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Senate

The Senate met at 10 a.m. and was called to order by the Honorable KIRSTEN E. GILLIBRAND, a Senator from the State of New York.

PRAYER

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

Let us pray.

Almighty God of love, whose plan for history is to bring unity to our world, bring unity to this legislative body. Lord, we don't ask for uniformity, which tries to find the lowest common denominator. We desire true unity with its bountiful diversity. Help our lawmakers to create an environment for such harmony. Give them the wisdom to appreciate each other and to honor their differences. May they see the good, even in those who oppose their views, knowing that out of differences can come the synthesis of truth and action that represents maximum wisdom and influence. Empower them to serve one another in a way that honors You. We pray in Your loving Name. Amen.

PLEDGE OF ALLEGIANCE

The Honorable KIRSTEN E. GILLIBRAND 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 11, 2009.

To the Senate:

Under the provisions of rule I, section 3, of the Standing Rules of the Senate, I hereby appoint the Honorable KIRSTEN E.

GILLIBRAND, a Senator from the State of New York, to perform the duties of the Chair.

ROBERT C. BYRD,
President pro tempore.

Mrs. GILLIBRAND 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. Madam President, following the remarks of the leaders, the Senate will be in a period of morning business until 2 p.m. and Senators will be allowed to speak therein for up to 10 minutes each. The first hour is equally divided between the two leaders or their designees, with the Republicans controlling the first half and the majority controlling the next half.

Following morning business, the Senate will resume consideration of H.R. 1256, the Family Smoking Prevention and Tobacco Control Act. The time until 2:30 will be equally divided and controlled between Senators DODD and ENZI or their designees, from 2 to 2:30. At 2:30, we will vote on passage of the bill.

MEASURES PLACED ON CALENDAR—S. 1232 and H.R. 2751

Mr. REID. Madam President, I understand there are two bills at the desk due for a second reading.

The ACTING PRESIDENT pro tempore. The majority leader is correct.

The clerk will read the titles of the bills for a second time.

The legislative clerk read as follows:

A bill (S. 1232) to amend the Federal Food, Drug, and Cosmetic Act with respect to the importation of prescription drugs, and for other purposes.

A bill (H.R. 2751) to accelerate motor fuel savings nationwide and provide incentives to registered owners of high polluting auto-

mobiles to replace such automobiles with new fuel efficient and less polluting automobiles.

Mr. REID. Madam President, one is the drug reimportation legislation that has been around for a number of years. We are trying to move forward on that legislation. Senators DORGAN, MCCAIN, SNOWE, and a number of people are very interested in that legislation. We are going to try to work it out and have this on the Senate floor on the earliest possible date. The other one is the so-called cash for clunkers bill.

I object to any further proceedings with respect to these bills en bloc.

The ACTING PRESIDENT pro tempore. Objection is heard. The bills will be placed on the calendar.

HONORING OFFICER STEPHEN T. JOHNS

Mr. REID. Madam President, yesterday, this city and our country experienced a terrible and horrifying tragedy. A man by the name of Stephen Johns went to work every day for the last 6 years at one of our Nation's most moving museums—a living memorial to one of our world's most horrific atrocities—the Holocaust Memorial Museum.

While standing guard yesterday at that U.S. Holocaust Memorial Museum, Mr. Stephen Johns was killed while protecting thousands of others who were inside the building from the same fate that he suffered. His death has shocked, upset, and angered the Senate, our Nation, and all who detest such senseless bloodshed.

Mr. Johns was murdered in a place built to memorialize humanity's most unspeakable murders. He was a victim of violence and hatred in a place dedicated to teaching us the evils of violence and hatred. He was a target of intolerance in a place created for reflection on the consequences of intolerance. His death reminds us that we have much more work to do.

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



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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