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

jumped to over $1,000 a month. Again, he made some changes. By opting for the highest possible deductible, he was able to bring his premiums down to $888 a month. Think about that: He is paying 300 percent more than he paid for health coverage 8 years ago and getting a lot less for it.

He isn't a costly patient. His valve condition is asymptomatic. He has never made a claim for illness or injury. He receives routine medical care. His high deductible rarely kicks in. Here is the problem. Because of his high deductible and expense of health insurance, he is afraid to go to a doctor, that it will create another red flag for the health insurance company to raise his premiums even more.

It is unfair to him, Doug Mayol, working in Springfield, IL, as a small business owner, a man whose insurance company has never paid a claim, to watch his costs explode from $200 a month to $1,000 a month in just a few years. Sadly, if we follow the advice of the Senator from Kentucky, it will get worse.

President Obama has challenged us to take on this reform. This is not easy, believe me. There are health insurance companies that are going to fight us every step of the way. Anytime we step in to try to protect Doug and other families to make insurance affordable and to make sure it is quality, they are going to argue it is too much government, such as we heard from the Senator from Kentucky this morning. What he had to say is what we hear from the health insurance companies: Leave it alone, leave the system alone.

Can we afford for Doug Mayol and millions of Americans to leave this alone? We have to make sure we move toward a situation that recognizes we face a crisis. It is a crisis of cost and a crisis when it comes to availability of health insurance. We have to hold the health insurance companies accountable to provide us affordable quality care. We have to change the system so we have early detection of problems—preventive care. We have to ring some of the costs out of the system.

One of the persons who has made a comment on this regularly whom I respect very much is a doctor in Boston named Atul Gawande. He recently, in a June 1 article in the New Yorker, talked about the disparity in cost around the United States for Medicare. It is clear that in some parts of the country—and he was speaking of McAllen, TX, at this point—the cost for Medicare patients is dramatically higher than they are in other places. We can bring costs down to a reasonable level and try to take control of a system that is currently out of control, but we cannot do it if every day we are reminded of problems that do not exist. That is what we have heard from the other side of the aisle.

They are arguing that we want to take away people's health insurance. Absolutely false. We said: If you like your health insurance, you can keep it. They argue the government will take over the health care system. I have not run into anybody who has suggested that. What we want to do is have public health insurance and have a private option, which the Senator from New York is going to address in a moment when I close.

This is an important debate for every single American. It is time to put together reform that assures quality and affordable health care for all Americans.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from New York.

Mr. SCHUMER. Mr. President, I thank my friend and colleague from Illinois for his strong and forceful words, meaningful, bringing it home, as he always does, in a very strong and good way about individuals and how they are affected.

I would like to talk a little bit about where we are in health care and where we have to go. Let me say that about 10 years ago—I cannot remember the exact time—one of the major issues we faced was called the Patients' Bill of Rights. Doctors and patients felt—everyone felt—that HMOs were taking undue advantage of them. Doctors, if a patient desperately needed a prescription, would call some accountant in a faraway city and could not get approval and the patient would not get the medicine. It sort of hit home.

There was a movie called ''As Good As It Gets,'' with Jack Nicholson, and I cannot remember the name of the woman who starred in it. The family could not get the health care they needed because the HMO turned them down. I believe it was her child who was hurting. When she and Jack Nicholson made remarks about how somebody has to keep an eye on these HMOs, in theaters across America, the audience got up and cheered.

That is, again, what we are talking about when we talk about public option. Every one of us has a friend, a family member—maybe it is ourselves—who has experienced the basic intransigence of insurance companies in providing—even when you have a package of benefits—the kind of care you or a loved one, a member of your family, needs.

It is clear in America the insurance companies—and they are doing their job maximizing their profit to their shareholders. Of course, our capitalist system says they have to maximize it by trying to sell as many policies as possible. So there is some check on them. But it is clear America is not happy with insurance companies.

My good friend from Kentucky, the minority leader, keeps saying we do not want the government involved. Well, let me ask him: Who is going to protect the individual and even some of the individual providers—the doctor in a small town or in an inner city—from an insurance company when the insurance company either charges too much or tries to get rid of the small businessman—such as in the case of the gentleman from Springfield whom my friend DICK DURBIN talked about—or when they deny coverage or when they tell you because you have a preexisting condition that you can't get coverage or they are not renewing your proposal or whatever?

We understand there needs to be a check on the insurance companies. Left alone, they will not provide the kind of low-cost, full health care many Americans need. And when we propose a public option, we are proposing someone to keep a check on them. That is the only point. If we had complete faith in the insurance companies, we wouldn't be debating a public option. If we had complete faith that, left on their own, when an individual had the situation of an illness and their costs went way up, they would say: Sure, we are going to take care of you, you signed the contract when you were healthy and now you are sick—and sometimes that happens. I am not saying it never happens, not for sure. But what about all the instances when it doesn't? What about the worry the rest of us have? And praise God, we are healthy, but it might happen. There has to be a check on the insurance companies, and that is what the so-called public option does.

Insurance companies are part of the free enterprise system, and it is a great system, but the goal of the insurance company—it is probably in their charters, but it is how our system works—is to maximize profits to their shareholders by producing a good product. But we all know, particularly when it comes to health, that system has major flaws. It sometimes works and it sometimes doesn't work.

If we thought only the private sector should provide health care, we wouldn't have Medicare. And I know there are some—way over on the right side—who would like to get rid of Medicare. If we thought private insurance on its own worked just fine, we wouldn't have fought for years for a patients' bill of rights. So this idea coming from the minority leader that we should have no check on the insurance companies, which is what we would have if we had no form of public option, isn't where the American people are, and it is certainly not where I am.

Some bring up—and I think it is a valid argument—well, if the government is involved—and by the way, what we are proposing here is not that the government take over health care. We are proposing that in this exchange where all kinds of insurances companies compete, there be at least one that doesn't put the profit motive above all else but has to put patients above all, a public option. It doesn't make a profit. And what we are saying is, if you believe in competition, why not let the public option compete? We do this in State governments. In State governments, if you are a State worker in some States, you can sometimes get a public plan or a private plan. The consumer chooses. And that is how it

should be. We are simply saying that, just as there are some who might say: I don't think there should be any private sector involved in health care, it should all be public—and many people think that is not the right view, as I know my friend from Kentucky does—many of us think it is just as wrong to say it should only be the private sector. Let's see who does a better job. Let them compete in the marketplace.

My view is this: There has to be a level playing field. You cannot give the public option such advantages that it overwhelms the private sector. The proposal that I have made and that others are looking at—Senator BINGAMAN is one; my friends in the House, Congressmen WELCH and BRADY and MURPHY—is to try to make the playing field level. The government won't just keep pouring money into the public option. It sets it up and then it has to compete. If the private sector needs reserves—God forbid there is catastrophic illness everywhere—then so will the public option. I am certain those of us who are interested in a public option are very interested in suggestions as to how to make the playing field level. But make no mistake about it, the public option is a different model. The public option will not have to make a profit. That is about 10, 12 percent. That money will go to health care for the patients. The public option will not have to merchandise and advertise. That is often 20 percent. So right off the bat, the public option has the same level playing field but has 30 percent of its revenues that can go to patient health care.

My friends on the other side say: Well, the public option isn't very efficient; it doesn't give enough direction, and direction to the right person, to cure this disease but lets people go all over. Well, if it is not, it is not going to work.

You know, if I were designing a health care system, I would even look carefully at single payer. I believe we do need control mechanisms, and I think the insurance companies themselves, no matter how we try to regulate them, will figure out ways around them. That is almost their mandate because their goal is to maximize profit. There is nothing wrong with that. But we are not going to get single payer here. We know that. And we are probably not even going to get something called Medicare For All, which would be a much more pure system that would not be, frankly, a level playing field. But just as we have to compromise and move to the center a little bit to get something done, so do my colleagues on the other side of the aisle. Again, when they say no public option, it is the inverse of saying no private insurance companies. Let's see who does better in this exchange.

My view is this: The public option will have certain advantages. It won't have to make a profit, it won't have to advertise and merchandise. But on the other hand, it is going to have certain responsibilities. When DICK DURBIN's friend from Springfield can't get insurance from a private company, the public option will be there, and that may be somewhat more expensive for them. Admittedly, we are going to try to pass laws to say the private insurance company has to keep DICK DURBIN's friend, the small businessman who is paying for his own insurance, without a huge increase in cost. But if you believe, as I do, and I think most Americans do, that the private insurance company is not going to embrace this and say: Gee, this is great, this is costing us a ton of money and we have to report earnings for our shareholders, and we will try to find ways—there will be an intention of not covering people like that, and the public option will step into the lurch.

So this is a different model, no question about it. It is not just another insurance company that happens to be public. But it will be a level playing field. There will be a playing field where the private insurance companies will be under certain rules and the public option plan will be under certain rules. If the private company has to leave reserves, the public company will have to leave reserves. No one is seeking to unlevel the playing field, but we are seeking to keep the insurance companies honest. A public option will bring in transparency. When we know what the public option has to pay, we will say: Why isn't the private insurer paying the same? A public option will keep the insurance company's feet to the fire.

That is why President Obama feels so strongly about it. He said so in his letter. My friend from Iowa, Senator GRASSLEY, said he is just being political. I don't think so. He knows the public option will work well. Maybe after 3 years, the public option fails and isn't needed. Fine. Fine. But I don't believe that will happen. But we are not going to, in the public option, just keep putting more and more government money in until it wipes out the insurance companies. That is not the intent. The intent is to have a robust market, such as we have in other States and some of the Federal systems, where many different plans compete, and one is a public option. There might also be co-ops, such as my friend from North Dakota has been advocating, but there will be plenty of private insurance companies.

I would say one other thing. My friends on the other side of the aisle say: Well, why can't we just have the private insurers compete and offer a whole lot of plans? We don't have that in the vast majority of States right now. We have a system where any private company can sell insurance. But in more than half our States—and I believe this statistic is right, but I will correct the record if it is not—the top two companies have more than 50 percent of the market. There is usually not unvarnished competition when you just leave it up to the private insurance companies but, rather, an oligopoly. And we all know what happens when there is not real competition: Price setting occurs. Price leadership is what the economists call it. Nobody tries to undercut on price. We have seen this with the oil industry, for instance, with our five big oil companies, and you don't get the kind of competition you would from a public option, even if there were only one or two insurance companies competing.

In conclusion, I would ask my colleagues on the other side of the aisle to, A, be openminded. We haven't said no this or no that. When you say no public option, you are saying we want to let the private insurance companies, under the guise of competition, run the show. And if you believe that will work, fine, but then you also should believe the public option won't be a threat to them. Some of us who are worried that, left to their own devices, the private insurance companies will not serve all or even most of the public as well as they should be served, are saying let there be the competitive advantage or the competition of a public option in a level playing field that has no particular built-in advantage but has a different model—no profit, no merchandising, no advertising, serve the patient first.

This debate will continue, but I would just say to my fellow Americans out there who might be listening to this, when you hear the other side say no public option, ask them: Then who is going to provide a check on the insurance companies? And do you believe the insurance companies, even with some government regulation, won't find their way out of the regulations or avoid the regulations or walk around them?

The ACTING PRESIDENT pro tempore. The Senator's time has expired.

Mr. SCHUMER. The debate will continue, Mr. President, and I appreciate the opportunity to address my colleagues.

The ACTING PRESIDENT pro tempore. The Republican whip.

Mr. KYL. Mr. President, I understand the time for morning business has now reverted to the Republican side; is that correct?

The ACTING PRESIDENT pro tempore. The Senator is correct.

HEALTH CARE

Mr. KYL. I thank the Chair.

Mr. President, I would like to address two subjects. The first is the subject my colleague from New York was just discussing, and that is what to do about health care issues we have in the United States. Specifically, I would like to refer to some comments that both he made and the assistant majority leader made this morning.

The first point I wish to make is that when the assistant majority leader came to the floor this morning and in effect said: Unless you agree with our solution, you don't believe there is a problem, that is a fallacy, of course. I