

system with far more successful, affordable, and equitable health care systems in several industrialized nations. He approaches this story in a unique way. He has a bad shoulder. He had had it repaired 10 or 12 years before. It started giving him some trouble, so he started in the United States asking what to do about his shoulder.

He was told what to do in America. Then he went to France and Japan, all over the world, and was told what not to do with his shoulder. In the process of talking about his shoulder, he talks about the health care system in every one of those countries. There are some startling things.

The phrase “socialized medicine” was developed by the insurance industry when President Truman said he wanted to do health care reform. It is interesting that the kind of care they have in different parts of the world is so uniquely described in this book. For example, Germany has had government-sponsored health care since the 1880s, which I think is very interesting—I say this with some degree of sarcasm—by the great socialist Bismarck. He was about as far as one could get from a socialist, but he believed health care should be delivered in a Christian way, as he said it. That system is one that has been copied in various parts of the world to some degree or another.

It is an interesting book, and I recommend it to every Senator. It opens telling the story of a woman by the name of Nikki White who died at 32 years of age. The official medical records show that she died from complications of lupus; but if we asked her doctor, the doctor would tell everyone Nikki died from complications of our health care system. We know how to treat lupus. America is home to millions of doctors and thousands of hospitals that can help someone with lupus live a longer life. America has developed the science and the medicine and the therapies that let people with lupus live full, active lives. But because Nikki's health insurance company refused to cover her once she got sick and because Nikki's income was too much for Medicaid but too little for her medicine's cost, she was stranded.

This story is tragic because Nikki died a preventable death in the richest Nation in the history of the world. It is even more tragic because it is not the only one of its kind, not by a long shot. All over America people are dying too soon. There are lots of others just like it.

Conditions that should be fixable are now fatal. Easily treatable diseases now become death sentences. More and more, Americans who come down with the flu or are diagnosed with diabetes or suffer a stroke are dying far earlier than modern science says they should have to die. More and more, Americans who contract skin cancer or have a hernia or experience complications during surgery are dying rather than being cured.

These diseases can strike anyone. In fact, more than half of all Americans live with at least one chronic condition, and those conditions cause 70 percent of the deaths in America. A group called the Commonwealth Fund researches ways our health insurance system can work better. It recently ranked 19 industrialized countries on how they handle preventable deaths. The United States ranked 19th—at the very bottom.

Their study also found that as many as 100,000 American lives could be saved if we admitted some health care systems work better than others and borrowed some of the best ideas that make them work. This is 100,000 lives a year. By the way, we are paying for the privilege.

Over the past 8 years of inaction the price of staying healthy in America rose to record levels. The number of Americans who can't afford insurance also rose to record levels. At least one in five Nevadans has no health insurance. Those who do have it are at great risk of losing it. If we don't act, in 10 years health care costs will more than double what they are today. The number of Nevadans who can't afford health insurance will double as well. If we don't act, more Americans will suffer needlessly.

That Americans are dying preventable deaths is one of two avoidable tragedies I said I wanted to discuss. The second is that some here in Congress are preventing solutions to that problem. We have the power to prevent this national crisis from growing. We have the power to prevent it, just like we have the power to prevent diseases from killing us too soon.

We have the ability to treat our unhealthy health care system today. Five congressional committees—three in the House and two in the Senate—have studied the data, debated the arguments, and proposed ideas for what to do next. While we listen to the stories of real people with real problems, some try to divert our attention with distortions, distractions, and deception. While we strive to change a broken status quo, some defend it at all cost. While we seek common ground, some insist on opposing good ideas simply because they are proposed by people who sit on a different side of this Chamber or by a President who comes from a different political party.

As former Senate leader Bob Dole said last week:

Sometimes people fight you just to fight you.

It is inexcusable to let a preventable disease become a deadly disease. It is equally unacceptable to deny the American people the change they demand. If we don't act, we will not have the luxury of saying later, with regret: If we only knew then what we know now. We know now exactly what we need to know. We know now that deaths are preventable. The question before the Senate is, do we want to prevent those deaths? These tragedies are

avoidable. The question before the Senate is, do we want to avoid these tragedies?

The broken health care system is fixable. The question before the Senate today is, do we want to fix the broken system?

RECOGNITION OF THE MINORITY LEADER

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

HEALTH CARE WEEK XIII, DAY I

Mr. McCONNELL. Mr. President, when we started the debate over health care reform, we knew what the American people wanted. First and foremost, they were telling us health care costs are too high and any effort at reform would have to focus on driving down those costs.

This meant our measure for success would be fairly simple: Would our reform proposals lead to lower premiums and lower costs or would they not? That is why an analysis of the Finance Committee bill over the weekend by PricewaterhouseCoopers should give us all pause.

The report showed that the Finance Committee proposal that is being voted on today would increase health insurance premiums dramatically. It said this bill would cause health care costs to go up—not down—for millions of Americans who currently have health insurance. This report confirms what many of us have feared: that the bills we have been debating will not reduce costs for the American people, but will actually drive costs up—an outcome that is fundamentally opposed to the original purpose of health care reform as we all understood it at the outset of the debate.

Specifically, this report shows that premiums for a family policy will rise to about \$26,000 in the next decade under the plan proposed by Senator BAUCUS—about \$4,000 more than they would under current law.

One of the reasons for this is that new taxes on health insurance plans, pharmaceutical companies, and medical device makers will be passed on to consumers—something many of us, including the independent Congressional Budget Office, have been saying all along.

The bottom line is this: Americans were asking for step-by-step reforms, of the kind I have called for in nearly 50 floor speeches since June. The administration's failure to present such a commonsense plan is the primary reason that Americans overwhelmingly oppose its plans for health care reform.

Americans wanted lower costs and greater access. They never wanted the administration or Democrats in Congress to vastly expand the government's role in people's health care decisions, to slash Medicare, to raise taxes and health insurance premiums,

as well, and to limit the health care choices Americans now enjoy.

The American people are not happy with any of these things, and they are not happy with the process they are seeing here on Capitol Hill. Americans are understandably unhappy that a handful of Senators and White House staffers are about to put the finishing touches on the Democratic proposal behind closed doors, especially after the President pledged to broadcast negotiations on C-SPAN.

The administration did not particularly like what PricewaterhouseCoopers had to say about the Finance Committee bill. It hastily dismissed this report, just as it dismissed commonsense Republican proposals and the concerns of ordinary Americans throughout this debate.

Indeed, the administration and its allies seem to view any opposing viewpoint in this debate as hostile. It is perfectly obvious why. The administration does not want to hear criticism because it does not want people to know what its proposals will actually do.

At a time of nearly 10 percent unemployment, Americans do not need higher taxes and higher health insurance premiums. Yet one thing that is perfectly clear about the administration's health care proposal is it promises higher taxes on virtually everyone in America.

Here is the breakdown: Under this legislation, if you have insurance, you are taxed; if you do not have insurance, you are taxed; if you use a medical device such as a hearing aid, you are taxed; if you take prescription drugs, you are taxed; if you are a business owner who cannot afford to provide coverage for your employees, you are taxed. And the Joint Committee on Taxation and the CBO have both said that many of these taxes will hit the middle class hardest, at a time when unemployment stands at a 25-year high.

Add all these up and you get a bill that raises taxes, raises premiums, and leads to more government control. You can call this many things, but it is not what the vast majority of Americans would consider reform.

RESERVATION OF LEADER TIME

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

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will proceed to a period of morning business until 3 p.m., with Senators permitted to speak therein for up to 10 minutes each.

The Senator from Illinois.

HEALTH CARE REFORM

Mr. DURBIN. Mr. President, I listened carefully to the Republican lead-

er of the Senate, as I have every day, waiting for one thing: the Republican health care reform plan. We did not receive it today. We have never received it because there is no Republican approach to health care reform.

I know we have tried to engage the Republicans in this debate. We waited weeks—make that months—to bring over just three Republican Senators who would sit down and negotiate with us. In the end, they walked away. One Senator from Maine is still possibly going to vote for this. We hope she will. I hope others will join her. But it is not for lack of effort that we do not have a bipartisan approach at this moment.

What the Senator from Kentucky failed to mention when he said we have dismissed commonsense Republican proposals is when the HELP Committee—which is the Health, Education, Labor Committee—sat down to write their health care reform bill—it went on for weeks—day after weary day, amendment after amendment was considered by this committee because of the gravity of this challenge—we are literally talking about a health care system that affects every one of us—and at the end of the weeks of hearings and the hundreds of amendments offered, 150, maybe more, Republican amendments were adopted to this bill. The committee decided on a bipartisan basis to accept these Republican ideas and make them part of the final product that was going to be voted on by the HELP Committee.

Well, wouldn't you believe, at the end of that long process—bipartisan process—with Democrats and Republicans working together, after 150 Republican amendments had been accepted, at least 1 Republican Senator would have voted for the health care reform bill reported by the committee? It did not happen. There were 150 amendments from the Republican side of the aisle, and still not 1 Republican Senator was willing to stand up for health care reform.

So when the Republican leader says, we have dismissed commonsense Republican proposals, we took 150 of them and could not get a vote out of it—not a single vote. The reality is this. The Republicans have no alternative to health care reform. They come to the floor and they quote as their sources the health care insurance industry.

For the longest time, the Senator from Texas, Mr. CORNYN, came and he would quote the so-called Lewin study. Well, it turns out that the Lewin study about the cost of health care reform had an element to it which he did not disclose: The Lewin company that did the study is owned by the largest health insurance company in America. So they quoted as their source on how much this bill would cost the critics of health care reform, the people who want to maintain the current system.

Today, the Senator from Kentucky very carefully avoided saying the obvious. This PricewaterhouseCoopers study he is talking about was commis-

sioned by the health insurance industry. That is why they have come out with it the night before the critical vote in the Senate Finance Committee.

What did they say? They predicted if health care reform went through, health care insurance premiums would go up. Well, there are those who disagree, people with the Congressional Budget Office and others, who believe that more and more Americans with insurance—not showing up in emergency rooms for charity care, where the cost of their care is passed on to all the rest of us—is going to mean there is going to be a downward push on premium costs.

They estimate each of us with a family plan pays \$1,000 a year in premiums to take care of the charity work that is given out at our hospitals every single day. If there is less charity work, it means less money is going to be needed from all the rest of us who have health insurance, and that will help bring premiums down as more and more Americans have health insurance protection.

But what do we make of the health insurance industry telling us that premiums are going to go up? I will tell you what I think. I think it is a self-fulfilling prophecy. I think when health care reform passes—and I think it will—the health insurance companies, unless we do something about it, will raise premiums, and they will point at Congress and say: You did it. See, we told you not to change the system.

Can they make good on their promise of higher health insurance premiums? You bet they can. There is something called the McCarran-Ferguson Act. It is a law that was passed decades ago that said two industries in America were exempt from antitrust laws. The two were organized baseball and the insurance industry. What it means is, unlike other businesses making products such as cars and computers, which are prohibited by law from collusion and conspiracy in putting together the cost of their product, the insurance industry is exempt. That is right, it is the only industry, other than baseball, exempt from the antitrust laws of America.

So when the health insurance companies tell us: We are going to raise premiums, you ought to listen up, they have the power to do it. They can literally meet in the same room and decide to do it—legally in America. I think it is an outrage. I think that law should change. But the fact is, it will not change unless there is a force to change it.

What is the force that would keep the health insurance companies honest, stop them from this collusion, create real competition to protect consumers, stop them from raising premiums in a fit of pique over health care reform? It is called the public option. It says there ought to be for every American at least one not-for-profit insurance company available to sell you health insurance. You do not have to take it.