

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,