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 we have passed a bill that 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 place with their families, they 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 advised 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 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. McCONNEL. 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 2008, 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 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. 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 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 match. 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 undercut private companies, and this is how a government-run health care plan would function. 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 heses, hours spent on hold waiting for a government 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 not old enough 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. 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 necessary 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...