

deficit, more than \$9 trillion in new debt over the next decade, and a projected debt-to-GDP ratio of over 300 percent by 2050, we have to make sure we are doing this job right. That is what we are trying to do in the Senate Finance Committee. When we get finished, however long it takes, I hope we can send a deficit-neutral health care reform bill to President Obama that increases access, cuts costs, and puts us on a fiscally sustainable path for years to come.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Georgia.

SOTOMAYOR NOMINATION

Mr. CHAMBLISS. Mr. President, I rise this evening to speak on the nomination of Judge Sonia Sotomayor to be the next Associate Justice of the U.S. Supreme Court.

We all know elections have consequences. Because of this, I have tried to give deference to the various nominees submitted by President Obama. I have not voted for all of his nominees, but I have voted for some even though I did not necessarily believe they were the best people he might have nominated.

The case of a nominee to the Supreme Court is unique. This is not a Cabinet member who will rotate out or leave at the end of the President's term. Supreme Court Justices are there for life and decide cases that will affect present and future generations of Americans.

With this in mind, I have reviewed opinions written or concurred in by Judge Sotomayor, reviewed speeches and writings of Judge Sotomayor, talked with lawyers who practice in New York, lawyers who have tried or argued cases before Judge Sotomayor, and others who know her by reputation, and also listened to and reviewed testimony before the Judiciary Committee in her confirmation proceeding. In addition, I spent the better part of an hour in a one-on-one conversation with the judge. Certainly, she has all the education and judicial background to be confirmed as a Supreme Court Justice. Her judicial temperament is not in question. Some lawyers felt she was not qualified for the Supreme Court, and others felt she is.

Judge Sotomayor has a very compelling personal story, and being Hispanic and being female and being nominated to the U.S. Supreme Court adds more credibility to that saga of living the American dream. As Americans, we should be proud she has been nominated. But the role of the Senate is to give the President advice and consent, and we are required to go beyond the personal side of the nominee.

After reviewing the information I have collected over and over again, I have concluded that I cannot support Judge Sotomayor's nomination. My reasoning is as follows:

First, lawyers nominated to the Supreme Court should be in a class by themselves.

My only experience as a Member of the Senate with this process is with the confirmations of Chief Justice Roberts and Justice Alito. Clearly, they are lawyers who are in a premier class. Lawyers with whom I spoke who know Judge Sotomayor do not put her in that category. Even those who say she should be confirmed do so in a less than enthusiastic way.

Second, I am a strong supporter of the second amendment, and I am concerned about the reasoning of Judge Sotomayor in cases where she has considered this issue.

In *DC v. Heller*, the Supreme Court left unanswered the issue of application of the second amendment to the States. This issue is likely to be decided by the Supreme Court in the next year or so. As a member of the Second Circuit, Judge Sotomayor ruled in the negative on this issue in the *Maloney* case without an explanation, simply citing an old Supreme Court case that is not really directly on point and is certainly outdated. This is too important an issue to give it no more than a cursory review.

Third, I am concerned about the apparent leaning of Judge Sotomayor to use foreign law to interpret U.S. laws and our Constitution.

In her April 28, 2009, speech to the Puerto Rican ACLU, Judge Sotomayor said that while foreign law should not be used as a precedent, she stated it should be "considered." My question is, Why? Judge Sotomayor's answer in that same speech to that question was to align herself with Justice Ginsburg, who supports the use of foreign law and recently stated that "foreign opinions . . . can add to the story of knowledge relevant to the solution of a question." Judge Sotomayor went on to say that unless American courts are more open to ideas in foreign cases, "we are going to lose influence in the world." From an American jurisprudence standpoint, that line of thinking is certainly scary to me.

Lastly, the highly publicized *Ricci* case is very puzzling. A per curiam opinion is unusual for such a complex and precedent-setting case. No analysis for the decision is very troubling to the lawyer in me.

In my conversation with Judge Sotomayor, she stated that the Second Circuit panel was simply following precedent and if the Supreme Court reversed the Second Circuit opinion, it would be establishing a new precedent. The Supreme Court, of course, did reverse the Second Circuit and clearly stated that no precedent was being followed by the lower court.

Judge Sotomayor did not adequately explain what precedent she was talking about and, in fact, did not answer this question when directly asked the question by Senator KYL at her confirmation hearing. Being less than forthcoming in every respect is very disturbing.

Mr. President, for all of the above reasons, I will cast a "no" vote on the confirmation of Judge Sotomayor next week.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. DODD. Mr. President, I inquire, we are in morning business, am I correct?

The PRESIDING OFFICER. The Senator is correct, but we have 10-minute grants.

Mr. DODD. I appreciate that.

HEALTH CARE REFORM

Mr. DODD. Mr. President, what I have done every day over the last week or so is to take the floor to talk about health care, and I do so again this evening, with a note of some sadness. I have just been told there has now been a statement issued that there will be no markup of the Finance Committee bill next week on health care. I know Senator BAUCUS has worked hard at that. I know other members of that committee, in that effort, have been working to try to reach some understanding in all of that. I regret we will now leave here, I gather, next week, at the conclusion of the nomination process for Judge Sotomayor, for a month-long recess to our respective States, or whatever other obligations our colleagues may have. So I am saddened by that.

Let me try to find a good note in all of this—there are five congressional committees between the House of Representatives, the other body, and ourselves that have some jurisdiction over the health care debate. Three of those committees reside in the other body, the House of Representatives; that is, the Energy and Commerce Committee, the Education and Labor Committee, and the Ways and Means Committee. I am told that by tomorrow those three committees will have completed their jobs. They will have reported out a bill. There are two committees in the U.S. Senate with jurisdiction. Jurisdiction over some of the most major components of health care resides in the committee chaired by our colleague from Massachusetts, Senator KENNEDY, who is not with us, as most Americans know, because of his ongoing battle today with brain cancer. In his absence, I have been asked to act as the acting chair of that committee. Two weeks and 2 days ago, we completed our work in that committee. So the only committee remaining to do some work is the Finance Committee. So of the five committees, four, by the end of business tomorrow, will have completed their jobs.

That does not mean the work is completed. Obviously, a lot of work remains in melding these bills together to try to come up with answers to the thorny questions that remain on how we structure the health care system in our Nation to go from a sick care system, which it is today, to truly a

health care system, to deal with the issues of cost, to try to manage these issues so we bend that cost in the coming decades and beyond in a different direction than we are headed today—I will talk about that in a minute—obviously, to improve the quality of health care, which all of us care about. And while we have great quality of health care in many areas of our country, there are still numerous areas where the outcome, the overall health condition, the life expectancy of our fellow citizens, is far less than it ought to be. So accessibility, quality of care, and affordability are still the primary goals. We are all working very hard to try to reach that point.

So four out of five committees will have acted. The fifth, we hope, will achieve that result at some point here or in some manner in which we can move forward with this critical debate in our Nation.

So this evening, I want to spend a few minutes talking about where we are on a couple of these issues. I have discussed, on previous gatherings, my thoughts on aspects of the legislation. Let me share where this debate is.

There is a strong case to be made—we know the economic argument. I am going to get to that in a minute. But there is a moral case to be made as well for health care reform, and it is a very strong one.

Maybe that impresses economists or actuaries, but there is a moral obligation, it seems to me, in a nation as blessed as ours, with great resources and wealth and abundance of resources, natural and otherwise. We live in the wealthiest Nation in the history of mankind. Our generation is an inheritor of incredible work that was done by those who have come before us, who sacrificed greatly, including their very lives, to produce the kind of Nation we live in today. It has been a remarkable story for little more than two centuries, which has resulted in one of the great miracles in world history—to produce a nation where the vast majority of our population can live with financial security, with job opportunities, with the ability to raise families with security, despite what we have gone through in recent years in certain instances. Nonetheless, there is a sense of stability and security about being an American.

In many ways, we are the envy of a good part of the world. So it is important, as we think of the debate on health care, to remind ourselves what others have given to produce the kind of results that leave us with a level of lifestyle that is unmatched anywhere around the globe. In spite of that great news, we should note that also 45 million of our fellow citizens, many of whom are children, go to bed every night without health care coverage. In the wealthiest Nation in the history of mankind, nobody should be denied coverage for health care because they have some preexisting condition. What is that? That is some determination that

you had a problem, a healthcare problem, before. Therefore, that insurance company will deny you coverage because of that preexisting condition, especially when that excuse is used by so many insurance companies to avoid covering victims of domestic violence, for instance, or those suffering from the most painful of long-term illnesses—those preexisting conditions.

In the wealthiest Nation in the history of mankind, nobody should have to choose between paying their electric bill or taking a sick child to the doctor. I wish that were just in minor cases, small anecdotes. It is not. Regardless of which State we represent, every one of us represents families who, every single day, make those kinds of choices, such as paying that electric bill or cutting back on the family budget because they have to make a choice about whether they can care for that sick family member.

Nobody should have to lose their home and go into bankruptcy because their medical bills are too high. I know the Presiding Officer has heard me on previous occasions in recent times talk about the statistics. Let me repeat them quickly: 62 percent of all bankruptcies in the last several years are health care crisis related—62 to 65 percent. Of that 62 percent, 75 percent of those people had health insurance. When I first saw those numbers that 60 to 65 percent of bankruptcies are due to the health care crisis, I assumed that the overwhelming majority of people in that situation must be those without health care coverage. It pained me to learn that 75 percent of those people actually had health care coverage. Despite that, they ended up in financial ruin, having to go into bankruptcy to survive economically.

In the wealthiest Nation in the world, the one that spends far more on health care than anybody else—some \$2.5 trillion a year, and we now rank 37th in the world in medical outcomes—that is in terms of our overall condition, healthwise, as a people, life expectancy. We now have the first generation of Americans who will live shorter, less healthy lives than their parents. That has never happened before in the history of our country. Each generation of Americans has been able to improve the quality of the health care of their children. Even in that 19th century and throughout the difficulties of the 20th century, every generation did better on that score. We are about to be the first generation whose children will be less well off—not financially, although that may be the case, but in terms of their health care.

I don't know of anyone in this generation who wants to leave a legacy like that, where because we could not figure out how to deal with health care we left our children in a condition where they will have less healthy lives than we have had. I don't think any one of us—I don't care what our politics are, or where we are from—wants to be part of a generation that gets re-

ferred to in history because we could not take better care of our children.

There is a moral case for health care that I know gets dispelled by some because people don't want to take it seriously or don't want to talk about that. Let's just talk about the economics. I think, as a people, we ought to talk about it. I think it motivates us. I think all of us share that common concern that we believe in this great country of ours we ought to be able to do a better job taking care of our fellow citizenry when it comes to the basic right of being provided for when a health care crisis comes.

Today I want to make the case for reform, in addition to being the right thing to do, is also the smart thing to do, the very smart thing to do. It is the smart thing to do for our Federal deficit—and my colleague from Iowa talked about the deficit. I think he is right that we need to confront that issue. Six months ago, an American President assumed office—how quickly we forget—having inherited the largest deficit accumulated not just by any President but by every previous President combined. That is a remarkable track record. It is one thing to have a larger deficit than your predecessor, but over the previous 8 years the administration that just left town, and the Congresses that supported them, accumulated a deficit in 8 years that exceeded the deficits accumulated by all previous 42 Presidents in our American history.

All of a sudden, President Obama arrives in town on January 20 and he gets handed this “gift” from the previous administration: a mountain of accumulated debt. All of a sudden, now this is the big issue we hear about. Where were those voices over the past 8 years as that debt accumulated day after day? All of a sudden they want to lay this at the doorstep of a new President arriving in town.

If they are concerned about it—and I believe my colleagues are—then one certain way to add to it is to do nothing about health care. Let's just leave town for another month, without having addressed this issue in any concrete and thoughtful manner because, clearly, if we do that, the amount of deficit this country will accumulate—Mr. President, we spend 16 cents of every dollar on health care today. I don't know of a single expert who would tell us that by 2040 we will be spending as much as 30 to 40 cents out of every dollar on health care if we do nothing, with inaction, if the status quo dominates. There is a danger of that. We are all painfully aware of that.

The bill that passed our committee 2 weeks and 2 days ago—by the way, it took a long time, 5 weeks. We had 23 sessions and went through some 60 hours—it was 4 weeks from start to finish, actually, almost 60 hours, 23 sessions, on 13 days. We actually considered 287 amendments over that month-long process day in and day out. We accepted 161 amendments offered by our

friends on the Republican side. Many were technical and many were substantive amendments.

So we went through a long process and considered it at length, with long debates, with 23 of us, one-quarter of the Senate, sitting on the committee chaired by Senator KENNEDY to consider various ideas within our jurisdiction.

Under that bill we established a very large and robust marketplace where small business owners can go to comparison shop for various health care packages for their employees or themselves. Our bill is the smart thing to do for businesses which often today find themselves choosing between reducing coverage for their employees or laying off workers because they cannot afford to provide it.

In our bill—the one we passed—if our bill would be adopted, as I believe it will be, no longer will small businesses in our country be forced to act as health insurance experts. No longer would they be denied affordable insurance options. No longer would small businesses be discriminated against because they employ someone with a pre-existing condition or one who suffers a sudden unexpected health crisis, thus driving up the premiums for every employee, either making it too costly or making it impossible to provide them coverage.

In our bill we passed not only do we give small businesses somewhere to turn for insurance options, we give them the financial assistance to pay for it—\$1,000 for individuals and \$2,000 for families. Every small business could get that to assist them in that very business of trying to provide for their families.

That has been in our bill. It is written in there. If we can pass that bill, I am confident the other body would adopt it.

We give employers a healthier, more productive workforce. I point out in many parts of our country employers only have one choice or two choices for health care coverage for their employees. That is all that exists for them, and they want to shop to find out what is available. Under our marketplace in the bill, they would have a wide range of options to choose from of private carriers offering different packages and different levels of cost, allowing the employer to shop on behalf of their employees, and we give them the credit to make it available, financially, to do so. Our bill does more than anything else—certainly, when it comes to small businesses.

Importantly, for those employers who are happy, as many are, with the insurance they have—maybe they are a large employer who has invested heavily in prevention, or they have negotiated low prices and a wide network of providers as exists in some parts of our country. Under our bill nothing changes for them. They can keep the insurance as long as they choose to renew it. That is their business. We change none of that.

If you like what you have, you keep that. If you are a smaller employer and you want to change that and you want better plans, we provide the credits to do so and the option for you to have more choices.

Most of all, we believe reform is the smart thing to do for the American consumer, for those employers and employees. Some of our fellow citizens are getting a good deal when it comes to their insurance. They like the doctor they have, they like the hospital they go to when they need one, and they like the insurance plan they have. They don't want anything about their health care to change. They should not have to worry about that. Our bill protects that. If you like your doctor, your hospital, and your health care coverage, you can keep that, just as that business who wants the plan they have, they can keep that under our bill, which we wrote 2 weeks and 2 days ago—the 900 pages we worked on for almost 5 weeks and on which we considered 300 amendments.

Some of our colleagues have tried to scare our fellow Americans into believing our bill would force change upon them. That is just not true. That is a falsehood. It is being dishonest with the American people. The bill that was crafted in the HELP committee won't make anyone change their doctor or their insurance plan. If they like what they have, they get to keep it. The only change they may see is that there may be more money back in their pocket as a result of what we provided in the options available to people to make better choices at lower costs.

Here is what our opponents won't tell you: If we don't take action—if it is just the status quo and we go back to our States and walk away from all of this and never deal with this issue, you may very well lose the ability to see the doctor you like. That is at risk with inaction. If we don't take action, you may lose that good insurance plan you have. If we don't take action, you may well find yourself unable to get the kind of care you need when you need it.

If we don't take action in the Congress, families with insurance will continue to pay that hidden tax of \$1,100 that the average family pays every single year to cover the costs of the uninsured who show up at hospitals.

In our country, you will get care. If you walk into the emergency room, we take care of you. But there is a cost for doing so. The cost is, on average, \$1,100 per family a year. That is the tax we pay today because of the failure to provide the kind of plans we adopted in our bill. So that cost falls on families.

Further, Mr. President, if we don't take action, premiums will continue to rise faster than wages. If you don't believe me, look what happened to my State of Connecticut a few weeks ago when an insurance company proposed to raise their rates by 32 percent. I wish that were uncommon. The rates in my States in the last 6 years have

gone up 45, 46 percent, and since 1996 in the country, they have gone up 86 percent, vastly outstripping the rate of inflation, with no end in sight.

For those who say we can wait, we don't need to do this now, we ought to postpone all this, it is not necessary, we ought to deal with the deficit or other issues, then consider what is going to happen if we don't move and if we don't come together and get this job done. On every one of these issues, if we don't take action, no matter how secure you may feel today, you may lose that insurance, you may lose that coverage, you may find yourself unable to go to that doctor or hospital you believe you would like to and you continue to pay a rising cost in premiums to cover the uninsured.

Mr. President, 2 weeks and 2 days ago, since our committee acted, 210,000 of our fellow citizens have lost health care coverage. These are people who had insurance 2 weeks ago. Every single day we delay taking action on legislation, 14,000 of our fellow citizens lose health care coverage—every day. So since 2 weeks and 2 days ago, 210,000 of our fellow citizens lost their health care coverage, and we are about to leave for another month. Do the math on a daily basis.

While we as Members of this body go back to our respective States, we have our health care coverage, we have very good health care coverage—very good health care coverage. None of us have to worry about that as we go back and walk away, unfortunately, from a set of issues with which we should be grappling. But we can do so with the assurance, the certainty, and the stability as elected officials in this body that if something happens to any one of us, we are going to be fine because we have great health care coverage. But, unfortunately, for 210,000 of our fellow citizens in the last 2 weeks, that is not the case.

Imagine tonight that you are one of those 210,000 and you wake up in the middle of the night because your child is very sick and you rush them to the hospital, or a spouse or loved one who needs that kind of care because of an accident. These things happen with the least predictability. Every one of us knows what happens. We have all had it happen to us with a child, a spouse, where all of a sudden there is a tragedy, an accident, an injury, there is an illness, and all of a sudden we need that coverage to protect us. Tonight there are 210,000 more people since 2 weeks ago who are in that free-fall hoping that nothing happens until they get back on their feet again, maybe get that new job, find that insurance company that will cover them and provide those benefits.

Imagine yourself being in that spot—think about that—that lack of stability, that lack of certainty, that lack of comfort knowing that if something happens to my family, I cannot help them.

I hope we can get them back on their feet again. I hope they get to see a

good doctor, and they will have the drugs they need or care they need to restore their health. But you never get to that question if you cannot even approach it because you don't have the coverage any longer to pay for it.

Those 14,000 a day are going to continue to mount up under the present circumstances. I am disappointed, to put it mildly, that we find ourselves leaving here without continuing to do work. Not that we are going to solve all the problems in the week before we leave, and no one, of course, argues that we shouldn't do this right and we shouldn't be careful to make sure we are doing it right. It is a silly argument to suggest there are people here who don't care about crafting responsible legislation. I will not accept the argument it is too hard and that is the reason we cannot get it done. That is why reforming our health care system is so important, for all those reasons.

Even if you are satisfied with your personal health care situation, you ought not have too much comfort and believe it will be there when you may need it the most.

The bill we passed provides stability so that care that is available to you stays available day after day and provides cost savings that you will see in your family budget. Our bill eliminates entirely the annual and lifetime caps on benefits. So even if you suddenly develop a serious illness or get into a bad accident, you will be able to get the treatment you need, and it does put limits on how much money out of your income you could be forced to spend on insurance.

Today there are no limits. Our bill provides those limits so your expenses will never be more than you can afford to pay.

Our bill we passed prohibits insurance companies from discriminating against people with preexisting conditions. That is gone forever in our bill. That argument about preexisting conditions is absolutely gone. If we do nothing, it is still there, and so that certainty you think you have is not certain at all with preexisting conditions that exist today. Our bill eliminates those.

You don't have to stay in a job just because you have an illness that would keep you from getting coverage elsewhere. I cannot tell you how many stories I have heard about that, where people have miserable jobs with miserable pay, but they don't dare leave it because they know if they do and they have a preexisting condition, they will be denied the kind of coverage they need to have.

Our legislation also prohibits insurance companies from changing or dropping coverage or refusing to renew it if you get sick. It mandates that these companies cover the things that will help you stay well, such as mammograms or annual checkups, at no additional charge to you as a patient.

The truth is that too many Americans are getting a bad deal, even those

who are operating with a comfort that they believe that what they have will be there whenever they need it, and the ones who are getting a good deal might not be able to keep it unless we take action to provide the kind of stability people are looking for.

Even those who somehow are able to ignore the urgent moral imperative of reform I think should support the legislation we crafted simply because it is a better deal for American consumers, and it is the smart thing to do.

It has now been, as I said, more than 2 weeks since our HELP Committee passed its legislation. It is a good bill. It is not a perfect bill, and more work needs to be done. All of us acknowledge that. But it is one that I think every Member of this body can get behind. Every single member of that committee, all 23 of us, every single member added contributions to the original draft. Every Democrat, every Republican added amendments that were adopted to our bill.

By the end of this week, as I pointed out earlier, four of the five committees with health reform bills will have completed their work. I know the Finance Committee, as I said earlier, is working hard to produce a bill as well. When their work is complete, I look forward to sitting down with them to merge our efforts, which is clearly going to happen. We are going to merge our efforts. We are going to take what we have done and merge it with what the Finance Committee has done. So the Senate will have two committees on equal footing dealing with health care issues. I know the leaders guaranteed that, the President has spoken about it, and I am sure my colleagues will support that effort.

I heard some of my colleagues mention that now is not the time to plow ahead. I disagree. I can't think of a more urgent issue for all the reasons I mentioned this evening and how important it is. I said it may not be as much an urgency for those of us with the stability and certainty of our own health care policies, but for so many of the people we represent—those who are uninsured or underinsured—they have a right to insist we do the job, face the difficult questions, and have the courage to lead on this issue, to be leaders. That is what we are asked to be when people chose us to represent them.

I know it is the case in my own State, as it is across the country. A lot of the choices we have to make are tough ones and hard to explain, in some cases, because they will involve the shared responsibility that all Americans must be involved in if this is going to work. That is why we get sent here. Occasionally, there are matters that require us to stand and make tough choices. We are at such a moment. For us to do less, to walk away from this, I think, will be one of the great tragedies of our time.

I regret we will not be working on this legislation in the coming weeks, although we will in our own way—our

staffs will be working and we will be back in our respective States listening to our constituents. I hope when we come back in September, we will have a renewed sense of purpose and get the job done. We have a President who cares about this deeply. We have Members of both bodies who were elected and ran on this issue of reforming our health care system. Major industries, the insurance industry, the providers, the doctors, nurses, the pharmaceutical industry, all today are on the side of getting something done. There are disagreements on how to do this, but wonderful people in public and outside public life are committed to this. It is different than it was 14 years ago. We ought to be able to take advantage of that new alignment, if you will, and get this job done.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Ohio.

MR. BROWN. Mr. President, I appreciate the opportunity to speak after Chairman DODD, who has probably, more than anybody else this year, led the health care effort. As he pointed out, in our committee, it was the longest markup of any bill I have ever seen in my years in the House and Senate.

I spoke today to a Washington Post reporter who said she had never seen a markup so thorough. We faced 160 Republican amendments, either passed or accepted, many of them substantive, some of them not but certainly a major bipartisan effort. In the HELP Committee, we went over it section by section. This is a very good work product.

We are joined by three committees in the House of Representatives—the Ways and Means Committee and the Education and Labor Committee, which have already completed their work on a similar bill, and another committee is working on it tonight, the Energy and Commerce Committee, a committee on which I sat in my years in the House of Representatives.

All four of these bills are similar. They all protect what works in our health care system, and they fix what is broken. They all provide that, if you are happy with your insurance, you can keep what you have. But in addition, your premium is much more likely to stabilize because, as Chairman DODD said, you are no longer subsidizing to the tune of \$1,100, \$1,200 a year uncompensated care for others. You are paying for your health insurance, but others in society will be paying for their own health insurance rather than what is called cross-subsidies. This legislation obviously covers millions of Americans who are not insured.

All that aside for a moment, I have come to the floor to read letters from people, which I have done every day for the last several days and will continue. We use words such as “market exclusivity, gateway, exchange, cross-subsidies,” and all these kinds of terms. When it gets right down to it, it is how this affects people individually in our country and our State. Whether they

are in West Haven or Hartford, whether they are in New London, CT, or New London, OH, people are hurting, and these are some letters from constituents I have received.

I would like to share five, six letters with my colleagues and with the Presiding Officer.

Diana from Seneca County in Ohio writes:

I am a middle-aged widow who returned to college. Next month, I will graduate. I have no health insurance and have been seeking employment for a year. Please help the good citizens of Ohio get health care, many of whom have found themselves in a terrible predicament through no fault of their own. Please help me help myself.

This is an example of people working hard, doing the right thing. Chairman DODD said 14,000 Americans lose their health insurance every day now, and people such as Diana from the Tiffin area in northwest Ohio cannot get ahead of the game, cannot get ahead of the curve, cannot get insurance, has not found a job. In economic times such as these, there are an awful lot of people similar to Diana from Seneca County. That is why it is so important we pass legislation when we come back in September.

Ian from Franklin County—that is central Ohio, the Columbus area:

I am a 31 year old without health insurance. I have a 4-year degree but work part time. I have no sick days, no vacation days, or personal days. I'm sick and tired of being scared of getting sick. . . . Health care should be based on need rather than ability to pay. Enough.

Just think of how many people in this country live that way. They think about being sick. They think: What happens if I am sick? I am barely making a living. I know if I get sick, I will have to choose between my medical bills and paying my rent or choose between my medicine or sufficiently heating my home in the winter.

Those kinds of choices are very real choices to hundreds of thousands—more than that—Americans every single day.

Lee from Cuyahoga County writes:

I have worked in health insurance in some form or another since 1973. I know Medicare and Medicaid as well as private health insurance. I have seen health insurance from just about all angles and could probably write a book on it. Many times I have told potential clients that “shopping around for health insurance is like going to a casino and betting against the house—where the house is making up the rules, changing the rules, and not letting you know that the rules have been changed.”

This is an expert who made his living by dealing with health care issues. He knows what happens with insurance companies. That is why we did consumer protection in this legislation—no more preexisting conditions, no more dropping coverage indiscriminately, no more caps on coverage, no more gaming the community rating system, no more discrimination. That is what this legislation is all about.

If you have insurance and you like what you have, you can keep it. Absolu-

tely our bill guarantees that. But you also will have these consumer protections because plenty of people who are satisfied with their insurance get sick and find their insurance has been canceled. No more of that under this legislation.

Susan from central Ohio, from Franklin County, writes:

I am in my mid-50s and have been unemployed for over a year, looking for a new job the entire time. Living without health insurance at this point in my life is terrifying.

I am 56. This woman is in her midfifties. She has been unemployed for a year. She is living without health insurance. It sounds like she is healthy but always thinking about it, always scared.

My father was a physician in private practice in Columbus from the 1950s through the 1980s, in the days when the physicians made the diagnoses and the health care providers trusted them to do so. Please fix the health care system, and make it possible for everyone to have access to good medical care.

Susan is somebody who understands the health care system from within. She is the daughter of a physician and understands, in her words:

. . . living without health insurance at this point in my life is terrifying.

Think about that. With all the worries someone has when they are in their mid-fifties and thinking about what happens if they get sick.

Libby, also from Franklin County, says:

I need a follow-up CT scan for kidney cancer, but I can't afford the co-pay. I have to take early retirement, but can't wait 2 years for disability. I hope having to wait doesn't kill me, but I am one of many. Please fix our broken health care system.

We hear stories every day about health care denied and health care delayed—which really is health care denied—and what happens to people when they have to delay. Libby, from this letter, sounds to me as if she is hoping, hoping, hoping that we can move quickly so she can get insurance and can have the follow-up CT Scan for her kidney cancer.

Claudia, from Franklin County in central Ohio, says:

My husband and I have owned our own successful business for 21 years. Our health insurance costs have escalated to the point where we barely can pay the bill and our coverage is truly awful. With a \$5,000 deductible per person, we are insuring against catastrophic illness only. Little money is available for regular checkups, recommended annual tests, or dental care. I never thought we would be in this position and there is no relief in sight. Many self-employed people are now discontinuing health care because of the cost. We need help.

Claudia and her husband are like small business owners all over this country—people who are self-employed, who have maybe 5 to 10 employees. They can no longer afford health insurance, particularly if they are a business of 30, 40 or 50 people and 2 or 3 of those employees get very sick and they need Remicade or they need Percocet or one of those biologic drugs that cost

\$10,000, \$20,000, sometimes \$50,000 or even \$100,000 a year. What happens to that small business, if they have 20 or 30 employees and a couple of those employees end up with drug costs of \$50,000 or \$100,000 a year? That may cause the employer to have to cancel their insurance because the insurance premiums go so high as a result of three or four or five sick people.

This legislation, as Chairman DODD points out, has specific provisions to help small business. It lets them go to the health exchange so they can spread out their costs among the larger numbers of people than the small employers of 10, 15 or 20 people—or in the case of self-employed people such as Claudia from Columbus and her husband—who simply don't have any chance of getting insurance. They know people with insurance in small businesses will no longer have to pay the cost of the uninsured—the extra \$1,100, \$1,200 a year they have to pay. They will get additional tax credits so they can insure themselves and insure their employees.

Almost every employer I know wants to insure their employees. They want to insure their employees. So many simply can't afford it. This bill will make a difference for small business. It will make a difference with the consumer protections that will help those people who are happy with their insurance but are always anxious about perhaps their insurance being canceled or caps being put on their insurance or all of those issues that happen to people.

That is why this legislation is so important. That is what is reflected in these letters from individual people, whether they are from Zanesville or Mansfield or Urbana or Youngstown. People all over my State are hurting. People all over this country are hurting. People in the State of the Presiding Officer—in Boulder, in Denver. Anywhere in Colorado or in Connecticut we know these problems are every bit as severe as they are in my State. That is why we need to take action.

We have 14,000 Americans every day losing health insurance, and I am hearing from a lot of them. I am hearing from people who are looking for work and can't find work and can't find insurance. It is time we move forward.

Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. BENNET). The Senator from Connecticut.

Mr. DODD. Mr. President, I thank my colleague from Ohio. He has been a member of our committee, and as I mentioned earlier, he has done a tremendous job, as others have as well. SHERROD BROWN brings a wealth of experience. He has been dealing with these issues, obviously, in the other body.

And I think in talking about real people with these issues, there is a tendency of all of us to kind of discuss these matters from about 30,000 feet, using the language we are familiar with to describe what is going on, and too often I think for people across the country, they wonder if anybody is

talking about them. I think by reading letters from citizens in Ohio and what they are wrestling with every day, it brings this back down to a level that we need to think of more often when we debate these issues, and that is that every single day, of those 14,000 people who are losing their health insurance, there are many who do confront a health care crisis and lack the ability to respond to it other than showing up in an emergency room or hoping there will be free health care for them because they do not have the capacity to pay for it.

So I appreciate tremendously Senator BROWN's contribution, not only during those long days we spent day in and day out crafting the legislation that is now before us, but now, when we need to do more talking about what is in that bill. Because from a small business perspective, as well as the insured, the prevention, the quality of care, or workforce issues, they are all very significant contributions to our debate.

The Class Act, which allows individual people, at no government expense, to contribute to their own long-term care needs is one of the most innovative and creative ideas in our bill. That will provide not only substantial resources, but the ability of people to lead independent lives who have disabilities under what might otherwise force them to live under more expensive care or tapping into Medicare. In fact, the projections under the Congressional Budget Office is that we have saved \$2 billion in Medicare costs just by having the Class Act—that is the long-term care provisions in the bill.

I invite all my colleagues to read the bill and to go to the briefings. I spent a little more than an hour today with my colleague from California, DIANNE FEINSTEIN, who requested that I come by with staff, with her staff, and go through the various sections of the bill and how it would work; how it would affect people in their State; how these various provisions would work.

I don't want to speak for her, but I think she was pleased to hear what we had done. Obviously, there is more to be done out of the Finance Committee, and I don't have answers for that because there is no bill out of the Finance Committee as yet, but on the part of the effort we have made, as our Members and colleagues look at what we have done, I think they will be pleasantly pleased about the efforts we have made to assist the insured with preexisting conditions, the caps, as I have mentioned, the credits we provide to small businesses to allow them to make that health care insurance available to their employees—as many would like to be able to do—at a cost they can afford, without crippling them because one employee ends up with a serious health condition thus raising the cost of every other employee and the cost of overall health care. That is gone as a result of what we have written in our legislation.

So I urge my colleagues to read the bill, to talk with us, to raise the questions you have, particularly over these weeks between now and the time we come back. I think you will again be pleased at the effort our colleagues have made to vastly improve the status quo and, I think, contribute significantly to where we need to be going with regard to health care reform.

So I am very grateful to Senator SHERROD BROWN of Ohio for his contribution.

Mr. President, I yield the floor.

HONORING OUR ARMED FORCES

LIEUTENANT BRIAN N. BRADSHAW

Mr. CHAMBLISS. Mr. President, I rise today to honor the life and selfless commitment of LT Brian N. Bradshaw to the U.S. Army and to our Nation.

Lieutenant Bradshaw died as a result of an improvised explosive device on June 25 in Kheyl, Afghanistan. He was 24 years old.

Coincidentally, Lieutenant Bradshaw's life was taken the same day that pop star Michael Jackson died. A Google News search reveals that the number of news stories in the past month filed about Michael Jackson is 142,929, the number filed about Lieutenant Bradshaw? Twenty-six.

It is time the American people know a bit more about this young man who sacrificed for his country his life, his family, and all his potential, giving up all he had and all he was going to be.

In his youth, Lieutenant Bradshaw served his community in Steilacoom, WA, as a search-and-rescue volunteer, as an altar boy, and as a summer camp counselor. Family and friends describe him as a man with "a wry sense of humor" and a deep love for American history.

He graduated from Pacific Lutheran University in the spring of 2007 and joined the Army and began service in Afghanistan in March of 2009. As a member of the U.S. Army, Lieutenant Bradshaw served in the 1st Battalion, 501st Parachute Infantry Regiment, 4th Airborne Brigade Combat Team, 25th Infantry Division, and was stationed at Fort Richardson, AK.

Described as a man who found more meaning in actions than words, it is no surprise that Lieutenant Bradshaw found meaning in his service in Operation Enduring Freedom. In the course of his deployment, he sought to help the less fortunate people of Afghanistan and to improve life for the children there, frequently writing home for packages of gifts to give to local children.

Lieutenant Bradshaw found his voice in the honor and patriotism of the Army. With a father who is a retired National Guard helicopter pilot and a mother who is a retired Army nurse, Lieutenant Bradshaw was a man with the military in his blood.

Thus, it is only fitting the transfer of his remains on June 25 to Bagram Air Force Base was carried out in a cere-

mony of honor and patriotism that typifies the ideals of the U.S. Armed Forces.

Sent to retrieve Lieutenant Bradshaw's body were members of the Air National Guard from my home State of Georgia. On their sad mission, they landed their C-130 using night-vision goggles in blackout conditions. What appeared to be hundreds of his fellow soldiers in his company stood in formation in the dark as Lieutenant Bradshaw's body was carried aboard the plane.

In a letter to Lieutenant Bradshaw's family, CPT James Adair and MSG Paul Riley of the Georgia Air National Guard, who were present at the ceremony, described the experience:

Everyone we talked to spoke well of him—his character, his accomplishments and how well they liked him. Before closing up the back of the aircraft, one of Brian's men, with tears running down his face, said, "That's my platoon leader, please take care of him."

The world may have been occupied with other things, the media with other stories. But for one brief moment, the war stopped to honor LT Brian Bradshaw.

Mr. President, it is my honor and privilege today to pay tribute to Lieutenant Bradshaw, who illustrates the commitment to excellence, honor, and courage that exemplifies our Nation. It is thanks to citizens such as him that America has been and will continue to be a great and free Nation.

HEALTH CARE REFORM

Mr. REID. Mr. President, we have come so very far.

But there are some who think we should scrap everything we have accomplished and go back to square one. The truth is that throwing out all the great work we have done until now would be a terrible waste of time, energy and hard work.

There are some who do not think now is the right time to reform health care. In reality, for many who feel that way, there will never be a good time to reform health care.

It is easy to talk only about the part of the road we have yet to cover. As any parent knows, for some, the only question is, "Are we there yet?"

But it would be a mistake not to also acknowledge and appreciate the great distance we have traveled.

For generations, we have been working to fix our broken health care system. This has been the No. 1 issue on our agenda for a long time now. Throughout this year alone, we have explored numerous proposals in numerous bipartisan roundtables, committee hearings and constituent meetings.

Harry Truman recognized long ago that we must do more to make it easier to live a healthy life in America. Shortly after the Second World War, he lamented the fact that millions of our own lack "a full measure of opportunity to achieve and enjoy good health." He knew it was wrong that