

I thank Judge Sotomayor for her quick and complete answers to the committee's questionnaire, and for going above and beyond what is required. My review of Judge Sotomayor's record has only bolstered the strong impression she has made over the past several years. She is extraordinarily qualified to serve on the Nation's highest court. She will bring to the Supreme Court more than just her first-rate legal mind and impeccable credentials. Hers is a distinctly American story. Whether you are from the South Bronx, the south side of Chicago or South Burlington, the American Dream inspires all of us, and her life story is the American dream.

I am confident that when elevated to the highest court in the land Judge Sotomayor will continue to live up to Justice Marshall's description of the work of the judge. Justice Marshall said:

We whose profession it is to ensure that the game is played according to the rules, have an overriding professional responsibility of ensuring that the game itself is fair for all. Our citizenry expect a system of justice that not only lives up to the letter of the Constitution, but one that also abides by its spirit. They deserve the best efforts of all of us towards meeting that end. In our day-to-day work we must continue to realize that we are dealing with individuals not statistics.

It is a pretty awesome responsibility when a Justice of the Supreme Court is nominated. Most Justices will serve long after the President who nominated them is gone, long after most of the Senators who vote on that nominee are gone. We have 300 million Americans. There are only 101 Americans who get a direct say in who is going to be on the Supreme Court. First and foremost, the President of the United States, when he makes the nomination to the Supreme Court, and then the 100 Senators who either vote yes or vote no. So let's stop delegating our work to special interest groups. Let's delegate our work to ourselves. Let's do what we are paid to do. Let's do what we have been elected to do.

This is a historic nomination. It should unite the American people and unite the 100 of us in the Senate who will act on their behalf. It is a nomination that keeps faith with the words engraved in Vermont marble over the entrance of the Supreme Court: "Equal Justice Under Law."

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. KAUFMAN). The clerk will call the roll. The assistant legislative clerk proceeded to call the roll.

Mr. SANDERS. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

HEALTH CARE

Mr. SANDERS. Mr. President, I think most Americans understand that

our current health care system is disintegrating. Today, 46 million Americans have absolutely no health insurance, and even more are underinsured, with high deductibles and high copayments. At a time when 60 million people, including many with insurance, do not have access to a medical home—do not have access to a doctor of their own—close to 20,000 Americans die every single year from preventable illnesses because they do not get to a doctor when they should. This is six times the number of people who died during the tragedy of 9/11, but these deaths occur every single year.

I can vividly recall talking to physicians from Vermont—and I am sure the same is the case in Delaware and every other State in this country—who told me that patients walked into their office very sick, and they would say: Why didn't you come in here before? You are very ill. And they said: Well, I didn't have any insurance. I didn't want charity. I thought I would get better.

By the time people ended up walking in the door, their situation was so bad that the doctors lost those patients—people who should not have died. This is happening close to 20,000 times every single year in this country.

Recently, the Boston Globe had a big story—and this is in the State of Massachusetts, which supposedly has universal health care—which reported that patients with chronic illnesses, such as diabetes and heart disease, were not taking their medicines or not getting the treatments they needed because they couldn't afford the 25-percent copay. Yet Massachusetts has almost everybody covered.

So when we talk about the health care crisis, it is not just the number of people who have no health insurance, it is people who are underinsured. When you add that together, we have huge numbers of people who are not getting the medical care they need when they need it. The result is not only personal suffering, the result is that they end up going to the emergency room, costing the system far more than it should or they end up in the hospital at a highly inflated medical cost. This makes zero sense and is a manifestation of a dysfunctional health care system.

In the midst of all of this, somebody may say: Well, you have 46 million uninsured, you have more underinsured, people are dying needlessly, but at least you are not spending a lot of money. If you bought an old broken down car and you started complaining that it doesn't work well, I would say to you: Hey, what do you expect? You didn't spend a whole lot on your car.

The reality is—and this is an important point to make, because people say that Canada has problems. Canada does have problems. They say the United Kingdom has problems. Sure, they have problems. France has problems. Every country has problems. But the reality is that we are spending almost twice as much per capita on health care as any

other nation. We should be doing far better in terms of health care outcomes than every other country on Earth, and that is certainly not the case. The reality is we are spending close to \$2.7 trillion on health care, which is 18 percent of our GDP, and the skyrocketing cost of health care in America is unsustainable both from a personal point of view and a macroeconomic point of view.

At the individual level, the average American today is spending about \$7,900 per year on health care. Do you believe that? How many people do you know in Delaware who are making \$25,000, \$30,000 a year who are spending \$8,000 a person on health care? That is beyond comprehension.

Here is an important point to make. Despite this huge outlay, a recent study found that medical problems contributed to 62 percent of all bankruptcies in the year 2007. That means that this year there will be approximately 1 million Americans who are going bankrupt because of medically related problems. Stop and think: a million Americans going bankrupt because they can't pay their medical bills.

On a personal level, what does it mean? Imagine dealing with cancer, dealing with diabetes, dealing with heart disease, and at the same time having to stress out and worry about how you are going to pay the bill. I am not a doctor, but I can't help believing that it doesn't make one's recovery process any better when you are sitting around wondering whether you are going to go bankrupt. We are the only country in the entire world—the entire industrialized world—where people are worrying about having to go bankrupt because they committed the crime of getting sick. This is unacceptable, and we as a nation can and must do much better than that.

That is from the personal point of view. What about the macroeconomic point of view, the business perspective? Well, we know that large corporations, such as General Motors, for example, having so many economic problems, spends more on health care per automobile than they do on steel. That is a big corporation. We also have small businesses in the State of Vermont and around the country that are forced to divert hard-earned profits into health coverage for their employees rather than into new business investments. That is what they are faced with: Do they spend the money growing their business or do they provide health insurance to their workers?

Because of rising costs, it is no secret that many employers, many businesses, are cutting back on the level of their coverage, and passing more of the cost on to their workers. In more and more instances, you know what employers are saying? Sorry, can't do it anymore; we are not going to provide any health care coverage to the workers.

What we are looking at is a situation which is disastrous for millions of

Americans on a personal level, and disastrous for our economy, making us uncompetitive with countries all over the world that have a national health care program.

There is one other point that should be made and that we don't talk about very often. Nobody knows what the exact figure is, but there are some estimates that as many as 25 percent of American workers are staying at their jobs today. You know why they are staying at the job they are at today? It is not because they want to stay at their job. They are staying in their job because they have a good health insurance policy which covers themselves and their families.

Stop and think from an economic point of view, from a personal point of view: Does it make sense that millions of people are tied to their jobs simply because they have decent health insurance policies? What sense does that make?

It is important—and I am sorry to say we don't do this enough—to ask a very simple question: How could it be that, according to the OECD in 2006—the best statistics that we have—the United States spent \$6,700 per capita on health care—we are now spending more—Canada spent \$3,600, and France spent \$3,400? France spends about one-half of what we spend per capita, and most international observers say that the French system works better than our system. So as we plunge into health care reform, it would seem to me the very first question we should ask ourselves is: How do the French, among others, spend one-half of what we are spending and get better outcomes than we do?

In terms of how people feel about their own systems, according to a five-nation study in 2004 by the well-respected Commonwealth Fund, despite paying far more for our health care, it turns out that, based on that study, Americans were far more dissatisfied than the residents of Australia, Canada, New Zealand, and the UK about the quality of care they received. In that poll, one-third of Americans told pollsters that the U.S. health care system should be completely rebuilt—far more than the residents of other countries. Does that mean to say they do not have problems in Canada or the United Kingdom? Of course they do. Their leaders are arguing about their systems every single day. But according to these polls, more people in our own country were dissatisfied about what we are getting, despite the fact that we spend, in many cases, twice as much as what other countries are spending.

It seems to me, as the health care debate heats up—and we hope more and more Americans are involved in this debate—that we as a nation have to ask two fundamental questions. In one sense, this whole issue is enormously complicated. There are a thousand different parts to it. On the other hand, it really is not so complicated. The two

basic questions are, No. 1, should all Americans be entitled to health care as a right and not a privilege—which is the way, in fact, every other major country treats health care. Should all Americans be entitled to health care as a right, universal health care for all of our people?

That, by the way, of course, is the way we have responded for years to police protection, education and fire protection. We take it for granted that when you call 911 for police protection, the dispatcher does not say to you: What is your income? Do you have police insurance? We can't really come because you do not have the right type of insurance to call for a police car or to call for a fire truck. When your kid goes to school, we take it for granted that no one at the front desk of a public school says: Sorry, you can't come in, your family is not wealthy enough. What we have said for 100 years is that every kid in this country is entitled to primary and secondary school because they are Americans and we as a nation want them to get the education they deserve. Every other major country on Earth has said that about health care as well. Yet we have not.

I think right now and I think what the last Presidential election was all about is most Americans do believe all of us are in this together and all of us are entitled to health care as a right of being Americans.

The second question we have to ask is, if we accept that, if we assume all Americans are entitled to health care, how do you provide that health care in a cost-effective way? There are a lot of ways you can provide health care to all people. You can continue to throw money at it.

The PRESIDING OFFICER. The Senator has consumed 10 minutes.

Mr. SANDERS. I ask unanimous consent for 5 more minutes.

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

Mr. SANDERS. You can continue to throw billions and billions of dollars into a dysfunctional system. That is one way you can do it. I don't think that makes a lot of sense.

I think the evidence suggests that if we are serious about providing quality health care to every man, woman, and child in a cost-effective way, then our country must move to 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. The function of a private health insurance company is not—underline “not”—to provide health care to people, it is to make as much money as possible. In fact, every dollar of health care that is denied a patient, an American, is another dollar the company makes.

With 1,300 private insurance companies and 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, exorbitant CEO compensation packages, advertising, lobbying, and campaign contributions. Aren't we all delighted to know our health care dollars are now circulating all over the Halls of Congress, paying outrageous sums of money to lobbyists, making sure we do not do the right thing for the American people? Public programs such as Medicare and Medicaid and the Veterans' Administration are administered for far, far less than private health insurance.

Let me conclude by saying that I understand that the power of the insurance companies and the drug companies, the medical company suppliers—the medical equipment suppliers—is so significant, so powerful that we are not going to pass a single-payer, Medicare-for-all program. But at the very least, what polls overwhelmingly show is that the American people want a strong, Medicare-like public option in order to compete with the private insurance companies. That is the very least we can and must do for the American people.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. INHOFE. Mr. President, I ask unanimous consent that I be recognized as in morning business for such time as I may consume.

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

KOH NOMINATION

Mr. INHOFE. I do have a couple of comments to make concerning the remarks by my good friend from Vermont. I will do that at the conclusion of another subject I feel some passion about, and that has to do with the nomination of Harold Koh by President Obama. He is nominee for the position of Legal Adviser to the State Department.

I understand cloture has been filed on Harold Koh. I wanted to come to register my strong opposition and assure the American people that their representatives in Congress are not going to let this nominee sail through unopposed and to let them know there are some of us here in the Senate who will require full and extensive debate before this nominee receives a vote. I think in doing so you almost have to ask the question as to what ever happened to the understanding we have always had in this country as to what sovereignty really means.

As Legal Adviser to the State Department, Koh would be advising the Secretary of State on the legality of U.S. action in the international forum and interpreting and advocating for international law and treaties. The significance of this position and its effect on our sovereignty and security should not be understated. Koh is a self-proclaimed transnationalist. Adherents to this school of thought believe international law is equal to or should take