH.) Without objection, it is so ordered.

Mr. REID. Mr. President, I also understand we are in morning business.

The PRESIDING OFFICER. The Senator is correct.

UNANIMOUS CONSENT AGREEMENT—S. 1390

Mr. REID. I ask unanimous consent that on Monday, July 13, after the pledge, prayer, and any leader remarks, the Senate proceed to the consideration of Calendar No. 89, S. 1390, the Department of Defense Authorization bill.

The PRESIDING OFFICER. Without objection, it is so ordered.

CONCLUSION OF MORNING BUSINESS

Mr. REID. I ask unanimous consent that morning business be closed.

The PRESIDING OFFICER. Without objection, it is so ordered.

DEPARTMENT OF HOMELAND SECURITY APPROPRIATIONS ACT, 2010—Continued

Mr. REID. Mr. President, I appreciate everyone's cooperation. As I have said on a number of occasions, it may not appear that a lot of work is being done, but we have committee action taking place, we have had a lot of work on health care today, and we have had energy meetings today involving six committee chairs.

We are trying to figure out how we can proceed in the next week. I appreciate everyone's patience.

What is the pending business?

The PRESIDING OFFICER. H.R. 2892.

Mr. REID. Is that the Homeland Security appropriations bill?

The PRESIDING OFFICER. Yes.

CLOTURE MOTION

Mr. REID. I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, hereby move to bring to a close debate on the Byrd substitute amendment No. 1373 to H.R. 2892, the Homeland Security Appropriations Act for Fiscal Year 2010.

Harry Reid, Patty Murray, Jon Tester, Daniel K. Inouye, Kay R. Hagan, Tom Harkin, Bill Nelson, Mark R. Warner, Sheldon Whitehouse, Mark Begich, Frank R. Lautenberg, Ron Wyden, Barbara A. Mikulski, Barbara Boxer, Patrick J. Leahy, John D. Rockefeller, IV, Jack Reed.

CLOTURE MOTION

Mr. REID. Mr. President, I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, hereby move to bring to a close debate on H.R. 2892, the Homeland Security Appropriations Act for Fiscal Year 2010.

Harry Reid, Barbara Boxer, Mark Udall, Jack Reed, Jon Tester, Jeanne Shaheen, Al Franken, Evan Bayh, Patrick J. Leahy, Richard J. Durbin, Carl Levin, Byron L. Dorgan, Daniel K. Inouye, Blanche L. Lincoln, Joseph I. Lieberman, Ron Wyden, Mary L. Landrieu.

Mr. REID. I ask unanimous consent that the mandatory quorum with respect to those cloture motions be waived.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. REID. I ask unanimous consent that on Thursday, July 9, when the Senate resumes consideration of H.R. 2892, there be 10 minutes of debate prior to a vote in relation to the Kyl amendment No. 1432, with the time equally divided and controlled between

Senators TESTER and KYL or their designees; that no amendment be in order to the amendment prior to a vote in relation thereto; that upon the use or yielding back of the time, the Senate proceed to vote in relation to amendment No. 1432.

The PRESIDING OFFICER. Without objection, it is so ordered.

MORNING BUSINESS

Mr. REID. I ask unanimous consent that the Senate now proceed to a period of morning business, with Senators allowed to speak therein for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senator from Delaware.

CLASHES IN CHINA

Mr. KAUFMAN. Mr. President, this week, bloody clashes have erupted between the minority Uighur community and the majority Han ethnic group in the Xinjiang region of western China. Reports indicate that the Chinese Government has responded with a heavy hand—deploying police and paramilitary troops, establishing a curfew, closing mosques, cutting off Internet and mobile phone access, and rounding up and arresting innocent civilians.

The state-controlled media reported that at least 156 Chinese citizens have been killed, more than 1,000 have been injured, and approximately 1,400 have been arrested since the clashes began earlier this week.

I am deeply concerned about ongoing tension in Xinjiang and believe the senseless loss of life, suppression of press freedom, and violations of basic human rights is unconscionable in China, and anywhere else in the world.

Today, I call on all parties to demonstrate restraint, end the violence, cease persecution of minorities, and protect fundamental human rights. I also call on the Chinese Government to open Internet and mobile phone access, end jamming of international broadcasting, and lift the grave and growing restrictions on the press.

We all know independent journalists have been censored for decades in China—a fact that is painfully evident as we try to understand how recent demonstrations metastasized into violence in western China.

According to the State Department Report on Human Rights for 2009, the Chinese Government has increased cultural and religious repression of ethnic minorities, including on the Muslim Uighurs. It appears that as ethnic tensions rose, members of the Uighur community took to the streets, resulting in an aggressive crackdown by the Chinese security forces on Sunday.

The exact circumstances by which violence transpired remains unclear, largely because the government censors information including the official number of casualties.

In what can only be described as questionable, these numbers have remained stagnant in the past two days

despite ongoing violence and civil unrest.

In recent years, the Chinese Government has demonstrated great efficiency in monitoring the Internet and restricting Web sites such as Facebook, My Space, Twitter, YouTube, blogs, and other outlets of information to monitor the free exchange of ideas among its people and the press.

It has also used advanced technology to jam international satellite and radio broadcasting including the U.S.-funded Voice of America and Radio Free Asia.

In Xinjiang specifically, it has shut down more than 50 Uighur language Internet forums, jammed Radio Free Asia's Uighur-language service, and cut off Internet and mobile phone access in the past week.

In fact, Li Zhi, a top Communist Party official in Urumqi, the capital of Xinjiang, Province, confirmed yesterday that the government cut off Internet access to the region.

Because of such limitations, the Han population now believes that the Uighurs are solely responsible for ongoing unrest, and such misperceptions have elevated the level of ethnic tension. By creating a vacuum of information in and out of Xinjiang, the Chinese Government has exacerbated the crisis.

While the casualty numbers remain uncertain, it is clear that recent developments have incurred an immeasurable human toll, including—but not limited to—the loss of innocent lives.

There have been pictures of children in hospitals, who have been forced to witness violence perpetrated against their parents. The Washington Post today reported emotional stories of women demanding the return of their missing husbands.

And the UK's Guardian reveals an image of an elderly woman on crutches standing defiantly in front of a police riot bus, an image which is eerily reminiscent of the bravery and defiance demonstrated 20 years ago in Tiananmen.

These glimpses of ongoing developments stir great empathy and anger, and it is essential that the whole story be told, among the international community and also within China. This is why I call on the Chinese Government to provide unimpeded press coverage and Internet access, allow journalists to report without restrictions. I condemn the continued repression of Uighurs and violence perpetrated against all innocent civilians in China and hope the ongoing unrest will soon be brought to an end.

BRITISH HEALTH CARE

Mr. KYL. Mr. President, a July 7, 2009, Wall Street Journal editorial "Of NICE and Men" describes the denial and delay of health care in Britain as a result of decisions by the British government's health care cost-containment board, the National Institute for Health and Clinical Excellence, NICE.

The article quotes the Guardian, which in 1998 reported, "Health min-

isters are setting up [NICE], designed to ensure that every treatment, operation, or medicine used is the proven best. It will root out under-performing doctors and useless treatments, spreading best practices everywhere."

Yet NICE routinely denies patients the very treatments and medications they need.

For example, according to the editorial, "NICE ruled against the use of two drugs, Lapatinib and Sutent, that prolong the life of those with certain forms of breast and stomach cancer."

Explaining the ruling against the use of a drug that would help terminally ill kidney-cancer patients, Peter Littlejohns, NICE's clinical public health director, said there is "a limited pot of money."

The editorial provides numerous other examples of drugs and treatments that are either denied or restricted in order to reduce costs.

And it explains how NICE has even assigned a mathematical formula for determining the maximum amount the government will spend to extend a life for 6 months.

President Obama has praised countries that spend less than the U.S. on health care, while saying we can spend less here too, even while adding tens of millions to a government-run health care program and improving the quality of care.

This editorial clearly and concisely outlines why this cannot be achieved and why, if President Obama's health care plan passes, the administration's new Council for Comparative Effectiveness Research could eventually gain the same authority to deny or delay treatments and care as Britain's NICE.

I ask unanimous consent that this article be printed in the RECORD, and urge my colleagues to consider the facts and arguments contained in this editorial.

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

[From the Wall Street Journal, July 7, 2009]

OF NICE AND MEN

Speaking to the American Medical Association last month, President Obama waxed enthusiastic about countries that "spend less" than the U.S. on health care. He's right that many countries do, but what he doesn't want to explain is how they ration care to do it.

Take the United Kingdom, which is often praised for spending as little as half as much per capita on health care as the U.S. Credit for this cost containment goes in large part to the National Institute for Health and Clinical Excellence, or NICE. Americans should understand how NICE works because under ObamaCare it will eventually be coming to a hospital near you.

* * *

The British officials who established NICE in the late 1990s pitched it as a body that would ensure that the government-run National Health System used "best practices" in medicine. As the Guardian reported in 1998: "Health ministers are setting up [NICE], designed to ensure that every treatment, operation, or medicine used is the proven best. It will root out under-per-

forming doctors and useless treatments, spreading best practices everywhere."

What NICE has become in practice is a rationing board. As health costs have exploded in Britain as in most developed countries, NICE has become the heavy that reduces spending by limiting the treatments that 61 million citizens are allowed to receive through the NHS. For example:

In March, NICE ruled against the use of two drugs, Lapatinib and Sutent, that prolong the life of those with certain forms of breast and stomach cancer. This followed on a 2008 ruling against drugs—including Sutent, which costs about \$50,000—that would help terminally ill kidney-cancer patients. After last year's ruling, Peter Littlejohns, NICE's clinical and public health director, noted that "there is a limited pot of money," that the drugs were of "marginal benefit at quite often an extreme cost," and the money might be better spent elsewhere.

In 2007, the board restricted access to two drugs for macular degeneration, a cause of blindness. The drug Macugen was blocked outright. The other, Lucentis, was limited to a particular category of individuals with the disease, restricting it to about one in five sufferers. Even then, the drug was only approved for use in one eye, meaning those lucky enough to get it would still go blind in the other. As Andrew Dillon, the chief executive of NICE, explained at the time: "When treatments are very expensive, we have to use them where they give the most benefit to patients."

NICE has limited the use of Alzheimer's drugs, including Aricept, for patients in the early stages of the disease. Doctors in the U.K. argued vociferously that the most effective way to slow the progress of the disease is to give drugs at the first sign of dementia. NICE ruled the drugs were not "cost effective" in early stages.

Other NICE rulings include the rejection of Kineret, a drug for rheumatoid arthritis; Avonex, which reduces the relapse rate in patients with multiple sclerosis; and lenalidomide, which fights multiple myeloma. Private U.S. insurers often cover all, or at least portions, of the cost of many of these NICE-denied drugs.

NICE has also produced guidance that restrains certain surgical operations and treatments. NICE has restrictions on fertility treatments, as well as on procedures for back pain, including surgeries and steroid injections. The U.K. has recently been absorbed by the cases of several young women who developed cervical cancer after being denied pap smears by a related health authority, the Cervical Screening Programme, which in order to reduce government healthcare spending has refused the screens to women under age 25.

We could go on. NICE is the target of frequent protests and lawsuits, and at times under political pressure has reversed or watered-down its rulings. But it has by now established the principle that the only way to control health-care costs is for this panel of medical high priests to dictate limits on certain kinds of care to certain classes of patients.

The NICE board even has a mathematical formula for doing so, based on a "quality adjusted life year." While the guidelines are complex, NICE currently holds that, except in unusual cases, Britain cannot afford to spend more than about \$22,000 to extend a life by six months. Why \$22,000? It seems to be arbitrary, calculated mainly based on how much the government wants to spend on health care. That figure has remained fairly constant since NICE was established and doesn't adjust for either overall or medical inflation.