

Friends say she wanted to make the military a career and hoped one day to be a psychologist and help soldiers cope with the stress of battle.

Private Velez had just returned from Iraq 3 days earlier, 3 days before the shooting, to begin maternity leave. Her father, Juan Guillermo Velez, a Colombian immigrant who never realized his dream of serving in the U.S. military, said his daughter was living his dream “to be part of the military, part of the United States.”

In addition to her father, Private Velez leaves her mother Eileen and two older brothers.

Another young soldier from the Chicago area, PFC Najee Hull, of Homewood, IL, is among those wounded in the Fort Hood tragedy. Private Hull is also 21 years old. He was shot three times, twice in the back, once in the knee, as he was preparing to complete paperwork to be deployed to Afghanistan. He remains hospitalized.

I was meeting with representatives of these veterans service groups and lawyers who donate their time to help veterans when the names of the Fort Hood victims became known. There was a profound sense of sadness in the room.

The men and women who wear America's uniform are some of the finest people our Nation has to offer. They are patriots who are willing to sacrifice to protect each and every one of us. They and their families have endured great hardship during these wars. They are heroes, such as CAPT Russell Seager of Racine, WI. Captain Seager was a nurse practitioner who had worked at a Veterans Affairs hospital in Milwaukee with soldiers suffering from post-traumatic stress disorder. He was 51 years of age. His uncle said he had been a “helper” all his life. Four years ago, he joined the Army Reserve. Captain Seager was scheduled to go to Afghanistan in December. He had gone to Fort Hood for training. He is among the 12 soldiers and one civilian who died there. He leaves a wife and 20-year-old son.

A few months ago, in an interview with Milwaukee's public radio station, Captain Seager explained his decision to enlist. He said:

I've always had a great deal of respect for the military and for service, and I just felt it was time that I stepped up and did it.

That is part of what defines America's military members and veterans. This Wednesday, we will remember and honor all our veterans, from Bunker Hill to Baghdad. We will remember, in particular, those brave men and women who lost their lives at Fort Hood.

President Obama, Army Chief of Staff General Casey, and Secretary of the Army John McHugh have ordered a thorough investigation into how this tragedy at Fort Hood occurred. The inquiry must happen. We need answers, and we need to do everything possible to ensure it never happens again. While the authorities are investigating, we also need to be thoughtful and reserve judgment about the proper response.

Consider this: One week before the gunman allegedly opened fire on his fellow soldiers at Fort Hood, U.S. military investigators released a report regarding another horrific incident. Last May, an army sergeant, with 15 years in the military, killed five of his fellow soldiers on a military base in Baghdad. The soldiers, including an Army psychiatrist, were killed in a stress clinic where the gunman was being counseled. The soldier who committed the killings was just weeks away from finishing his third tour of duty in Iraq and had served previously in Bosnia and Kosovo. Until the terrible events at Fort Hood, the shooting at Camp Liberty was the worst episode of soldier-on-soldier violence.

The father of the soldier charged with the Camp Liberty killings said his son's job in Iraq was defusing bombs and that he probably saw “a lot of carnage and a lot of things he shouldn't have seen, that nobody should see.” The military investigators who looked into those deaths blamed a lack of adequate guidelines on how to handle soldiers under such severe distress.

To rush to judgment based on this new act of violence at Fort Hood is premature, certainly to the 3,500 Muslim Americans who proudly serve in our Nation's Armed Forces today. As you walk through the section of Arlington Cemetery devoted to the wars in Iraq and Afghanistan, you will find headstones with the crescent star alongside the crosses and Stars of David.

As investigators search for answers to what happened last week, we owe it to the brave men and women serving at Fort Hood and throughout our military to think clearly and act thoughtfully. We need a better understanding of what took place. Let us honor those who demonstrated the best our military has to offer when their lives were on the line at Fort Hood.

I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio.

HEALTH CARE REFORM

Mr. BROWN. Mr. President, I come to the floor, as I have many times, with Senator WHITEHOUSE, my colleague from Rhode Island, Senator UDALL of New Mexico, and others to talk about health care and, in many cases, to share letters I have received from people in my State. These letters have several things in common. Typically, they are letters from people who thought they had good health care, if you asked them a year ago. Then they had a child with a preexisting condition and they lost their health insurance or maybe they got sick themselves and found that their health insurance was canceled because of a policy insurance companies use called rescission. Often these are people who were middle class but because of health care expenses due to an illness, coupled with insurance policies that were far less than ade-

quate, it meant they no longer were middle class.

I have read letters from families who were consistently denied care because of a loved one's cancer or asthma. I have read letters from people who pointed out that if a woman is a victim of domestic violence, some insurance companies call that a preexisting condition and they literally can't get insurance because they are deemed to be more likely to again be a victim of domestic violence. I have read letters from small business owners who see double-digit premium increases year after year, especially if 1 of their 15 or 20 employees gets very sick, with very expensive care, and the insurance company raises the rate so much that the small business owner can no longer afford the insurance.

Many of the letters I have read are from individuals in their late fifties or early sixties who have lost their jobs and, therefore, have also lost their insurance. They write of the anxiety they feel and the hope that they can—in their words—make it to 65 so I can get on Medicare because I know Medicare will not deny me for a preexisting condition. I know I can count on Medicare. I know Medicare will be stable.

Last Saturday night, as we all know, a historic vote in the House of Representatives brought us one step closer to passing a law that will finally meet the promise of equality and affordable health care for the American people. We have been trying for 75 years—the last 100 years. Theodore Roosevelt first tried—a Republican—to pass health care. Then Franklin Roosevelt tried, then Harry Truman tried. They were Democrats. Lyndon Johnson was able to push Medicare through Congress, as we know. That was very difficult because of some of the same interest groups—insurance companies and others—that oppose this legislation now. Richard Nixon tried to build a catastrophic health insurance that would have been a major step—a Republican. So we know how long this has been happening, and that makes Saturday night's vote even more important.

Last week, I had the opportunity to be with Ohioans who oppose these health care changes and who wanted to share their thoughts and concerns. Some don't agree that article 1 of the Constitution permits health care reform. I spoke to a young man who said that all these health care reforms are unconstitutional because article 1 doesn't allow us to do that. I said: Does that mean we should eliminate Medicare? He said: Yes, because article 1 doesn't allow for Medicare. I am not a lawyer, but I certainly don't read the Constitution that way. I don't think many of my colleagues do and I think it is clear Medicare is constitutional and it is clear what we are doing today is equally so.

But I wished to run through the four things that were said with probably the most frequency in my meetings last week with people who are opposed to

this health care reform. I know a majority of my State supports it. I know a strong majority in the State supports the public option—people from Findlay to Cleveland to Gallipolis to St. Clairsville to Vandalia support our efforts here. But I also note there is significant opposition.

I will never question the sincerity and genuineness of people who talk to me in opposition, who take off from work to come on a bus to come and protest or who want to talk to me individually. But I do question those who make millions of dollars a year—whether they are insurance executives or radio and talk show people—and who are literally benefiting from trying to kill this health care reform. Their efforts are less sincere and less genuine.

But let me run through several of these myths or the four things I have heard most frequently that simply aren't true about this health plan.

First: If my employer drops my coverage, I will be forced into the public plan.

As the Senator from Illinois knows and Senator WHITEHOUSE and others know, no one is forced into the public plan. If your employer drops your coverage, you can choose private insurance or the public plan through the health insurance exchange. That is the whole point of the public option. The word is “option.” It is a total option—the public plan. It means that, whether you have lost your insurance, if you are uninsured or if you have lost your insurance or you are a small businessperson who is looking for a better insurance option, you take your employees or you go individually into the insurance exchange. You can choose Aetna, you can choose WellPoint, you can choose a plan from an Ohio company, Medical Mutual, or you can choose the public option. At no point is there anybody—anybody in this country—who is going to be forced to go into the public plan. As I said, it is an option, and it will remain an option.

The second myth I hear a good deal about, of these four myths, is: After 5 years, I would not be allowed to purchase private insurance.

Mr. WHITEHOUSE. Will the Senator yield for a question?

Mr. BROWN. Sure, I yield to the Senator from Rhode Island.

The ACTING PRESIDENT pro tempore. The Senator from Rhode Island.

Mr. WHITEHOUSE. To go back to the first point about the public option, in fact, being an option, I think everybody here understands the government is going to help pay the costs of health care, particularly for low-income families who can't work to get the funds together to pay for the cost of health care. As the Senator from Ohio knows so well, wages have increased just a tiny bit and health insurance costs have gone through the roof. The result has been that families are getting clobbered, so they need some help.

So the health care reform bill we have before us will help those families

who are having such trouble affording their insurance. I think it is worth confirming the help that will come to American families does not require them to join the public option. They will get the same benefit based on their income and their family's health care needs whether they choose the public option or a private insurance carrier that is offering a program through the exchange.

As long as you show up at the exchange, as I understand it—and I would like to have the Senator from Ohio confirm this—you can take that government subsidy that is yours and your family's and you can spend it at the public option, you can spend it with Blue Cross, you can spend it with Aetna, you can spend it with any insurance company—private, for profit, non-profit, public option—that is doing business in the exchange. You can take your subsidy and you can go there and spend it there. You are not tied to the public option by your subsidy.

Mr. BROWN. That is exactly right. Senator WHITEHOUSE and I, his staffers and mine, wrote the language in the Health, Education, Labor, and Pensions Committee on the public option, and the whole point was to create a level playing field.

As Senator WHITEHOUSE said, if you are low income, if you are lower or medium income, making \$30,000 or \$40,000 a year, with a couple children, you and your spouse are required, under this bill, to buy health insurance or, if you obviously choose to, you will get a subsidy from the taxpayers—from the government—to help pay for this insurance. You then take those subsidies, as Senator WHITEHOUSE says, and you have a choice. You can go to WellPoint, you can go to Aetna or you can go to the public option. The public dollars will follow you into any one of these.

The public option gets no special treatment. The public option gets no special taxpayer subsidies. The public option gets no special government infusion of dollars. The public option gets what any one of the private companies do. As Senator WHITEHOUSE said, it could be a private company, it could be a for profit, a not for profit, it could be a co-op of some sort or it could be a public option. But it is all a level playing field, so people can decide which one of these they want to go into.

I thank Senator WHITEHOUSE for his question.

The second myth: After 5 years I won't be allowed to purchase private insurance.

This is not too different from the first myth we see out there that there is going to be some forcing of people into public insurance and into the public option. When Senator WHITEHOUSE and I and our staffs wrote this language for the Health, Education, Labor and Pensions Committee, it was written in a way not just today for people going into the insurance exchange but 5 years from now, 10 years from now,

people will have the option. You can choose a private for-profit or not-for-profit insurance company or you can choose the public option. That is the way this language will continue to be. That is another one of those myths out there that has scared people.

Some people are very distrustful of government in this country. I understand. But I think the experience of Medicare has shown that, in terms of health care, government has been a pretty good delivery vehicle for people getting insurance. In 1965, half of American seniors had no insurance. In health insurance today, 99 percent plus of Americans have health insurance and it is because of Medicare.

We know government can deliver these plans efficiently but we also are not telling people they have to have the public option. In the public plan they continue to have an option.

Mr. WHITEHOUSE. If the Senator will yield again, we are approaching Veterans Day, a time when the Nation takes a moment from our busy lives to pay our respect and our honor to those who wear the uniform of the United States and are willing to put themselves in harm's way. I think there is not a person in this body who does not feel a great loyalty and pride in our Armed Services. We want them to get nothing but the best. What do we give them for health care? If they are active, they get a government plan called TRICARE. Once they retire from active service and become veterans, they go into the Veterans' Administration. So at least one measure of the quality of government health care, in addition to the success of Medicare in reaching a population that had been deprived of adequate care for generations until Medicare came along, our seniors, is that those very people whom we are about to spend the week honoring, and for whom we insist on the very best, one of the ways we pay them honor and respect is by giving them among the very best health care in the world, government health care, TRICARE and Veterans' Administration care.

Mr. BROWN. That is exactly right. TRICARE you rarely hear a complaint about. The VA is a huge operation. Of course there are sometimes complaints about people having to wait or something that doesn't quite go right all the time, but obviously by and large veterans in this country, soldiers and sailors and marines and active duty, understand their medical needs are taken care of, as they should be. It is one of the things to be proud of in our country, that we have done a decent job of taking care of people who serve the country with TRICARE.

I sit on the Veterans' Committee and all the time we are wrestling with problems in the VA. There has been a problem with people going from active duty in TRICARE into retired status, as Senator WHITEHOUSE said, the VA. To make that transition is not always as smooth as it should be, but it is clear people's medical care works and

that is another argument for the option.

Mr. WHITEHOUSE. I suggest to the distinguished Senator from Ohio, who has come to this floor so often to share the stories of Ohioans in our health care system, which are heartbreaking, which are tragic; which involve people being thrown completely out of the program when they have the temerity to get sick, which involve families going broke who had insurance, when they find out the insurance policy had holes in it that they have fallen through, when they find out when they become sick they not only have as their adversary the illness they are fighting but also the insurance company they have to fight on the other side—over and over again you have come here with those stories.

If Senator BROWN's experience is anything like mine in Rhode Island, I don't get those letters about the VA system. I don't get those letters about TRICARE. Sure, there are glitches now and then; any big system has its problems. But the massive cascade of human tragedy the Senator represents so effectively on this floor with the letters he brings from home—that is not coming out of these systems. That is coming out of the private health care system.

Mr. BROWN. That is exactly right. We don't see veterans or we don't see active-duty soldiers or people on Medicare denied because of a preexisting condition. Soldiers who are injured in the line of duty, imagine if they have a preexisting condition if we don't take care of them in Bethesda or Cleveland or Dayton or in Chillicothe in my State, in the Senator's State the same. It is absurd to think that would be the case. But it is clear these endemic massive problems with people fighting their insurance companies, denied care, come out of the private insurance system.

One of these other myths was one Senator WHITEHOUSE has talked about, that health reform will lead to rationing of health care. It is such a peculiar charge to say about this bill, that health reform will lead to rationing of health care, because we see rationing of health care every day.

Senator WHITEHOUSE pointed out on the floor several times, the model of the health insurance business is this: They hire a lot of bureaucrats to keep people from buying insurance if they are too sick. A large insurance company will have a bunch of employees, a bunch of bureaucrats. When people apply for health insurance, they will check and see is this person going to cost our company too much, so they will deny them, they won't even get insurance with this company—a preexisting condition or something. Then they have bureaucrats on the other end to challenge the claims once one of their insured customers gets sick. So they have bureaucrats on both ends of this health insurance model, stopping people from getting insurance at the

beginning and stopping them from receiving coverage. In fact, 30 percent of the claims on the first go-around are denied. Sometimes when you appeal them you can win. But just the idea, when you are sick or you are taking care of a very sick child or spouse or parent or sister or whatever, and you are fighting with the insurance companies to pay the bill—we remember the President, President Obama, talking about that with his mother, the fights she had with the insurance companies to pay for her cancer care as she was dying. We don't hear about that in the public plans. We don't hear about that in TRICARE or in Medicare.

Mr. WHITEHOUSE. It has happened in my family as well. A member of my family whom I loved very much went to the National Institutes of Health to get the best recommendations he could for a very terrible diagnosis he had received. When he went back to New York, where he lived, and filed his claim and began the treatment that the National Institutes of Health top expert on his diagnosis had recommended, his insurance company came back and said I am sorry, no, that is not the indicated treatment. They dropped—tried to, anyway—dropped a bureaucrat between his doctor, a world expert, and the care he was entitled to.

The Senator and I hear these stories all the time. People are not making them up. They happen to us. They happen to people we know. Unfortunately, unlike my family member who fought back and was able to convince the insurance company to honor what the expert at the National Institutes of Health indicated was the standard and approved treatment for that type of condition, many people are overwhelmed by the illness, they are overwhelmed by the paperwork, they are overwhelmed by the battle with the insurance company. They believe what they are told and they allow themselves to get rolled over.

If an insurance company only gets 1 in 10, it still saves them money when they deny people that care. It is in their business model to deny their insureds the care that they paid for, once they have the nerve to get sick. That is a recurring and consistent problem that just plain never comes up in the government programs. It is unique to our very unique position as being the one country in the world that turns over our health care to the profit-making private sector for things we cannot negotiate on, for things that are not elective.

If you do not want to buy a bicycle, you don't have to buy a bicycle. They have to come to you on price. But if you need a heart transplant, there is not a lot of negotiation. We turn that over to the profit sector and as a result we have higher costs and worse results than any country.

Mr. BROWN. I would point out when the Senator said the only country in the world—not every country in the

world has a government health care system; not that every country has, or even many of them that have successful health care systems are necessarily socialized medicine or public health care plans. But what they have, when they use private insurance in other countries, they are private but they are not-for-profit private insurance. So they don't have all the bureaucrats in this business model at the beginning keeping people from getting coverage and at the end denying payment for those plans.

The fourth myth we hear so much is related to rationing of care, the myth about rationing of care, and that is that health reform will interfere with decisions that should be between doctors and patients. That is exactly what we are saying again with private insurance now. You don't see that with Medicare.

The ACTING PRESIDENT pro tempore. The time of the majority for morning business has expired.

Mr. BROWN. I ask unanimous consent for 2 more minutes.

Mr. ALEXANDER. Reserving the right to object, I ask to add an equal amount of time, 2 minutes, to the Republican time.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. BROWN. That is the fourth myth, that health reform will interfere between doctors and patients. That is what we are seeing now. We are seeing so many cases where the doctor and the patient—the doctor puts his or her secretary or nurse on the line or the doctor herself calls the insurance company to beg them for coverage. I have heard doctors say to a patient: I will pay it out of my own pocket if I can't get this covered with the insurance company.

All these resources of the system, the patient's time, the family time, the doctor time, the doctor hiring all these people, the insurance companies hiring all these people to prevent you from getting coverage, the insurance companies hiring all these people to prevent you from getting reimbursed for your expenses—all this goes into what? It is waste. Executive salaries, profits, but certainly doesn't go into patient care.

I ask Senator WHITEHOUSE, why don't you wrap up.

Mr. WHITEHOUSE. It provides no health care value at all and it is going in the wrong direction. Insurance company administrative expense is up over 100 percent. I go to Rhode Island and I talk to doctors and community health centers, for whom 50 percent of their personnel are devoted not to providing any health care but to fighting with the insurance company. So the notion that it is the Government that will get between you and your doctor is truly the big lie. It is the insurance companies that are the ones that, day after day—a manner of their business model—get between Americans and their doctors. We are trying to cure that and we will.

I thank the Senator from Ohio. The ACTING PRESIDENT pro tempore. The Senator from Tennessee is recognized.

**HONORING ARMY SPECIALIST
FREDERICK GREENE**

Mr. ALEXANDER. Earlier today the assistant Democratic leader, who is now presiding, delivered some eloquent remarks about the murders at Fort Hood. I believe there were two soldiers from Illinois who were there. One was from Tennessee, from Mountain City, TN, which is a beautiful little part of our State, way up in the northeastern corner near Virginia. Some people have said it looks like Switzerland and that the people there talk in Elizabethan phrases and tones.

SPC Frederick Greene, according to an article in the Washington Post:

... was a Tennessee native so quiet and laid back that he earned the nickname "Silent Soldier" while stationed at Fort Hood preparing to go overseas.

He hoped to spend the months before his deployment to Afghanistan with his wife of less than 2 years. She had made arrangements to leave their home in Mountain City, TN, next week and move to Fort Hood until January, when Greene was to ship out.

Instead, [they] are planning his burial in the northeast corner of the state where he grew up.

This is what Specialist Greene's family had to say about him, and I think it speaks as eloquently about his life and service to our country as anything could. In their words:

Fred was a loved and loving son, husband and father, and often acted as the protector of his family.

Even before joining the Army, he exemplified the Army values of loyalty, duty, respect, selfless service, honor, integrity and personal courage. Many of his fellow soldiers told us he was the quiet professional of the unit, never complaining about a job, and often volunteering when needed. Our family is grateful for the thoughts and prayers from people around the country. We would like to ask for privacy during this emotional time because Fred, too, was a very private person.

We will honor the request for privacy of the family, but we will also honor Fred Greene for his service to our country.

Speaking just for myself, but I am sure most Tennesseans, most Americans, feel the same way—for 8 years now, tens of thousands of men and women from Tennessee have fought in Iraq and Afghanistan to keep terrorism from spreading here.

It is tragic enough when any one of them is wounded or killed in that fight; it is beyond belief when one of them is wounded or killed at home in a terrorist act at Fort Hood. That is hard for us to accept. But in accepting it and asking questions that we inevitably must ask about how this could have happened, we certainly can honor each of those who were killed, each of those who were wounded.

We can respect their service, and I especially want to show my respect for the family of SPC Frederick Greene and for his service.

I ask unanimous consent to have printed following the remarks I just made a brief article from the Washington Post and an article from the Johnson City, TN, Press of Tuesday, November 10.

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

[From the Washington Post, Nov. 8, 2009]

SPEC. FREDERICK GREENE, 29

Spec. Frederick Greene was a Tennessee native so quiet and laid-back that he earned the nickname "Silent Soldier" while stationed at Fort Hood preparing to go overseas.

He hoped to spend the months before his deployment to Afghanistan with his wife of less than two years. She had made arrangements to leave their home in Mountain City, Tenn., next week and move to Fort Hood until January, when Greene was to ship out.

Instead, Greene's wife and family are planning his burial in the northeast corner of the state where he grew up.

The 29-year-old enlisted in the Army six months after getting married because the military seemed like the best way forward, said Howard Nourse of Kentwood, Mich., who said he considered Greene a grandson. Rural Mountain City offered relatively few opportunities to advance, and he wanted to build a career, perhaps in engineering.

Greene's mother died when he was a boy, and he was raised by her twin sister Karen Nourse, and Karen's husband, Rob Nourse. Family members are leaning on their Christian faith as they grieve, said Howard Nourse, Rob's father. "God is still in control," he said. "Even though we don't understand why something happens, He's still in control."

[From the Johnson City (TN) Press, Nov. 10, 2009]

**LOCAL SOLDIER REMEMBERED BY COMMUNITY
(By Brian Bishop)**

One of the 13 killed during Thursday's Fort Hood attack was a local man—29-year-old Army Specialist Frederick Greene.

"Fred was a loved and loving son, husband and father and often acted as the protector of this family," Army Public Affairs Cathy Gramling said in a prepared family statement Sunday outside the Johnson City home of Greene's parents, Karen and Rob Nourse.

"Even before joining the Army, he exemplified the Army values of loyalty, duty, respect, selfless service, honor, integrity and personal courage. Many of his fellow soldiers told us he was the quiet professional of the unit, never complaining about a job given, and often volunteering when needed. Our family is grateful for the thoughts and prayers from people around the country. We would like to ask for privacy during this emotional time as Fred, too, was a very private person."

Greene's family did not participate in the news conference, opting to let the military spokeswoman read the prepared statement.

"I don't have any information about what happened during the shooting," Gramling said. "The Army and other investigators are going through that now. I will say this, regardless of Fred's actions during the shooting, he signed up to serve our country. In my mind, and I believe in the minds of the family, he's already a hero, regardless of what happened that day."

Fred's parents attend River of Life Church just down the road from their home and pastor Donnie Humphrey is making sure the family gets the full support of the church during this emotional time while ministering to the church as well.

"We're doing as much or as little as they want," Humphrey said. "In this situation, what we've got to be really careful about is smothering somebody. We want to be there for them if they need us but not be in the way. In the grieving process, there's anger, hurt and confusion. That's kind of where our congregation is too, in shock this morning because we kept this quiet. They were shocked, hurt, confused and I'm sure some folks are angry as well."

Church members and others in the community speak well of Greene, who joined the military in May 2008, and say it is a loss that will be felt for a long time to come. Those that have known Greene all his life say he was a smart man on his way up in the world.

"I've known Fred and his family his whole life and he was a very fine boy, one of the finest you ever met," family friend Glen Arney said.

"I worked with him at the A.C. Lumber and Truss Company where he worked for a number of years. He went from building trusses to being offered the job of designer, but he turned it down. He was one of those who was smarter and more well-read than he let on. Everybody who met him, loved Fred Greene."

Exact details about the shooting rampage are not known as investigators from multiple agencies are working out what transpired when officials say suspect Maj. Nidal Malik Hasan opened fire.

HEALTH CARE REFORM

Mr. ALEXANDER. We are in the middle of the health care debate. We have different points of view. I am sure people are confused by what they hear. I think that would be inevitable with a 2,000-page bill, which is the House-passed bill. That is all we have today while the Democratic majority leader writes his version of whatever we are expecting to act on, behind closed doors.

Earlier this week I talked to a woman in my home town. She expressed what I suppose many people believe. She said: I am very confused by what I hear, but I do not like what I hear. My husband lost his job. He was one of the lucky ones; he got a new job. But it only pays 60 percent of what he was earning doing the same work, and he does not have any benefits.

So, she said: I went back to work. I am a small business woman. We needed the benefits, so I went back to work.

But she said: These proposals I am hearing about do not seem to be working out the way they are supposed to. They are putting more costs on us when we buy our insurance and when, as a small business person, I have to buy insurance.

She said: I do not like what I hear.

I think she is expressing a real concern—it is a complicated bill. There is a lot of concern on both sides. We heard the other side talking about myths and reality. I see the Senator from South Dakota. It looks as though he has the 2,000-page bill with him. It is good that he is young and strong and can carry such things. His eyes are good, and he can read it. It will take a while to do that, which is why, when this bill gets to the Senate floor, we want to make sure we read the bill, we