

they have risk losing it when a government-run system takes over.

The other approach is to find ways of controlling costs, such as discouraging the junk lawsuits that drive up the cost of practicing medicine and limit access to care in places like rural Kentucky; lifting barriers that currently diminish the effectiveness of prevention and wellness programs that have been shown to reduce health care costs, like quitting smoking, fighting obesity, and making early diagnoses; and, finally, letting small businesses pool resources to lower insurance costs—without imposing new taxes that kill jobs.

This second approach acknowledges that government already plays a major role in the health care system, and that it will continue to play a role in any solution we devise. But this approach is also based on the principle that government cannot be the solution. Americans want options, not a government-run plan that drives every private health plan out of business and forces people to give up the care they currently have and like.

The Secretary of Health and Human Services acknowledged this concern about a health care monopoly when she described those parts of the country where certain private health plans already have a monopoly. "In many areas in the country," she said, "the private market is monopolized by one carrier . . . You do not have a choice for consumers. And what we know in any kind of market is a monopoly does not give much incentive for other innovation or for cost-effective strategies."

Well, if this is true of private health plans, then it would be especially true of a government-run health plan. If a government-run plan came into being, concerns about a monopoly would not just be regional, they would be national.

Another problem with a government plan is a feature that has become all too common in nations that have adopted one. Many of these nations have established so-called government boards as part of their government health plans that end up determining which benefits are covered and which benefits are not covered. Our former colleague and the President's first choice for HHS Secretary, Tom Daschle, envisions just such a board in his widely cited book on the topic. "The Federal Health Board," he writes, "would promote 'high value' medical care by recommending coverage of those drugs and procedures backed by solid evidence."

What this means is that the Federal Government would start telling Americans what drugs they can and cannot have. We know this because that is exactly what is happening in countries that have adopted these government boards. They have categorically denied cutting-edge treatments either because the treatments cost too much or because someone in the government decided the patients who needed it were

either too old or too sick to be worth the effort. When these countries enacted health boards, I am sure their intention was not to delay and deny care. But that is exactly what these government boards are doing.

The writer and commentator Virginia Postrel, who has written for the New York Times and the Wall Street Journal recently wrote an account of her own first-hand experience with breast cancer and her ability to treat it successfully with the drug Herceptin here in the U.S. Postrel said the availability of the drug increased her chances of survival from a coin flip to 95 percent. A year after beginning her treatments, Postrel wrote that she had no signs of cancer.

In the same article, Postrel points out that the situation is far different in New Zealand, where a government board known as Pharmac decided that Herceptin should not be made available to some cancer patients in that country. As one cancer doctor in New Zealand put it, New Zealand "is a good tourist destination, but options for cancer treatment are not so attractive there right now." Bureaucrats in New Zealand finally relented and allowed coverage for Herceptin, due in part to a public outcry over the limited availability of the drug.

New Zealanders have also been denied access to drugs that have proven to be effective in reducing the risk of heart disease and strokes. According to an article from 2006 in The New Zealand Medical Journal, the restrictions placed on statins by New Zealand's government board significantly hampered the preventative approach to heart disease. As the authors of the article put it, "[it is probable that . . . this one decision] has caused more harm and premature death to New Zealand patients than any of their other maneuvers."

Americans want health care reform. But they do not want reform that destroys what is good about American health care in the process. They do not want a government bureaucrat making arbitrary decisions about which drugs they or their loved ones can or cannot take to treat an illness. And they do not want to be told they have to give up the care they have. Americans do not want a government-run health plan. And they certainly do not want a government board to dictate their health care coverage. They want real reform that solves the problems they face without sacrificing the benefits they enjoy.

Mr. President, 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 equally divided between the two leaders, or their designees, with the majority controlling the first half and the Republicans controlling the second half.

The Senator from Illinois is recognized.

Mr. DURBIN. Mr. President, I ask unanimous consent that I may speak for 15 minutes.

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

#### GUANTANAMO

Mr. DURBIN. Mr. President, for the last month, the Republican leader from Kentucky has come to the floor and argued that we should not move detainees currently in Guantanamo into the United States, even for trial. Luckily, the President, the Attorney General, and the head of the joint military chiefs of staff have come to the conclusion that it is in the best interest of the safety and security of the United States that one of these notorious terrorists be brought to the United States for trial. So it has been announced today that Mr. Ahmed Khalfan Ghailani is being brought to the United States, to New York, for trial.

Luckily, this administration is not following the advice and counsel of Senator MCCONNELL and some on his side. It is time for this man to face trial. What is he being charged with? He is being charged as one of those involved in the 1998 embassy attacks in Africa. This Tanzanian national has been held in Cuba since September of 2006. He was captured by our forces, and others, in Pakistan in 2004 and transported to Guantanamo. He is being charged with his involvement in the 1998 bombings of U.S. Embassies in east Africa, which killed 224 people, including 12 Americans.

The position being taken by the Republicans in the Senate is that this man should not be brought to the United States for trial. I think they are wrong. I think it is time that he answered for the crimes being charged against him. Twelve Americans died as a result of what we believe was his conduct. He needs to be held accountable. This argument that he cannot be brought to the United States and tried would virtually allow this man to escape punishment for the crime that we believe he committed. The Republicans' position that he should not be brought to the United States because somehow, if he is being held in a prison in the United States, it is a danger to the rest of us cannot be supported in fact.

There are 347 convicted terrorists presently being held in U.S. prisons—not one has escaped—in supermax facilities and no one has ever escaped. For the Republicans to argue we cannot bring this man to the United

States for trial for killing a dozen Americans leaves him in a position where we may lose our ability to prosecute him. The speedy trial requirements of our Constitution and the laws of the United States could virtually end up with the United States being unable to prosecute this man if the Republican position on Guantanamo detainees is followed.

GEN Colin Powell is right, Guantanamo needs to be closed. It is a recruiting tool for al-Qaida. We know these individuals can be brought to the United States and tried and safely imprisoned. We have never had an escape from a supermax facility. We know that to turn these prisoners over to some other country runs the risk that they will be released.

Dangerous people who threaten the United States should be dealt with by our Constitution and laws. The administration has made the right decision that this man be brought to trial in the United States, held accountable for any wrongdoing on his part that led to the deaths of so many hundreds of innocent people at our Embassies in Africa.

#### HEALTH CARE REFORM

Mr. DURBIN. Mr. President, this morning we heard the Republican leader come to the floor again—this is not the first time—to address the health care situation in America. I have read his previous speech, and I listened to his speech today. It is clear to me he does not believe we are facing a crisis when it comes to health care. I think we are. I think it is a serious crisis. It is a crisis where 47 million Americans have no health insurance. Imagine, if you will, being a parent and having children with no health insurance coverage. Imagine yourself in a position where an accident or a diagnosis at a doctor's office could literally mean you would lose every penny you have ever saved in your life for expensive medical care when you do not have health insurance. Imagine that as a crisis that affects Americans, too many of them today.

Then imagine those who have health insurance and worry that tomorrow the costs will go up to the point where they cannot afford it, that there will be medical procedures necessary uncovered by their health insurance. Cost is an issue. It is an issue which is driving us to look at reform of the health care system.

I heard Senator MCCONNELL this morning, and what he is arguing about, frankly, is not even in the debate on Capitol Hill. He said repeatedly—said it yesterday, said it again today—that our debate over health care reform means Americans run the risk of losing the health insurance they want. Exactly the opposite is true. What President Obama has said and what we are saying is that if you have good health insurance, you can keep it. You like the health insurance you have? You

can keep it. No one has ever argued the opposite position, which the Senator from Kentucky referred to this morning.

He also spent a lot of time talking about government-run health care plans. It is interesting that he would raise that as an issue when we are not suggesting a government-centered health insurance reform. We think it should be a patient-centered health insurance reform.

But we also know that when you ask Americans across the board—families and patients—what do you think about the health care system in America, what are its greatest shortcomings in the current health care system, do you know what No. 1 is? Almost half, 48.9 percent, of the people say not having health insurance. The second, 43 percent say the greatest shortcoming of America's health care system is dealing with health insurance companies; 30.9 percent, inflexibility of health care plans; 30.9 percent, insurance companies' refusal to cover preexisting conditions.

When the Senator from Kentucky comes to the floor and argues against changing the current situation, he is arguing for allowing these health insurance companies to continue to dominate. As long as they dominate, Americans and their families will be vulnerable—vulnerable to increases in costs they cannot manage, vulnerable to new policies with more exclusions, vulnerable to preexisting conditions not being covered. That is the vulnerability of Americans we have today that we have to seriously address.

The Senator from Kentucky argues we do not want a Canadian plan, we do not want a British plan, we do not want a New Zealand plan. He is right. We want an American approach—an American approach that combines, yes, private health insurance companies when they are held to standards that are fair to American families but also holds open the option that we will have a plan which is run by the government—as an option, a voluntary option—for people to choose. If they like what they have in their current plan, they can keep it. If they want to move to another private health insurance plan, they can do so. If they want to choose a government plan, they can do that as well.

According to the Senator from Kentucky, if the government is involved in it, it must be bad. Tell that to 40 million Americans under Medicare, many of whom never had health insurance in their life and now have the protection of Medicare. Medicare has worked for senior citizens and the disabled for a long period of time.

The Senator from Kentucky should also tell the people in the Veterans' Administration that when the government is involved, it does not work. They know better. Veterans and their families across America know our veterans health care system provides quality care for them. We entrust to them,

the men and women who risk their life for America and come home injured—we know they are going to get quality care. To argue that if there is any government involvement at all in health care it is to the detriment of America argues against Medicare, argues against the Veterans' Administration.

The Senator went on to say, if the government gets involved, the delays will be intolerable. We do not want delays. We want timely treatment of people. If a doctor believes either I or my family members need to have a surgical procedure, some help, some diagnostic test, we want it done in a timely fashion.

What the Senator from Kentucky, the Republican leader, ignores is that there are delays within the current system. An article in *BusinessWeek* highlights a case of a woman in New York, Susan, who called for an annual mammogram appointment in April, knowing she would have to wait 6 weeks. In 2007, her first scan at the end of May was not clear. A followup scan detected an abnormality which the doctor wanted to address with a needle biopsy and outpatient procedure. The first available date was mid-August, more than 2 months later. This lady who had an abnormality in her mammogram was forced to wait months under the current private health insurance system.

We have a similar problem in Chicago, Cook County, IL. At the local public hospital, wait times for speciality services can range from 6 months to 1 or 2 years under the current system.

We know that when it comes to delays, unfortunately, they are occurring in the current system. We also know that for a lot of people, this current system has become unaffordable and intolerable.

I think back to one of my friends in Springfield, Doug Mayol. Here is a fellow who tells a story. He owns a small business in my hometown of Springfield, a shop that sells cards and gifts. His only worker has Medicare coverage, so she is taken care of. But Doug has to buy private health insurance. Unfortunately, Doug has a problem. He was diagnosed many years ago—30 years ago, in fact—with a congenital heart valve defect. He has no symptoms. Without regular health care, he runs the risk of developing serious problems.

In the year 2001, Doug, in Springfield, IL, paid \$200 a month for health insurance. By 2005, even though he had not turned in any claims, his cost of health insurance was up to \$400 a month. The next year, when he turned 50, the rate nearly doubled to \$750 a month. He made some changes in coverage so he would pay more out of pocket, choose a small network of providers, and have a higher deductible. He got his premium down to \$650 a month.

This man owns a small shop. He sells greeting cards. He was up to \$650 a month. Two years later, his premium