

I will continue to confer “Car Czar” awards until Congress and the President enact my Auto Stock for Every Taxpayer legislation which would distribute the government’s stock in General Motors and Chrysler to the 120 million Americans who paid taxes on April 15. That is the fastest way to get ownership of the auto companies out of the hands of meddling Washington politicians and back into the hands of Americans and the marketplace.

It also may be the fastest way for Congressmen to get themselves re-elected. According to the National Tennesseean, an AutoPacific survey reports that 81 percent of Americans polled “agreed that the faster the government gets out of the automotive business, the better.” And 95 percent disagreed “that the government is a good overseer of corporations such as General Motors and Chrysler.” And 93 percent disagreed “that having the government in charge of (the two automakers) will result in cars and trucks that Americans will want to buy.”

There should be plenty of material for these “Car Czar” awards. For example, last week auto executives spent 4 hours testifying before congressional committees about dealerships. I assume the executives drove to Washington, DC, from Detroit in their congressional approved modes of transportation—probably hybrid cars—leaving them very little time on that day to design, build or sell cars and trucks.

I have counted at least 60 congressional committees and subcommittees with the authority to hold hearings on auto companies, and no doubt most will. Car executives trying to manage complex companies will be reduced to the status of some Assistant Secretary hauling briefing books between subcommittees answering questions—under oath, of course—about models, sizes, paint colors, plant closings, fuel efficiency, and why the GM Volt’s battery is being made in South Korea.

And should Congressmen run out of reasons to meddle, the President and his aides stand ready. Already, the administration has warned General Motors it is making too many SUVs and that its Chevy Volt is too expensive. The President himself has weighed in on whether General Motors should move to Warren, MI, and has fired one president of General Motors.

Now, here is an invitation for those who may be listening: If you know of a Washington “Car Czar” who deserves to be honored, please e-mail me at CarAward@alexander.senate.gov, and I will give you full credit in my regular “Car Czar” reports here on the floor of the United States Senate.

And after you write to me, I hope you will write or call your Congressmen and Senators and remind them to enact the Auto Stock For Every Taxpayer Act just as soon as General Motors emerges from bankruptcy. All you need to say when you write or call are these eight magic words, “I paid for it. I should own it.”

Mr. President, I ask unanimous consent that the Wall Street Journal editorial from June 5, entitled “Barney Frank, Car Czar” be printed in the CONGRESSIONAL RECORD at this time.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From the Wall Street Journal, June 5, 2009]

#### BARNEY FRANK, CAR CZAR

President Obama may have “no interest” in running General Motors, as he averred Monday. But even if that’s true, we are already discovering that he shares Washington with 535 Members of Congress, many of whom have other ideas.

The latest self-appointed car czar is Massachusetts’s own Barney Frank, who intervened this week to save a GM distribution center in Norton, Mass. The warehouse, which employs some 90 people, was slated for closure by the end of the year under GM’s restructuring plan. But Mr. Frank put in a call to GM CEO Fritz Henderson and secured a new lease on life for the facility.

Mr. Frank’s spokesman, Harry Gural, says the Congressman discussed, among other things, “the facility’s value to GM.” We’d have thought that would be something that GM might have considered when it decided to close the Norton center, but then a call from one of the most powerful Members of Congress can certainly cause a ward of the state to reconsider what qualifies as “value.” A CEO who refuses the offer can soon find himself testifying under oath before Congress, or answering questions from the Government Accountability Office about his expense account. To that point, Mr. Henderson spent Wednesday with Chrysler President Jim Press being castigated by the Senate Commerce Committee for their plans to close 3,400 car dealerships. Every Senator wants dealerships closed in someone else’s state.

As Mr. Gural put it, Mr. Frank was “just doing what any other Congressman would do” in looking out for the interests of his constituents. And that’s the problem with industrial policy and government control of American business. In Washington, every Member of Congress now thinks he’s a czar who can call off Fritz and tell him how to make cars.

Mr. ALEXANDER. Mr. President, I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Vermont is recognized.

#### HEALTH CARE REFORM

Mr. SANDERS. Mr. President, let me be very clear. Our health care system is disintegrating. Today, 46 million Americans have no health insurance and even more are underinsured with high deductibles and copayments. At a time when 60 million people, including many with insurance, do not have access to a doctor of their own, over 18,000 Americans die every year from preventable illnesses because they do not get the medical care they should. This is six times the number of people who died at the tragedy of 9/11, but this occurs every single year, year after year. In the midst of this horrendous lack of coverage, the United States spends far more per capita on health care than any other Nation, and health care costs continue to soar. At \$2.4 tril-

lion and 18 percent of our GDP, the skyrocketing cost of health care in this country is unsustainable, both from a personal and macroeconomic perspective.

At the individual level, the average American spends about \$7,900 per year on health care—\$7,900 per individual every year. Despite that huge outlay, a recent study found that medical problems contributed to 62 percent of all bankruptcies in 2007. From a business perspective, General Motors spends more on health care per automobile than on steel—more on health care than on steel—while small business owners are forced to divert hard-earned profits into health coverage for their employees rather than new business investments. Because of rising health care costs, many businesses are cutting back drastically on their level of health care coverage or they are doing away with it entirely.

Further, despite the fact that we spend almost twice as much per person on health care as any other Nation, our health care outcomes lag behind many other countries. We get poor value for what we spend. According to the World Health Organization, the United States ranks 37th—37th—in terms of health system performance, and we are far behind many other countries in terms of such important indices as infant mortality, life expectancy, and preventable deaths. In other words, we are spending huge amounts of money, but what we are getting for that investment does not compare well to many other countries that spend a lot less than we do.

As the health care debate heats up in Washington, we as a nation have to answer two fundamental questions.

First, should all Americans be entitled to health care as a right and not a privilege? That is the way every other major country treats health care and the way we respond to such other basic needs as education, police, and fire protection. One hundred or more years ago, this country decided that every young person, regardless of income, is going to get a primary and secondary education because that is the right thing to do and good for the country. But unlike every other major industrialized Nation, we have not come to that same conclusion that health care is a right.

Second, if we are to provide quality health care to all, the next question is, how do we accomplish that in the most cost-effective way possible? We can provide health care to all people in a lot of ways, but some of those ways will essentially bankrupt this country. What is the most cost-effective way to provide quality health care to every man, woman, and child in this country?

In terms of the first question I asked: Should all Americans be entitled to health care as a right, I think the answer to that question is pretty clear and is, in fact, one of the reasons Barack Obama was elected President of the United States. Most Americans do

believe all of us should have health care coverage and that nobody should be left out of the system. The real debate is how we accomplish that goal in an affordable and sustainable way. In that regard, I think the evidence is overwhelming that we must end the private insurance company domination of health care in our country and move toward a publicly funded, single-payer, Medicare-for-all approach.

Our current private health insurance system is the most costly, wasteful, complicated, and bureaucratic in the world. Its function is not to provide quality health care for all of our people but to make huge profits for the people who own the companies. That is what private health insurance is about. With thousands of different health benefit programs designed to maximize profits, private health insurance companies spend an incredible 30 percent of each health care dollar on administration and billing. Thirty cents of every dollar is not going to doctors, nurses, medicine, medical personnel; it is going to bureaucracy and administration. Included in that spending are not only general administration and billing but exorbitant CEO compensation packages, advertising, lobbying, and campaign contributions. Public programs such as Medicare, Medicaid, and the VA are administered for far less money.

In recent years, while we have experienced an acute shortage of primary health care doctors as well as nurses, as well as dentists, and many other health care personnel, we are paying for a huge increase in health care bureaucrats and bill collectors. Over the last three decades, the number of administrative personnel has grown by 25 times the number of physicians. Instead of investing in primary health care, instead of investing in doctors, instead of addressing the nursing shortage, where our health care dollars are going is to health insurance bureaucrats who spend half their lives on the telephone telling us we are not covered for the procedures we thought we had paid for. That is a dumb way to spend health care dollars.

Further, and not surprisingly, while health care costs are soaring, so are the profits of private health insurance companies. From 2003 to 2007, the combined profits of the Nation's major health insurance companies increased by 170 percent. Health care costs are soaring; people can't afford health insurance. Yet the profits of the private health insurance companies have gone up by 170 percent from 2003 to 2007. While more and more Americans are losing their jobs and their health insurance, the top executives in the industry are receiving lavish compensation packages. It is not just William McGuire, the former head of United Health, who several years ago accumulated stock options worth an estimated \$1.6 billion, or CIGNA CEO Edward Hanway, who made more than \$120 million in the last 5 years. It is not just

them. It is the reality that CEO compensation for the top seven health insurance companies now averages \$14.2 million. Forty-six million Americans have no health insurance, more are underinsured, and we apparently have the money to pay exorbitant compensation packages to the heads of private health insurance companies.

Moving toward a national health insurance program, which provides cost-effective, universal, comprehensive, and quality health care for all, will not be easy. That is an understatement. It will not be easy. The powerful special interests, the insurance companies, the drug companies, and the medical equipment suppliers, among others, will wage an all-out fight to make sure we maintain the current system which enables them to make billions and billions of dollars every year in profits.

In recent years, these special interests have spent hundreds of millions of dollars on lobbying, on campaign contributions, and advertising, and with unlimited resources. They can make out a check as big as they need. They will continue to spend as much as they need in order to preserve this dysfunctional health care system from which they profit so much.

But at the end of the day, as difficult as it may be, the fight for a national health care program will prevail. Like the civil rights movement, the struggle for women's rights, and other grassroots efforts, justice in this country is often delayed, but it will not be denied. We shall overcome.

Mr. President, I yield the floor and suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mrs. FEINSTEIN. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mrs. HAGAN). Without objection, it is so ordered.

Mrs. FEINSTEIN. Madam President, I ask to speak in morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### FAMILY SMOKING PREVENTION AND TOBACCO CONTROL ACT

Mrs. FEINSTEIN. Madam President, I have come to the floor to offer a few comments on the Family Smoking Prevention and Tobacco Control Act, the bill on which we will shortly be voting cloture, I hope.

I wish to begin by paying tribute and thanking Senator KENNEDY. I have had occasions to discuss this subject with him more than once. No one has been more dedicated, worked harder or longer to see this day on the floor than Senator TED KENNEDY. I thank him for it. I hope once this bill gains cloture we will pass it swiftly, and it will become the law of the land, and it will, in fact, save lives.

I would like to make three main points. The first is that tobacco is the

leading preventable cause of death in this country; the second is the huge financial cost to tobacco; and finally, the relationship between tobacco and cancer.

We know tobacco harms the health of Americans—those who use cigarettes and those who are exposed to second-hand smoke. But I think what most people do not know is that every year, 400,000 Americans die from tobacco use. That makes tobacco the leading preventable cause of death in the United States, killing more people each year than HIV/AIDS, illegal drug use, alcohol use, motor vehicle accidents, suicides, and murders combined. That is why it is the leading preventable cause of death.

In California, every year 36,600 adults die from their smoking; in Michigan, the number is 14,500; in New York, 25,400; in Wyoming, a very small State, 700 people die every year. Every State in this country loses people prematurely to death from smoking.

We know the high cost, the human cost of tobacco use, but I think people also do not realize my second point, and that is the tremendous financial cost. Smoking costs our health care system \$96 billion every year. States pay \$13.3 billion every year in Medicaid expenses and the Federal Government spends \$17.6 billion. Medicare pays \$27.6 billion and the VA and other Federal programs spend an additional \$9.6 billion. The rest of this cost, about \$28 billion, is borne by private payers. So the financial cost is \$96 billion a year.

The Senate is about to embark on the enormous task of expanding health care coverage and access for the 47 million Americans without insurance. Imagine that instead of spending \$96 billion every year to treat tobacco-related illnesses, we could use this money to improve our health care system. It could fund a significant portion of health reform. One, we could nearly triple the budget of the National Institutes of Health, a very good thing. Two, only 2 months of tobacco-related health spending could provide a year of health insurance for every uninsured child in America. Three—let me put it another way—we could provide health insurance to every uninsured child in America and still have \$80 billion left over. That is the inordinate, inexplicable cost of tobacco products in this country. Instead, we continue to spend \$96 billion every year on preventable illness caused by tobacco.

Passing this bill will not immediately end smoking or the illness it causes, but helping Americans to live healthier lives is a critical component of any long-term reform of our health care system. I believe we should view this bill as a sound, critical, and important first step on the road to broader reform.

Tobacco and cancer. My life has been surrounded by cancer, so I am very sensitive on this point. Without a doubt, cancer is one of the most expensive tobacco-related illnesses. Cigarette