

other people who need to be tried in military courts and who can't be tried, for various reasons, in civil courts. That is going to be a part of the DOD authorization this year, which will make it difficult. We have to do that because what we have passed before was declared unconstitutional by the Federal courts. So we have to do that.

We also have to make a decision as to whether we are going to be able to do the Supreme Court nomination during the next work period or whether that will spill over until the next period, which would be September. I have spoken with the Republican leader about that, and he has indicated he is going to be communicating with me as to what he thinks should be done in more detail than our brief conversation yesterday.

So the reason I am talking about this today is to alert all Senators, as I have, as well as Senator McCONNELL yesterday, that the next 5 weeks is going to be a unique work period in the Senate. Because of the makeup of the Senate changing over the years and it becoming a place where there is an obligation people have with their families, we aren't able to work the long weeks we have in the past. We have plenty of work to do. No one is complaining that we are not working hard enough, but sometimes you just have to put in the time because of the procedural obligations we have here, procedural rules we have to follow in the Senate.

So the next work period, which is July 5 through August 7, which is 5 weeks, there will only be one no-vote day, and that is July 16. The reason for that is as I have outlined. We are going to conduct business on Mondays and Fridays, and there will be rollcall votes on those days. That is the plan.

I have just been advised that the no-vote day is Friday, July 17, not July 16. So everything I have said other than that is valid. July 16 is a Thursday.

For example, health care—we cannot complete that most important legislation by working just Tuesday through Thursday.

I had a chairmen's meeting yesterday. We meet every other week with all of the chairmen. It was clear from conversations I had with all of our chairmen that we are going to have to have a very long, hard work period in July. If there are questions anyone has or special circumstances, they can contact either the Republican leader or me, and we will be happy to take a look, but everyone is on notice that is where we are. So with respect to your scheduling on Mondays and Fridays, be very careful because we are not going to be able to come in here on Mondays at 5:30. We are going to have to have regular workdays.

Mr. McCONNELL. Madam President, I ask my friend before he leaves the floor, what was the no-vote day in the July work period?

Mr. REID. July 17.

Mr. McCONNELL. The 17th. I thank the leader.

RECOGNITION OF THE MINORITY LEADER

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

HEALTH CARE REFORM

Mr. McCONNELL. Madam President, one thing that unites Democrats and Republicans this morning is that all of us want health care reform in this country. Americans want reform that addresses the high cost of care and gives everyone access to quality care. In America in 2009, doing nothing is simply not an option. We must act, and we must act decisively. The question is not whether to reform health care; the question is how best to reform health care.

Some are proposing as a reform that the government simply take over health care, but Americans have seen the government take over banks, they have seen the government take over insurance companies, they have seen the government take over auto companies, all of that in recent months, and they are concerned about it. So as we discuss health care reform, it is understandable that many Americans would be equally if not more concerned about a government takeover of health care.

Some are openly calling for this government takeover of health care, making no apologies about it. Others disguise their intentions by arguing for a government "option" that we all know will really lead to government-run health care being the one and only option. But it should be perfectly obvious to anyone who has followed government takeovers in the financial sector and the auto industry that government creates an unfair, not level playing field that puts other companies at a disadvantage and only ends up hurting consumers in the end.

We have seen this with the insurance bailouts. When most companies want to raise money, they have to show they are viable and their products and services are a worthwhile investment. That is what most companies have to go through. Bailed out insurers just have to ask for more money, and the government hands it over. Apply this model to health care, and the government would be able to create the same kind of uneven playing field that would, in all likelihood, eventually wipe out competition, thus forcing millions of people off the private health plans they already have and which the vast majority of them very much like.

We are also seeing the ill effects of government control in the auto industry. The government has already given billions of dollars to the financing arms of Chrysler and General Motors, allowing them to offer interest rates Ford and other private companies struggle to compete with. This means the only major U.S. automaker that actually made the tough choices and didn't take bailout money is at a major

disadvantage as it struggles to compete with government-run auto companies such as GM. If Ford needs money, it has to raise it at an 8-percent rate of interest. If GM wants money, all it has to do is to call up the Treasury and ask for it. No company can compete with that.

This is how the government subsidizes failure and undercuts private companies, and this is how a government plan would undercut private health care plans, forcing people off the health plans they like and replacing those plans with plans they like less.

No safeguard could prevent this from happening. Eventually, Americans would be stuck with government-run health care whether they like it or not. That is when the worst scenario would take shape, with Americans subjected to bureaucratic hassles, hours spent on hold waiting for a government service representative to take a call, restrictions on care, and, yes, lifesaving treatment and lifesaving surgeries denied or delayed. Medical decisions should be made by doctors and patients, but once the government is in control, politicians and bureaucrats would be the ones telling people what kind of care they can have. Americans could find themselves being told they are too old to qualify for a procedure or that a treatment that could extend or improve their lives is too expensive.

If anybody doubts this can happen, they should consider what happened to Bruce Hardy.

Bruce was a British citizen suffering from cancer. His doctor wanted to prescribe a drug that was proven to delay the spread of the cancer and may well have extended his life. But the government bureaucrats who run Britain's health care system denied treatment, saying the drug was too expensive. The British Government told Bruce his life wasn't worth prolonging because of what it would cost the government to buy the drugs he needed. The government decided that Bruce Hardy's life wasn't worth it.

Or take the case of Shona Holmes, a Canadian citizen who was told by the bureaucrats running the health care system in that country she would have to wait 6 months—6 months—to see a specialist to treat her brain tumor. Here is how Shona described her plight:

If I had relied on my government, I would be dead.

Shona's life was eventually saved, fortunately, because she came to the United States for the care she needed. With her vision deteriorating, she went to the Mayo Clinic in Arizona, and the doctors there told her immediate surgery would be needed to prevent permanent vision loss and maybe even death. Meanwhile, the government-run system in Canada would have required more appointments and more delays. Ms. Holmes got the treatment she needed, when she needed it, in the United States.

The American people want health care reform, but creating a government

bureaucracy that denies, delays, and rations health care is not the reform they want. They don't want the people who brought us the Department of Motor Vehicles making life-and-death decisions for them, their children, their spouses, and their parents. They don't want to end up like Bruce Hardy or Shona Holmes.

GUANTANAMO BAY

Mr. McCONNELL. Madam President, on a very timely subject, we understand that discussions are underway on the conference report on the supplemental. I think it is important to remind everybody in the House and in the Senate that, just a few weeks ago, the Senate answered the question that has concerned Americans and that is this: whether the terrorist detainees at Guantanamo Bay, Cuba, should be transferred stateside to facilities that could be in or near their communities.

By an overwhelming vote of 90 to 6, the Senate said: No way, not without a plan. It passed the bipartisan Inouye-Inhofe amendment that bars the administration from transferring these terrorist detainees into the United States—90 to 6.

This is not a change in the Senate's position. Just a few years ago, the Senate, by a vote of 94 to 3, said the same thing: We should not move some of the world's most dangerous terrorists out of Guantanamo's modern, safe, and secure facility into our country.

The views of the Senate are abundantly clear. Nevertheless, it has been reported that congressional Democrats are privately considering the entreaties of the White House to repudiate these very clear views and to allow terrorist detainees to come into the United States.

What has changed? What has changed in the last couple weeks?

The views of the American people have not changed. In fact, they are more firmly opposed to this now than they were 2 months ago. Nor have the dangers and difficulties of moving the detainees into the United States.

The FBI Director, a couple weeks ago, testified about the dangers of holding these terrorists in the United States. Most of us are familiar with the problems Alexandria, VA, experienced with the trial of just one terrorist: security problems, transportation problems, logistical problems, commercial problems and on and on. Indeed, if you want to try these detainees by military commission—something I support—there is no better place than the \$12 million modern courtroom right there at Guantanamo Bay.

The administration's supporters point to Supermax as a place to house these terrorists. But our colleagues from Colorado don't support moving them there, nor is there anyplace in the facility to put them.

The Denver Post reports there is just one bed open at Supermax—just one. That means these terrorists would

have to come somewhere else, perhaps to a facility in your State.

Why in the world would Senate Democrats be considering the idea of giving the administration millions of dollars for doing this, especially since we still don't have a plan?

According to a Member of the Democratic leadership, it is because keeping terrorists at Guantanamo is a "problem politically" for the administration.

That is most curious. Assuming this is a political problem, with whom does the administration have it? It is not with the American people. They don't want Guantanamo closed, and they certainly don't want its inmates transferred here. It is not with our colleagues from Colorado. They don't want these detainees transferred into their State any more than the rest of America does.

It seems like the administration's "political problem" is a diplomatic one with the Europeans, who want the United States to accept some of these dangerous terrorists before they will. It is not in the interest of the United States to compromise our security to appease our European critics.

Similar to most Americans, I am for keeping Guantanamo open. It is safe and securely away from our civilian population. Perhaps I could be persuaded to change my mind if the administration comes up with a plan. They have time to do that and still receive funding to execute a plan through the regular order when we take up the 2010 appropriations bills in a few months.

But we should not rush to give the administration a blank check to do something, sight unseen, that Americans overwhelmingly oppose.

As Senate Democrats have often said, the Senate is not a rubberstamp. We should not flip-flop on our vote of a few weeks ago.

I yield the floor.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, leadership time is reserved.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will now be a period of morning business for up to 1 hour, with Senators permitted to speak therein for up to 10 minutes each, with the time to be equally divided and controlled between the two leaders, or their designees, with the Republicans controlling the first half and the majority controlling the second half.

The Senator from Oklahoma is recognized.

HEALTH CARE

Mr. COBURN. Madam President, I have given a lot of thought to this, and

I appreciate what the leader said about health care. I am the only practicing physician in the Senate. We have one of our colleagues who is no longer practicing. But it struck me, as a physician, that what we should do in health care ought to be what our patients want us to do. What is it the people—the very personal aspect of health care—would like to see?

There is no question we have big problems in health care. There is dissatisfaction in the insurance side, with Medicare and Medicaid, and the lack of access. But what is it we should be talking about that will solve the insecurities, the problems, the concerns of the American people? I wish to go through with you a little list of items I think individuals in this country would agree with on how we ought to handle health care.

First, we ought to make sure health care is available to everybody in this country and that it is affordable. We will spend, this year, \$2.4 trillion on health care, or 17.5 percent of our GDP. Yet we know that out of that \$2.4 trillion, \$700 billion doesn't help anybody get well and doesn't prevent anybody from getting sick. We now have an administration that wants to spend another \$1.3 trillion over the next 10 years, or \$130 billion more per year, to try to solve this problem. The money is not the problem. We know, in Medicare alone, there is \$70 billion to \$80 billion worth of fraud and in Medicaid \$40 billion worth of fraud and that is in the government-run programs.

The second thing we ought to make sure of is that everybody can be covered. We can do that with the money we have today. We can make sure everybody gets covered. The other thing we ought to do is make sure everybody who has a plan they like today can keep it. After all, health care isn't about health care, it is about individuals, it is about persons, what they desire, what they need, and when they need it.

We can, in fact, fix the fraud, waste, and abuse in health care. It is something we can do. Not long ago, we discovered we had one wheelchair that had been sold multiple times by one durable medical equipment company in Florida, but it was never delivered, and they collected \$5 million from Medicare for that one wheelchair. That is just the tip of the iceberg of the fraud.

Another thing we know we need to do, and that patients want us to do—because we have a government-run system for 60 percent of our health care today—is we ought to prioritize wellness and prevention. Do you realize Medicare doesn't pay for wellness and prevention and Medicaid doesn't pay for wellness and prevention? So we don't have wellness and prevention. What that leads to is additional chronic disease, which we then will have to manage—a disease we could have prevented.

Another issue I was thinking about—especially with my patients—is that