

Maybe I shouldn't be optimistic, but I can be hopeful that we will be able to schedule votes on these amendments soon. In the meantime, Senators should not wait to debate these issues. Let's take just these two issues until we schedule votes on these amendments. Senators should come to the floor to speak on the issues now. There is a limited time to complete this bill before the Thanksgiving holiday, and Senators should use that time wisely to engage in meaningful debate.

I am totally aware of the number of Senators who wish to offer amendments on other issues as well, both defense-related and otherwise. So Senators should file their amendments, and I hope we can figure out a way to have a robust amendment process. However, we cannot allow this important legislation to be sidetracked by debates on amendments unrelated to our Nation's defense.

Our Nation's defense is a relative term and some people have different ideas as to what that should mean. But the United States has passed this bill for more than half a century. This is a sign of respect for this institution and for the people this legislation represents—our Nation's Armed Forces. So let's give this bill the respect it deserves.

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#### NOMINATIONS

Mr. REID. Mr. President, it is hard for me to find the words to express my disappointment for our country in yesterday's vote on another person to go to the DC Circuit Court of Appeals.

The last three people have been filibustered, and they are good people. They are qualified. Their records are outstanding for their work in the courts—scholastically brilliant, every one of them. But Republican obstruction has become endemic in the Senate over the last five years, grinding the work of this institution to a halt, threatening the integrity of this institution and damaging our country. No President should have to put up with what President Obama has had to put up with.

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#### RECOGNITION OF THE MINORITY LEADER

The PRESIDING OFFICER (Mr. BOOKER). The Republican leader is recognized.

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#### HEALTH CARE

Mr. McCONNELL. Mr. President, over the past few weeks, we have seen vivid, painful confirmation of the predictions that many of us made about ObamaCare. Most notable among them, perhaps, was the President's often repeated promise: "If you like your plan, you can keep it." "If you like your plan, you can keep it," he said. But we were always doubtful that could possibly be true.

This was always what Democrats thought they had to tell the American people in order to muscle ObamaCare into law. They knew it wouldn't work otherwise. They knew the truth would not sell and, of course, that is all coming out now.

But we are also learning a lot of other very unsettling things about this law, such as the fact that a lot of things that were working well in our health care system are now being thrown out for no good reason by the same people who brought us the ObamaCare Web site.

High-risk pools are a good example. About three dozen States set up these kinds of pools to ensure Americans with serious medical conditions, such as those suffering from diabetes and heart disease, would have a place to turn. High-risk pools have often proved successful and popular among the communities they serve. They currently provide insurance to hundreds of thousands of Americans, including thousands of Kentuckians, nearly all of them with preexisting conditions—the very people the law was supposed to help. These folks benefit from this coverage and many want to keep it. Unfortunately, that would no longer be possible under ObamaCare. Nearly all of them will lose their coverage at the end of the year.

Just as millions of other Americans across the country, folks who like the coverage they have in these high-risk pools—and remember, I am talking about some of the most vulnerable people in our society—are now discovering they won't be able to keep it, either, despite what the President told us again and again. As it turns out, the folks who ran this law through Congress think people in these high-risk pools belong in ObamaCare instead. They don't think it matters whether my constituents want to get dumped into ObamaCare or not; they made that decision for them.

A lot of folks in Kentucky don't think this is right and they are upset, and not just because they are losing their plan and all the hassle and complication that involves. For many of these folks, the plans they are being forced into have more limited hospital and doctor networks than the plans they currently have. As one State official recently put it, "If you're in the middle of chemotherapy, the last thing you want to do is switch oncologists."

We seem to see these kinds of stories just about every day now. There is the North Carolina woman with a severe heart condition who said she didn't know if her cardiologist and her procedures would be covered under ObamaCare. Here is what she said: "It's . . . the uncertainty that gets to me."

There is the breast cancer survivor and her husband who have been paying about \$800 a month for premiums in a high-risk pool. After that policy was canceled, they expected lower rates under ObamaCare. Instead, they found their premium and deductibles could actually be going up.

This is scary stuff. But these are the real-life consequences of ObamaCare. This is no longer some theoretical policy discussion. I would suggest that as we contemplate the future of this law, our Democratic friends should start paying closer attention to stories such as these because it is not enough to have a messaging strategy and to play the old Washington game by trying to weather the PR storm until folks move on.

These stories we are hearing from our constituents are literally heart-breaking. This is not some hassle to move past. It is a problem to solve. It is what we were sent here for, and it is what health care reform should be about—about helping folks, not hurting them.

We do not need to get past this news cycle, as some of the White House spinners seem to think. What we need to get past is a White House mentality that told us last week that passing a bill to codify the very promise the President made to sell the bill would gut ObamaCare. We need to get past a mentality that caused the President to issue a veto threat on a law that would let him keep his promise to the American people about keeping the health care plans they have and like.

It is almost comical watching the contortions the administration is making trying to explain this fiasco away. Over the weekend we learned through a White House leak to the Washington Post that the President's new definition of success for the ObamaCare Web site is four out of five users making it through the checkout line—four out of five users making it through the checkout line. Who thinks that is acceptable? I certainly do not, and I cannot think of anybody outside the White House compound who will think that is acceptable either.

Frankly, if this is the President's way of restoring credibility on this law, by leaking that the Web site will not even work for one out of five users just a few days after vowing it would soon be up and running like a top, well, he has some work to do. The bar for clarity, honesty, and success under ObamaCare has sunk to new lows.

Look, if you are being treated for cancer and about to be dumped into ObamaCare, the last thing you want to hear is that leaving one out of five people behind is now considered an ObamaCare win. We are talking about people's lives here. This kind of mindset—whether we are talking about a Web site or anything else—is deeply worrying.

But then again this has always been the problem with blind faith in massive government programs. It is the old idea that we should not let the evidence get in the way of a good theory. That is the mindset the supporters of this law are stuck in right now—just blindly adhering to the hope that this program will work against all the evidence. It is pretty distressing. It is going to have to change if we are going to get anywhere.