

In 1985, when Rotary launched its eradication program, there were an estimated 350,000 new cases of polio in 125 countries. Last year, 1,263 cases were reported. More than one million Rotary members have volunteered their time or donated money to immunize two billion children in 122 countries. In 1988, Rotary money and its example were the catalyst for a global eradication drive joined by the World Health Organization, Unicef and the U.S. Centers for Disease Control. In 2000 Rotary teamed up with the United Nations Foundation to raise \$100 million in private money for the program. By the time the world is certified as polio-free—probably in 2008—Rotary will have contributed \$600 million to its eradication effort.

An economist of our acquaintance calls Rotary's effort the most successful private health-care initiative ever. A vaccine-company CEO recently volunteered to us that the work of Rotary and the Gates Foundation, both private groups, has been more effective than any government in promoting vaccines to save lives. It's become fashionable in some quarters to deride civic volunteerism, but Rotary's unsung polio effort deserves the Nobel Peace Prize.

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

CONCLUSION OF MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, morning business is closed.

EMERGENCY SUPPLEMENTAL APPROPRIATIONS ACT, 2005

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will resume consideration of H.R. 1268, which the clerk will report.

The assistant legislative clerk read as follows:

A bill (H.R. 1268) making emergency supplemental appropriations for the fiscal year ending September 30, 2005, to establish and rapidly implement regulations for State driver's license and identification document security standards, to prevent terrorists from abusing the asylum laws of the United States, to unify terrorism-related grounds for inadmissibility and removal, to ensure expeditious construction of the San Diego border fence, and for other purposes.

The PRESIDING OFFICER (Mr. SUNUNU). The Senator from Arizona.

Mr. KYL. Mr. President, as was just indicated, we are now back on the supplemental appropriations bill, which is critical to the funding of our effort to continue our activities in Iraq and Afghanistan and elsewhere around the world.

One of the reasons Senator CORNYN and I want to speak for a few minutes this morning is to make the point that we very much hope our colleagues will join with us in ensuring the quick passage of this bill so we can get on with that effort and then move to other business.

There has been a suggestion that amendments might be offered to the bill that do not relate to the funding of the war effort. For example, some of our colleagues have talked about offering amendments that relate to the subject of immigration. Now, that subject

is one we are going to have to debate this year, and we are going to have to consider legislation very seriously later on this year, but our view is that it would be inappropriate to consider that legislation in the context of this supplemental appropriations bill.

We are aware of the fact there was a provision in the House bill that related to driver's license standards and asylum, but those are matters that relate more to terrorist activities than our immigration laws, as they pertain to illegal immigration. Therefore, our view is that we would refrain from offering amendments of that kind and would hope our colleagues would as well.

We would hope, by indicating what we plan to do, that our colleagues would appreciate our commitment—that is to say, Senator CORNYN and myself—to seeing that the issue of illegal immigration generally and immigration reform specifically will, in fact, be considered by the Senate a little bit later on this year.

It is our intention to introduce legislation and to work through the amendment process, perhaps before that, to ensure that we are doing everything we can in the Congress to ensure our borders are secure, that we have adequate law enforcement both at the borders and in the interior of the country, and that we, therefore, create the precondition for the consideration of immigration reform, which is that we do have a commitment to enforce the law and abide by the rule of law in this country.

There is one thing I think almost everybody interested in the immigration debate will agree on, and that is that we have a broken legal system right now. Employers pretend they are not employing illegal immigrants, but they know they are, and they have documents the Government has called for. The Government pretends to enforce the law, but it knows the documents, in many cases, are counterfeit.

The industry will very candidly tell you they do not know what they would do without the illegal employment they have today. So they are putting pressure on some of our Members to come forward with legislation to create a legal regime for these employees and, indeed, there should be.

We should get to the point where nobody in this country hires illegal immigrants anymore. To do that, we are going to have to demonstrate a couple things. The first is that we are committed to enforcing such a law, because our constituents rightly tell us: Why should we consider immigration reform—temporary worker reform, for example—if we don't think it is going to be enforced? You are not enforcing the law today. What makes us think you are going to enforce the law in the future?

It is a good question. We have to be able to answer that question in the affirmative and say we are committed to enforcing the law. It begins with en-

forcement at the border, and it goes right on through with the rest of the law that makes it illegal to hire illegal immigrants. Those laws do need to be adequately enforced.

If we could commit ourselves to do that, then I believe we could lay the foundation for successfully getting legislation to provide some kind of guest worker or temporary worker program that will both liberalize the ability of employers to bring legal immigrants into this country to work for them on a temporary basis and also deal with the 10 to 15 million—nobody knows exactly how many for sure—illegal immigrants who exist in the country today. Many of those people work hard. They come to work here. They intend only to send money back to their relatives in Central America or Mexico or wherever they came from. Many of them are, indeed, needed in our workforce. But we cannot condone a situation in which they are working illegally. So we have to come up with a structure that would permit us to take advantage of their desire to work here, but to do so in a legal construct and not to reward them with any kind of amnesty.

The specifics of doing that have been discussed a little bit by the President of the United States, who laid out some principles for a guest worker program, as he calls it. What Senator CORNYN and I are here to talk about today is the fact that we are working on legislation to try to embody many of the principles the President has laid out to create a legal mechanism by which we can meet our workforce needs in this country but to do so all within the rule of law, where the law will be strictly enforced, there will be no more hiring of illegal immigrants, and therefore we remove the magnet which currently exists which draws illegal immigrants into our country because they can be employed easily.

So we remove that magnet, but we do so in a way that does not reward the lawbreakers, the people who come here illegally and use illegal documentation to obtain employment and, in many cases, are creating a drain on society, and ensure they are not rewarded for their illegal behavior by amnesty, which I think most people would agree, at a minimum, means they would not be granted a path to citizenship or be able to chain migrate their family into the country ahead of those who want to do so legally; meaning, specifically, that, of course, anyone who wanted to do that could get in line in their country of origin with a worker sponsor for legal, permanent residency or green card status. If they acquired that status, then there are other things that flow from that, such as the ability to apply for citizenship. But that should only come as a result of going home, being there, and getting in line with everybody else. It certainly should not be granted to people who came here illegally and would be permitted to stay here while that status was pending. That is the kind of thing we mean by saying no amnesty.

But at the end of the day, I think President Bush is right, that we have to come to grips with this problem. We have to find a way, as he said, to match willing workers with willing employers but to do so strictly in the confines of a legal regime. What Senator CORNYN and I have been working on for several weeks now is a bill we hope would embody many of those principles. It is not going to track exactly what the President has proposed. I would also say the President has not gotten real specific about several areas, and we are going to have to fill in a lot of those blanks.

We will talk to our colleagues, and we will talk to the various groups that are involved in this issue to see what their ideas are about how best to make this work. But the bottom line so far as we are concerned is, if we do this, we have to be able to commit to the American people that since we now have a legal and relatively easy mechanism for filling the workforce needs here in our country, we are not going to condone any illegal employment in this country. If we establish that principle, we then help to remove that magnet which is drawing so many illegal immigrants to the United States.

Just to conclude with this point. I mentioned the fact we would be introducing legislation, which we intend to do. But there are also opportunities for us to demonstrate this commitment to enforcing the law. Let me mention a few of those. In whatever way we can accomplish this, whether it be before the introduction of such legislation or in conjunction therewith, we intend to move forward.

The intelligence reform bill of last year authorized 2,000 new Border Patrol agents each year for 5 years, but we do not have enough money in the budget for any more than about a tenth of that number.

Currently, there are about 11,000 Border Patrol agents. A pre-9/11 study conducted by the University of Texas said we needed at least 16,000 Border Patrol agents on our southern border alone in order to secure the border. So we clearly have to fund the addition of more Border Patrol agents. Authorized in the intelligence bill as well were 800 additional Immigration and Customs Enforcement investigators, again for a 5-year period, an additional 800 Customs/Border Protection inspectors at our Nation's ports, 8,000 new detention bed spaces, and some other requirements that all follow if we are going to enforce the law.

We need to fund these programs to demonstrate our commitment to the law. We also need to reimburse the States for their incarceration of illegal immigrants in prisons. The so-called SCAAP funding accomplishes that. It is the State Criminal Alien Assistance Program. But there was not any money in the budget this year, and it needs to be at least \$750 million. We need to do some other work to ensure that States do not bear the costs of the Federal Government's failure to enforce the Federal law.

There are a lot of things that have to be done. The point we are making is, one, this is complicated. It is big. It has to be done. It should not be attempted on a bill which we have to get passed quickly to ensure funding for our troops in Iraq and Afghanistan and elsewhere. This is a debate we can have in the future, and I am assuring our colleagues we are moving the process forward. I chair the Terrorism and Homeland Security Subcommittee of the Judiciary Committee. My colleague, JOHN CORNYN, chairs the Immigration Subcommittee. We intend to try to move this legislation through the Judiciary Committee as a matter of regular order as soon as we can get our legislation complete.

My colleague from Texas wants to make a presentation regarding this same subject.

The PRESIDING OFFICER. Who seeks time?

The Senator from Texas.

Mr. CORNYN. Mr. President, I want to follow on the comments of Senator KYL because we are working together on this important legislation, what we hope and expect will be comprehensive immigration reform. The message both of us would like to convey is that this is a complex topic. It can't be accomplished this week, especially not on supplemental appropriations designed to make sure our troops have the equipment and resources they need to fight the global war on terrorism.

Let me give a little background to explain my perspective. It tracks closely with what Senator KYL has already said.

Our Nation's immigration system is badly broken. It leaves our borders unprotected, threatens our national security, and makes a mockery of the rule of law. We have failed to enforce our laws and to protect our borders for far too long through years of neglect. In a post-9/11 world, we simply cannot tolerate this situation any longer. National security demands a comprehensive solution to our immigration problem.

Senator KYL and I have determined that we would work together. We have a particular interest, being Senators from two border States along the southern border where the illegal immigration is perhaps the most rampant. We also want to come up with a plan that addresses not only our national security but deals with the economic issues that are integrally intertwined with this complex issue in a way that is compassionate and deals with the very real human consequences and causes for illegal immigration.

We are undertaking a thorough review of our immigration laws as we speak. At the conclusion of our discussions, Senator KYL and I plan to introduce a comprehensive immigration reform bill that will dramatically strengthen enforcement, bolster border security, and comprehensively reform our laws. I particularly am glad to be working with Senator KYL. He chairs

the Subcommittee on Terrorism, Technology, and Homeland Security, and I chair the Judiciary Subcommittee on Immigration, Border Security, and Citizenship. We have already had our first hearing, a joint hearing, on border security. The second one, this Thursday, will focus on interior enforcement, or maybe I should say interior non-enforcement, when it comes to our immigration laws.

In the past, we have simply not devoted the funds, the resources, or the manpower to properly enforce our immigration laws and protect our borders. That must change. If we have anything to do with it, it will change.

Let me put the matter as clearly and explicitly as I possibly can. No discussion of comprehensive immigration reform is possible without a clear commitment to, and a dramatic elevation in, our efforts to enforce the law. That includes enforcement both at the border and within the interior. We must have strong border protection between ports of entry and a strong employee verification system to put an end to the jobs magnet for illegal entry.

Our immigration laws also present substantial difficulties to our already overburdened law enforcement and border security officials, separate and apart from inadequate funding and resources. It is my belief these difficulties simply cannot be solved by additional funding and additional resources alone, as important as they are. After all, under our current immigration laws, literally millions of people enter this country outside of legal channels to hold jobs that are offered by American businesses and are needed to ensure American economic growth. There is a serious concern that some fraction of this population may harbor evil impulses toward our country. Yet it is a practical impossibility to separate the well meaning from the ill-intentioned.

Put simply, we must focus our scarce resources on the highest risks to our country and our national security. We need our law enforcement and border security officials to spend their highest energies on people who wish to do us harm rather than those who wish only to help themselves and their families through work. Our comprehensive immigration proposal will strengthen enforcement of the law, but it will also provide laws that are capable of strong enforcement.

We agree with the President's stated principles. They are, however, just principles, and certainly he understands and looks to the Congress to come up with the specifics in the form of legislation. Such laws can be designed in a way to be compassionate and humane. Above all, they must be designed to protect U.S. sovereignty and to further U.S. interests. They must be reformed to better serve our national security and our national economy. They must ensure respect for the rule of law and not permit undocumented workers to gain an advantage over those who have followed the rules.

In the coming months we will craft a proposal that implements all those objectives, and we welcome the coming debate as well as the input and the opportunity to work with our colleagues in the Senate.

Finally, we speak today as the Senate is about to begin debate on a supplemental appropriations bill. Congress should not delay enactment of critical appropriations necessary to ensure the well-being of our men and women in uniform fighting in Iraq and elsewhere around the world. Attempting to conduct a debate about immigration reform while the supplemental appropriations bill is pending in the Senate would do just that—it would unnecessarily and inappropriately delay getting those funds to our troops who need them. Our immigration system is badly broken and fails to serve the interests of our national security and our national economy and undermines respect for the rule of law.

To solve that problem, Congress must engage in a careful and deliberate discussion about the need to bolster enforcement of and to comprehensively reform our immigration laws. We should not short-circuit that discussion by enacting legislation outside of the regular order of business in the House and the Senate. I hope we will enact this supplemental appropriations bill soon. Once that process is completed, I will continue to work closely with Senator KYL and any other Member of this body who has a good idea to contribute to enact comprehensive immigration reform that is in the best interests of our Nation.

I yield the floor.

AMENDMENT NO. 344

The PRESIDING OFFICER. The Senator from Washington.

Mrs. MURRAY. Mr. President, I send an amendment to the desk and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Washington [Mrs. MURRAY], for herself, Mr. AKAKA, Mr. BYRD, Mrs. BOXER, Mr. BINGAMAN, Mr. ROCKEFELLER, Ms. MIKULSKI, Mr. JEFFORDS, Mr. SALAZAR, and Mr. DAYTON, proposes an amendment numbered 344.

Mrs. MURRAY. Mr. President, I ask unanimous consent that reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To provide \$1,975,183,000 for medical care for veterans)

On page 188, after line 20, add the following:

CHAPTER 5

DEPARTMENT OF VETERANS AFFAIRS

VETERANS HEALTH ADMINISTRATION

MEDICAL SERVICES

For necessary expenses for furnishing, as authorized by law, outpatient and inpatient care and treatment to beneficiaries of the Department of Veterans Affairs and veterans as described in paragraphs (1) through (8) of section 1705(a) of title 38, United States

Code, including care and treatment in facilities not under the jurisdiction of the department and including medical supplies and equipment and salaries and expenses of health-care employees hired under title 38, United States Code, and to aid State homes as authorized under section 1741 of title 38, United States Code; \$1,975,183,000 plus reimbursements: *Provided*, That of the amount under this heading, \$610,183,000 shall be available to address the needs of servicemembers deployed for Operation Iraqi Freedom and Operation Enduring Freedom; *Provided further*, That of the amount under this heading, \$840,000,000 shall be available, in equal amounts of \$40,000,000, for each Veterans Integrated Service Network (VISN) to meet current and pending care and treatment requirements: *Provided further*, That of the amount under this heading, \$525,000,000 shall be available for mental health care and treatment, including increased funding for centers for the provision of readjustment counseling and related mental health services under section 1712A of title 38, United States Code (commonly referred to as "Vet Centers"), increased funding for post-traumatic stress disorder (PTSD) programs, funding for the provision of primary care consultations for mental health, funding for the provision of mental health counseling in Community Based Outreach Centers (CBOCs), and funding to facilitate the provision of mental health services by Department of Veterans Affairs facilities that do not currently provide such services: *Provided further*, That the amount under this heading shall remain available until expended.

Mrs. MURRAY. Mr. President, I ask unanimous consent to add as cosponsors Senators AKAKA, BYRD, BOXER, BINGAMAN, ROCKEFELLER, MIKULSKI, JEFFORDS, SALAZAR, and DAYTON.

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

Mrs. MURRAY. Mr. President, today in Iraq and in Afghanistan, our men and women in uniform are making great sacrifices to serve our country. Last month I had the opportunity to meet with some of them in Baghdad and in Kuwait and all of us can be very proud of their service. Every person I met with was a dedicated professional who was putting their duty above their personal well-being.

Today, I am very concerned that when all of these new veterans come home and need medical care, they are going to be pushed into a veterans health care system that does not have the medical staff, the facilities, or the funding to take care of them.

There is a train wreck coming in veterans health care. I am offering an amendment to deal with this emergency now before it turns into a crisis. The VA health care system is overcrowded. It is underfunded. It is understaffed. It is struggling to deal with existing veterans. I fear what will happen when tens of thousands of our new veterans are added to this already strained system.

As Americans, we make a promise to those who join our military that we will take care of them when they come home. It is a promise all of us have to work together to keep, and that is why I am on the Senate floor today. This is not a Democratic issue. It is not a Republican issue. This is an American

issue. I am willing to work with anyone to make sure all of our veterans get the health care they are promised.

I appreciate the leadership of many Senators, especially Senator CRAIG who chairs the Senate Veterans' Affairs Committee on which I serve. I thank Senator HUTCHISON of Texas who chairs the committee that funds veterans health care. I truly appreciate their commitment to our veterans. I look forward to working with them, and I will work with many others to make sure we are doing everything we need to do to prepare for the influx of many new veterans.

With Senator AKAKA and others, I am offering a veterans health care amendment to this emergency supplemental. Our amendment recognizes that caring for our veterans is part of the cost of war. This is being offered on the emergency supplemental because our amendment recognizes that caring for our veterans is a part of the cost of war.

Our amendment does three things: First, it makes sure all soldiers who need health care when they return home from Operation Enduring Freedom and Operation Iraqi Freedom can get that health care. To do that, this amendment provides \$610 million. Second, it provides funding for mental health care for our newest veterans. Specifically, it provides \$525 million for expanded mental health services, including \$150 million to treat post-traumatic stress disorder for counseling, as well as family therapy. Third, the amendment helps address the shortfalls that are crippling our regional VA networks. It provides \$40 million to each and every VISN, Veterans' Integrated Service Network.

This chart shows the 21 regional health networks. For each region, our amendment provides \$40 million to spend on their priorities. For some areas it is going to mean erasing big deficits. For others it will help them hire more medical staff. In other parts of the country they will use it to buy medical equipment. That flexible funding that each VISN gets will allow each region to prepare their staff and facilities for our newest veterans. It will put a total of \$840 million where these local communities need it the most.

In short, this amendment will ensure that we can handle the health care needs of all the veterans who will seek care after serving our country in Operation Iraqi Freedom and Operation Enduring Freedom.

The total cost of the amendment is \$1.98 billion. Let me explain how we arrived at that figure. First, we looked at the number of new veterans who will return to the VA for care. We multiplied that by the average cost per patient and added the cost of reversing the deficits that are today facing our VA hospitals and the cost of meeting increased mental health care needs that everyone assures us we are facing.

Some Senators may wonder if this is the appropriate vehicle to fund veterans health care, so let me talk about that for a minute.

I would have preferred to fund this critical need in the regular budget process. I tried to do it several times last month in the Budget Committee and on the floor with Senator AKAKA. Unfortunately, our amendments were voted down. But the need is not going away. The shortfalls are only going to get worse. So if we are not going to take care of our veterans from Iraq in the regular budget, then we have to take care of them in the bill that funds our war efforts. This is the appropriate bill because the veterans health care train wreck is an emergency, and because caring for our veterans is part of the cost of war.

As I have been talking about this amendment and discussing it with our veterans, I have been pleased by the support it has received. This amendment is supported by the Veterans of Foreign Wars, AMVETS, Disabled American Veterans, Paralyzed Veterans of America, and it is supported by the VA workers who care for our veterans, represented by the American Federation of Government Employees, AFL-CIO. I thank all of these organizations and their members for supporting my amendment and reaching out to their Senators to call for its passage.

Before I go any further, I want to note that veterans health care is a very personal issue for me. My father was a disabled World War II veteran. I grew up knowing the sacrifices that our veterans make. When I was in college, I interned in our VA hospital in Seattle during the Vietnam war, and I saw how important the services were to our soldiers who were returning. I became the first woman to serve on the Senate Veterans Affairs Committee. I know what the costs are and I know what the challenges are.

The VA provides some of the best care, research, and treatment anywhere. Our VA employees have a unique understanding of the challenges that our veterans face when they return, and their dedication is unmatched. Like them, I want to make sure this system works for every veteran of every war and every generation.

I will share some specific examples from throughout our country that illustrate the emergency in veterans health care today. These examples didn't come from me. They came from people who know our VA facilities firsthand. A couple days ago, I posted a form on my Web site, murray.senate.gov, where veterans and their advocates can share their stories and examples with me. I have been heartened with the things people have shared. I invite other veterans to share their stories with me and with their own Senators.

For anyone who thinks this is not an emergency or it doesn't merit emergency funding, I invite you to listen

very closely. I am going to talk about different places, but the overall problem is the same everywhere.

For years, VA funding has not kept up with the growing demand for care and with the rising costs of health care. So VA networks around our country have held off making improvements. When a doctor or nurse left, they were not replaced. When equipment needed to be purchased, it was put on hold. When a clinic needed to be opened, it was held in limbo. When there wasn't enough money in the operating budget, they started taking money from their capital budget.

Now all those years of chronic underfunding are coming back to roost at the worst possible time, as we are about to have a major influx of new veterans, men and women serving honorably in Iraq and Afghanistan today, when they are returning, our VA facilities across the country are facing deficits, staff shortages, and inadequate facilities.

Let me give a couple of examples that have been shared with me.

In Alaska, as of yesterday, they are starting a waiting list for non-emergency care for all new priority 7 veterans who are not enrolled in VA primary care. That means those people cannot get an appointment to even see a doctor.

In Colorado, the Eastern Colorado Health Care System is \$7.25 million short this year.

In California, last year, the VA hospital there in Los Angeles closed its psychiatric emergency room.

In Florida, the VISN 8 facilities were facing a \$150 million deficit earlier this year. West Palm Beach Medical Center has a deficit alone of \$6 million.

In Idaho, at the VA in Boise, they are resorting to hiring freezes when we have soldiers coming home.

In Kentucky, veterans at the Louisville hospital, who are having a type of bladder examination, have to lie on a broken table because there is no money to replace that broken equipment.

In Maine, the Togus VA has a \$12 million deficit.

In Minnesota, at the Minneapolis VA, they have a \$7 million shortfall. They have one of the VA's four sites for dealing with veterans with complex, multiple injuries but they are not hiring anymore staff for that specialized center because of the deficit.

All of us who have visited our returning soldiers at Walter Reed or Bethesda know many of them are returning with these kinds of injuries that need to be treated at hospitals such as the one in Minneapolis.

In Missouri, at the Kansas City VA Medical Center, they have a \$10 million operating deficit. I am also told that in Missouri there are not enough doctors and providers to see all the veterans. If a veteran is less than 50-percent service-connected disabled, he or she is put on a waiting list.

In South Dakota, they are expecting to be \$7 million in the red by the end of

this fiscal year. The VA is proposing to save \$2 million by not filling staff vacancies. I am told, in fact, they need 58 new beds, and that some of the bedframes in that facility are held together with duct tape and wire. So because of the deficits they cannot even buy new beds. That is unacceptable for our veterans who have served this country.

I am also told that the Black Hills Health Care System is \$3 million in the hole. They have had to use the capital budget to pay staff and other expenses.

In Texas, at the Temple, Texas, VA, nurses in inpatient care are working 16-hour days several times a week because there is not enough staff. We know that nurses providing direct care should only be working 12-hour days, because longer shifts lead to medical errors and unsafe care. This is not a way to treat our veterans who are returning.

In Virginia, as of January 1, I understand that Virginia had a budget shortfall of \$14.5 million.

In my home State of Washington, we have problems, too. In Tacoma, at the American Lake VA, you can only get an appointment if you are 50-percent or more service-connected disabled. That is not the promise we made to the men and women who serve our country.

In Puget Sound, as of January, there was an \$11 million deficit. At the Seattle and American Lake VA they are leaving vacant positions unfilled. There are about 16 new vacancies every month and those positions are remaining empty. They hope to reduce the workforce by 160 full-time equivalents by the end of this fiscal year.

This is having a huge impact on our patients. As of this month, the next appointment at the Seattle VA urology clinic is not available until August. I can tell you that conditions like these are breaking the hearts of our VA personnel who work day in and day out with the men and women who have served this country. They are frustrated at seeing so many veterans not get the care they have earned. Why? Because Congress is not providing the money.

I share these examples not to criticize or cast blame. We have problems such as this in my State as well, as I have talked about. I share these examples because we have to look at what is happening and realize that our VA system is not prepared to handle a new generation of veterans. All of these examples, from more than a dozen States, point to one conclusion: The VA is having trouble taking care of the patients it has today. It is certainly not prepared to handle a new influx of veterans from Iraq and Afghanistan.

Many of these VA centers are in the hole for millions of dollars. They are not in a position today to begin expanding care to meet the growing need. They cannot do it alone. We have to step in and help them.

Before I close, I want to talk about one claim we made here during this debate. Some Senators have suggested

that the VA doesn't need any additional funding because it has some kind of reserve for \$500 million. I was troubled by the idea that the VA has extra money it is not using while so many communities are struggling, so at a hearing last week of the Senate Veterans' Affairs Committee I got to the bottom of it. I wanted to share this chart with colleagues.

At our hearing on April 7, I asked Acting Under Secretary for Veterans Health Care Dr. Jonathan Perlin:

Is there a \$500 million reserve?

Dr. Perlin's reply was:

No . . . I don't know where that might have been suggested, but there is no \$500 million reserve that is sitting there for future projects.

I share that with my colleagues to set the record straight. The VA is not sitting on any type of reserve it can use for medical care. That comes straight from the man who runs the program nationwide. We have VA centers that are struggling in every part of our country. They cannot deal with the caseload they have today. How in the world are they going to deal with all of the new veterans who are coming home from Iraq and Afghanistan?

We cannot kick this down the road any longer. It is an emergency today and if we do not deal with it now, it is going to be a crisis tomorrow. This is not a partisan issue; it is an American issue. It is about whether we keep the promise to the men and women we send to serve us overseas.

I am willing to work with anyone who wants to make sure our country is prepared to care for all of the veterans who will be coming home soon. They were there for us. We need to be there for them now. I urge my colleagues to support this veterans health amendment. If you are concerned about this—perhaps I mentioned your State or you have heard from your own veterans—let's talk about it and find a way to make it work.

No matter what party you are in, we are all Americans first. We all have an obligation, as President Lincoln said, "to care for him who shall have borne the battle, and for his widow, and for his orphan."

We need to pass a veterans health amendment and keep this promise to America's veterans. This amendment is the last opportunity we will have to make sure our veterans—the men and women serving us—are taken care of when they return home.

The PRESIDING OFFICER. The Senator from Hawaii is recognized.

Mr. AKAKA. Mr. President, I rise today with my friend Senator MURRAY to offer an amendment to address the cost of providing health care to troops serving in Iraq and Afghanistan. She has made an excellent statement about what we are facing in the country and the shortfalls we have. She has taken the leadership on this and I am supporting her. We hope we will be able to continue to help our veterans with their health care.

Following the 1991 Gulf war, returning servicemembers began to report unexplained illnesses and ailments that many linked to their service. Only those who had been granted a claim for a service-connected disability or demonstrated a financial need could turn to VA for health care services at that time. Reservists and Guard members were particularly vulnerable as military health care is lost after separation from service.

Back in 1998, this very body voted unanimously to ensure that no combat veteran would be caught up in stringent eligibility rules and be denied treatment. Today, any servicemember who participates in the theater of combat is eligible for free VA health care for 2 full years after separation or release from active duty, without regard for strict eligibility rules.

This benefit is more important than ever, especially to Reservists and Guard members. Experts calculate that about 40 percent of the lower enlisted grades in these services do not have any kind of health insurance. Because TRICARE eligibility is lost after separation or deactivation, VA is the only place many of these service members can turn.

My colleagues in the Senate have already recognized the need to provide funds that would allow VA to absorb an influx of new patients from Operations Iraqi and Enduring Freedom. In 2003, \$175 million was added for VA to the supplemental appropriations bill. I point out that this amount was provided only 1 month after the war in Iraq began and before we knew about the level of troop commitment.

This amendment we offer today allows VA to provide care for returning troops, without displacing those veterans currently using the system. We are now 2 years into this conflict, and VA has already begun to see real impact. Last year, VA spent \$63 million on returning veterans. Using data from the first quarter, VA will spend an unbudgeted \$120 million this year. Yet, the lion's share of our troops have not yet returned home, are rehabilitating in the DoD health care system, or are pending separation.

The amount of this amendment, \$1.9 billion, is drawn from what we know about past use of the VA health care system, coupled with what we know to be the cost associated with shoring up the system for all veterans.

This is what we know: VA tells us that 20 percent of returning service members are now turning to VA for care. Using this figure and VA's costs, we know that \$600 million in additional funding will be needed for returning service members alone.

We also know that right now VA hospitals are running deficits of about \$40 million per each health care network. Let me share some specifics:

Outpatient clinics have stopped seeing even the poorest of patients, sending them hundreds of miles away to other facilities. The Townsend, MA,

clinic is only seeing a tiny percent of those who need care.

In Network 20, which serves the Northwest and Alaska, we have now seen the beginnings of what could very well become a nationwide trend. Priority 7 veterans, who often make as little as \$26,000 a year, are being denied care, as the Network is running about a \$40 million deficit.

Veterans in need of treatment for PTSD or addiction treatment will have one less place to go due to the VA budget. The Psychiatric rehabilitation program at the Chillicothe VA hospital is being shut down.

Thirty nursing home beds at the VA hospital in Manchester, NH, will not be opening. VA officials expect to save \$1.3 million by not opening these beds.

As my good friend Senator COLLINS has pointed out, the hospital in Togus, ME, is operating under a \$14.2 million deficit. This Maine facility has a hiring freeze and cannot replace equipment.

The Kansas City VA Hospital is short-staffed because they are already \$10 million in the hole. The Denver VA Hospital and its affiliated clinics are \$7.25 million short. The Maryland Health Care System is \$14.5 million in the red already this year. The list goes on and on.

The network that serves Minnesota, Nebraska, Iowa, North Dakota, and South Dakota is facing an overall shortfall of \$61 million. South Dakota's facilities are \$2.4 million short right now; Minnesota's are \$25 million short; and Iowa's hospitals are at least \$14 million short of what is currently needed. Bed frames are being held together by duct tape in some facilities, and cleaning staff cannot be hired to keep the facilities sanitary for patients. Health care provider positions also remain open, resulting in shortages of doctors, nurses and medical technicians, to name a few.

Furthermore, Florida's facilities are \$150 million in the red. And again, this has resulted in key health care specialist positions going unfilled. In a region where so many veterans and active duty service members reside, a shortfall of this magnitude is shameful.

This trend towards hiring freezes and under-staffing of vital health care programs and services is one that is of great concern to me. I know that the American Federation of Government Employees is also very concerned about the measures being taken by many facilities to compensate for the numerous shortfalls around the country, and I commend AFGE for its support of this amendment.

It will be impossible for VA to care for returning veterans in the midst of this kind of situation. As my colleagues can see, the amount we are asking for today is actually modest when compared to the very real deficits some parts of the country are being forced to deal with. While we know that many Members of this body have worked to see that their VA facilities remain in good condition, we must do

more to ensure quality of care throughout the entire VA system.

We also know that VA mental health must be improved if we are to meet the needs of returning service members. Experts predict that as many as 30 percent may need psychiatric care when they come home. Yet, we are told that the system is nowhere near ready to handle this type of workload. Steady budget cuts over the years have diminished VA mental health care capacity.

GAO recently found that VA has lagged in the implementation of recommendations made by its own advisory committee on post-traumatic stress disorder to improve treatment of veterans who suffer from this very serious mental illness. Furthermore, GAO concluded that it is questionable as to whether or not VA can keep pace with the demand for mental health treatment from veterans of Operations Iraqi and Enduring Freedom.

While veterans' clinics now dot the landscape, they do not have the ability to meet mental health needs. Vet Centers, which provide vital outreach and readjustment counseling to veterans of yesterday and today, have seen their workload double, but not one additional nickel has been sent their way. There are large pockets of this country without any access to VA mental health care whatsoever.

Fixing these problems requires resources of at least \$525 million. We know this is a conservative estimate. Advocates believe that it would take more than three times this amount to bring VA mental health care up to what it should be, but this amendment gets us going down the right track. The National Mental Health Association's letter of support for this amendment states that "... the nation has no higher obligation than to heal its combatants' wounds, whether physical or mental, and it has long looked to the VA health care system to carry out that obligation. To date, however, planning and budgeting for the VA health care system has been badly flawed and is failing America's veterans, and particularly the growing numbers from war." I ask for unanimous consent that the association's letter, as well as one from the National Alliance for the Mentally Ill, be printed in the RECORD.

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

NATIONAL ALLIANCE FOR THE
MENTALLY ILL (NAMI),
Arlington, VA, April 11, 2005.

Hon. DANIEL AKAKA,
Hon. PATTY MURRAY,
U.S. Senate,
Washington, DC.

DEAR SENATORS AKAKA AND MURRAY: On behalf of the NAMI Veteran's Council, I am writing to thank you for your support of an amendment to increase the veteran's health care budget by \$1.98 billion, with \$525 million earmarked for mental health enhancements.

Like all Americans, we feel that caring for the men and women who serve our country is the commitment we make in return for their sacrifices. It is critical that they know we

will not abandon that commitment upon their return from the battlefield. Treatment for mental illness is as important to their future, if not more important, than treatment for physical illness.

The Department of Veterans Affairs (VA's) current working statistics reflect a crisis in the making that Congress has the power to avoid. While it is estimated that at least 30% of veterans returning from Iraq will have mental health treatment needs, this is likely a conservative number. We are very encouraged that this amendment includes an extension of time for these needs to be assessed and treated, since we at NAMI know that often the symptoms of mental illnesses are not apparent immediately following trauma. People who have the personal experience report that months or even years may pass before veterans and their families are finally able to determine that treatment is needed, and to seek help.

It is especially important to support the Veteran's Centers, where it is very likely a veteran or family member would initially seek information and assistance. Expansion of mental health care in VA community-based outpatient clinics (CEOCs) is already a VA priority, and an excellent plan, but current limited resources will not support the Operation Enduring Freedom/Operation Iraqi Freedom expected caseload.

We also know that many VA hospitals and clinics are experiencing major funding crises (small increases in their budgets simply do not match spiraling costs of service). As a result, there are site closings, unaddressed maintenance and equipment needs, personnel freezes, and stoppages on needed expansions. This amendment would help alleviate those shortfalls.

We strongly urge the Senate to adopt the provisions in this important amendment. Let us keep our part of the bargain.

Sincerely,

JANE E. FYER,
Chair, Veterans' Council.

NATIONAL MENTAL
HEALTH ASSOCIATION,
Alexandria, VA, April 11, 2005.

Hon. DANIEL K. AKAKA,
Ranking Minority Member, Committee on Veterans Affairs, U.S. Senate, Hart Senate Office Building,
Washington, DC.

DEAR SENATOR AKAKA: On behalf of the National Mental Health Association and our 340 affiliates across the country, we are writing to offer our strong support for the Murray-Akaka VA health care amendment to the FY 2005 Emergency Supplemental. We applaud the leadership you and Senator Murray are providing in advancing this important initiative to enable the Department of Veterans Affairs to meet veterans' urgent health needs, and particularly those of veterans from Operations Iraqi and Enduring Freedom.

With a grueling war taking a frightening toll on our men and women in uniform, this nation faces a stern test: will it meet its obligations to its warriors? Surely the nation has no higher obligation than to heal its combatants' wounds, whether physical or mental, and it has long looked to the VA health care system to carry out that obligation. To date, however, planning and budgeting for the VA health care system has been badly flawed and is failing America's veterans, and particularly the growing numbers returning from war.

This important amendment squarely tackles the major funding gaps facing VA at this critical time. Among those gaps, it has long been clear that VA lacks sufficient capacity to meet veterans' mental health needs. With carefully-researched studies documenting

the growing mental health needs triggered by a grueling war, Congress must make VA mental health care a major funding priority. This amendment would do so, and would close the critical gap that stands in the way of meeting a fundamental VA obligation.

VA has long had a special obligation to veterans with mental illness, given both the prevalence of mental health and substance use problems among veterans and the large number of those whose illness is of service origin. In furtherance of that obligation, Congress, to its credit, codified in law special safeguards to assure that VA gives priority to the needs of veterans with mental illness. Notwithstanding that step, however, the VA health care system has had an uneven record of service to veterans with mental health needs. Years of oversight by the Senate Committee on Veterans Affairs and other bodies have documented the enormous variability across the country in the availability of VA mental health care, and the relatively limited capacity devoted to rehabilitative help. With the nation at war—and studies finding an already high percentage of returning veterans showing evidence of post-traumatic stress disorder and other war-related mental health problems—VA's special obligation to veterans with mental disorders has special poignancy. VA has taken important steps to make mental health a greater health-care priority, but given the wide gap between VA's mental health capacity and veterans' needs for treatment and support services, real change will require major new funding, particularly to meet war-related needs. Veterans and their families cannot wait. The failure to intervene early increases dramatically the risk that war-related mental health problems will become more severe and chronic in nature. As your amendment highlights, the time to act is now.

Established in 1909, the National Mental Health Association is the nation's oldest and largest advocacy organization dedicated to all aspects of mental health and mental illness. In partnership with our 340 state and local Mental Health Association affiliates nationwide, NMHA works to improve policies, understanding, and services for individuals with mental illness and substance abuse disorders.

Sincerely,

MICHAEL M. FAENZA, M.S.S.W.,
President and CEO.

Mr. AKAKA. The costs of the war we are fighting today will continue to add up long after the final shot is fired, mainly in the form of veterans' health care and benefits.

I urge my colleagues to join us in this effort to see that they are provided the care they are currently earning.

The PRESIDING OFFICER. The Senator from Mississippi.

Mr. COCHRAN. Mr. President, we appreciate the comments of the Senators from Hawaii and Washington concerning the situation in our Veterans Affairs Department and the concerns that they expressed about returning veterans who are now moving into the VA system and questioning whether there are sufficient funds available to take care of the needs in Veterans' Administration hospitals and other different health care facilities throughout the country.

The subcommittee that has jurisdiction over veterans affairs held a hearing recently during which they questioned the Secretary of Veterans Affairs on this subject. They were assured

that the Department is not in a crisis requiring emergency appropriations. The fact is, less than 1 percent of the veterans population is made up of new eligibles who are entering into the Veterans' Administration system, and most of those who are requiring health care assistance and hospital care are older veterans who have already been in the system for a number of years.

Because of that, the Department has not asked for any emergency appropriations to be included in this bill. The administration says that sufficient funds exist now in the Department of Veterans Affairs budget to take care of this fiscal year's needs.

We are now in April and a new fiscal year will begin in October and we are already considering the request for the administration for next year's funding. We have had a budget resolution adopted. Some of these issues were raised during the consideration of this issue by the Budget Committee. I think the Senator from Washington offered an amendment to the budget resolution along the lines that she is urging the Senate to consider today, and the committee rejected the amendment.

That committee reviewed the issue closely and they have included in the budget resolution authority for funding for the fiscal year beginning next October. This Senator's amendment suggests the funds appropriated in this amendment, \$1.9 billion, should be made available until expended, which means not only is this a suggestion that an emergency appropriation is needed—although the amendment does not say on its face it is an emergency appropriation—it sounds as if this is in addition to this fiscal year's budget that will go on into next fiscal year. So it is an amendment to this fiscal year's funding authority as well as to the next fiscal year and the next. "Until expended" is the way the amendment reads.

I am suggesting that the Senate should look at the information we have before us from the administration: The Secretary of Veterans Affairs, the Department of Defense, which is caring for injured veterans now in the military hospital system. These are not veterans hospitals, where those who have been injured in Iraq or Afghanistan are being cared for. Some may later be cared for there, and may be later cared for as part of the veterans system. But those who are returning now are at Walter Reed Hospital or other hospitals in the Department of Defense system.

I am not the person in charge of the Veterans' Affairs Committee who monitors veterans' needs on a regular basis. The Senator from Idaho, Mr. CRAIG, is chairman of that committee. I have discussed the amendment with him. I expect he wants to be heard on the amendment. The Senator from Texas, Mrs. HUTCHISON, is chair of the appropriations subcommittee that has jurisdiction over the Veterans Affairs funding, and she is available to discuss the

merits of the amendment. We have talked informally with her.

At this time I hope the Senate will certainly consider the arguments that have been made by the Senators from Hawaii and Washington. I respect their concerns. I know their concerns are shared by other Senators. I share them. I don't know of any Senator who wants to come into the Chamber and vote against an amendment to fund veterans programs. It is hard to go home and explain to veterans why you voted against an appropriation for veterans health care.

What we are being told by the administration is the funds are not needed, we have the funds available to care for the veterans population. There may be problems in the system that need the attention of the administration and administrators of individual health care centers and hospitals, and certainly they ought to be addressed and we urge that they are. But it is not a matter of not having the money. If there are problems that need to be addressed we can do that, but we are assured that none of the funds being asked for in this amendment are needed for that purpose.

Mr. President, awaiting the arrival of other Senators, I suggest the absence of a quorum.

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

The legislative clerk proceeded to call the roll.

Mr. KERRY. Mr. President, I ask unanimous consent that the order for the quorum call be dispensed with.

The PRESIDING OFFICER (Mr. BURR). Without objection, it is so ordered.

Mr. KERRY. Mr. President, I ask unanimous consent that the current amendment be temporarily set aside so we can take up two amendments quickly.

Mr. COCHRAN. Mr. President, reserving the right to object, may I inquire of the Senator? We were in the process of considering the amendment of the Senators from Washington and Hawaii on Veterans Affairs and funding for that Department. The chairman of the committee has arrived on the floor to speak to that amendment. I had told the Senator from Massachusetts I would have no objection to offering his amendment and then setting it aside.

I inquire: How much time will Senator KERRY require?

Mr. KERRY. Seven minutes very quickly, and then I am happy to set those aside.

Mr. COCHRAN. Is there a problem with the Senator from Idaho?

Mr. CRAIG. How long does the Senator plan to speak?

Mr. KERRY. Seven minutes.

Mr. CRAIG. I would like to make my comments. I think we are under unanimous consent to close down at 12:30.

Mr. COCHRAN. The Senator is correct.

Mr. KERRY. Mr. President, I ask unanimous consent that I be permitted

to proceed, and after I have completed the Senator from Idaho be permitted to make his statement before we recess.

The PRESIDING OFFICER. Is there objection?

Mr. COCHRAN. I have no objection.

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

The Senator from Massachusetts.

Mr. KERRY. Mr. President, I thank the Senator from Mississippi.

AMENDMENTS NOS. 333 AND 334 EN BLOC

Mr. KERRY. Mr. President, I call up amendments numbered 333 and 334.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Massachusetts [Mr. KERRY] proposes amendments numbered 333 and 334 en bloc.

Mr. KERRY. Mr. President, I ask unanimous consent that reading of the amendments be dispensed with.

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

The amendments are as follows:

(Purpose: To extend the period of temporary continuation of basic allowance for housing for dependents of members of the Armed Forces who die on active duty)

On page 169, between lines 8 and 9, insert the following:

EXTENSION OF PERIOD OF TEMPORARY CONTINUATION OF BASIC ALLOWANCE FOR HOUSING FOR DEPENDENTS OF MEMBERS OF THE ARMED FORCES WHO DIE ON ACTIVE DUTY

SEC. 1122. Section 403(l) of title 37, United States Code, is amended by striking "180 days" each place it appears and inserting "365 days".

(Purpose: To increase the military death gratuity to \$100,000, effective with respect to any deaths of members of the Armed Forces on active duty after October 7, 2001)

On page 159, strike line 6 and all that follows through page 160, line 22, and insert the following:

SEC. 1112. (a) INCREASE IN DEATH GRATUITY.—

(1) AMOUNT.—Section 1478(a) of title 10, United States Code, is amended by striking "\$12,000" and inserting "\$100,000".

(2) EFFECTIVE DATE.—The amendments made by this subsection shall take effect on October 7, 2001, and shall apply with respect to deaths occurring on or after that date.

(3) NO ADJUSTMENT FOR INCREASES IN BASIC PAY BEFORE DATE OF ENACTMENT.—No adjustment shall be made under subsection (c) of section 1478 of title 10, United States Code, with respect to the amount in force under subsection (a) of that section, as amended by paragraph (1), for any period before the date of the enactment of this Act.

(4) PAYMENT FOR DEATHS BEFORE DATE OF ENACTMENT.—Any additional amount payable as a death gratuity under this subsection for the death of a member of the Armed Forces before the date of the enactment of this Act shall be paid to the eligible survivor of the member previously paid a death gratuity under section 1478 of title 10, United States Code, for the death of the member. If payment cannot be made to such survivor, payment of such amount shall be made to living survivor of the member otherwise highest on the list under 1477(a) of title 10, United States Code.

On page 161, line 23, strike "\$238,000" and insert "\$150,000".

Mr. KERRY. Mr. President, many of us in the Senate have had the privilege

of traveling to Iraq where we have visited some of the most remarkable young men and women our country has produced. We have met with hundreds of American soldiers, airmen, Marines and naval personnel, all of whom are doing a magnificent job under, obviously, very difficult conditions. I support this supplemental bill and for the obvious reasons.

The election and increased training and the clarity of a plan that has been put forth and the increased effort of the Iraqis themselves combined provide an important opportunity for the transformation of Iraq. It is obviously vital in these circumstances to make sure our troops have the ability to be safe but to also be able to get the job done. We have always said that. But also I believe we need to do more. Supporting the troops means not just supporting them in the field and in the theaters, but it also means supporting them here at home. It means understanding that their lives, both as warriors fighting for their Nation and as spouses, parents, brothers, sisters, sons and daughters struggling to see that the needs of their families are met—the fact is that too many military families suffer when duty calls. Thousands of reservists take a very significant pay cut when they are called up. Suddenly, single parents are left to struggle with the bills. One in five members of the National Guard don't have any health insurance at all. That is devastating to their families. It is damaging to troop readiness.

I believe that everyone here understands the simple tenet that the Government has to keep faith with our troops. To do that we need to put in place a comprehensive military family bill of rights that puts action behind the promise to support our troops. I understand that the supplemental bill is not the place to ask for the full consideration of that military family bill of rights, so I am not going to propose the entire bill as an amendment here. But I am bringing two amendments to the floor that are broken out of this bill of rights that I believe we could all agree on and which would make an enormous difference in the lives of our soldiers. In agreeing to these, we can take an important step in demonstrating our support for a military family bill of rights which is long overdue.

More than a year ago, I proposed increasing the benefits paid to surviving military families to \$500,000 through existing insurance benefits and an increase in the death gratuity. I am not alone in this effort. Members on both sides of the aisle have introduced legislation to improve these benefits, and with very good reason.

Today, families receive only \$12,420 to supplement whatever insurance a loved one may have purchased. That \$12,420 is completely inadequate. In fact, it is a disgrace. We do right by our fallen police officers and firefighters in America. Their families receive \$275,000, and it is time that we did

the same for our soldiers. Their survivors' lives remain to be lived, and though no one can ever put a price on the loss of a loved one, it is important for us to be as generous as we can and as realistic as we can as we help people to be able to put their lives back together. I was heartened when the administration embraced a formula to reach the \$500,000 threshold, and I am glad the Appropriations Committee has included a benefit increase in this particular bill, but the bill needs to go further and eliminate any distinction between combat and noncombat deaths.

This is important for a number of different reasons.

First of all, the benefit, as matter of principle, ought to go to any American who loses their life while serving our country, and we shouldn't draw a distinction between that kind of service. The fact is that the uniformed leadership of our military doesn't believe we should, either.

GEN Richard Myers, Chairman of the Joint Chiefs of Staff, testified on this matter before the Armed Services Committee, and a number of other leaders. Let me share with colleagues.

GEN Richard Cody said:

It is about service to this country, and I think we need to be very careful about making decisions based upon what type of action. I would rather err on the side of covering all deaths rather than trying to make a distinction.

Admiral Nathman said:

This has been about how do we take care of the survivors, the families and the children? They can't make a distinction, and I don't think that we should either.

GEN Michael Moseley of the Air Force said:

I believe a death is a death and our service men and women should not be represented that way.

—i.e., they shouldn't be distinguished as to where it took place.

If you are a pilot flying in the Navy off an aircraft carrier and you are not in combat and you have a catapult failure and die, that family faces the same crisis as a family of somebody who is shot down. We need to understand that. I'm glad the bill addresses that situation, but there are other circumstances it does not.

GEN William Nyland of the Marine Corps said:

I think we need to understand that before we put any distinctions on the great services of these wonderful men and women, they are all performing magnificently. I think we have to be careful about drawing any distinctions.

The amendment I offer today with Senators PRYOR and OBAMA expands this benefit to every member of the Armed Forces who dies on active duty.

I have a second amendment at the desk to help military families lessen the disruption that a death brings to the family.

At the present time, the survivors of those killed in action have to move out of military housing in 180 days. But for those with young children in school,

that becomes entirely disruptive often with respect to the school district kids are able to go to, and it is a very difficult burden in many cases for widows and widowers to have to try to confront all of the difficulties of that transition, including the efforts of finding housing. The 180 days may mean starting a school year in one State and finishing it in another. I don't believe that is a message we ought to be extending to the families of those who give their lives in service to our country.

Given all of the disruption the loss of a parent brings to their lives, I propose allowing survivors the option to keep their housing for a whole year as they deal with the countless other challenges. It may seem like a small change, but I have heard from enough different folks on active duty in the military about the significance of this particular need, and it can make a huge difference for a family who is struggling with the loss of a father or a mother.

Investing in our military families is not just appropriating the money for the equipment or the latest technology for the deployment itself, it is investing in the families themselves. And it is not as an act of compassion, it is a smart investment in America's military. Good commanders know that while you may recruit an individual soldier or marine, you retain a whole family. That is the way we ought to look at our policies.

Nearly 50 percent of America's service members are married today. If we want to retain our most experienced service members, particularly after we have invested millions of dollars in their training, then it is important—especially for the noncommissioned officers who are the backbone of the military—that we keep faith with their families. If we don't, and those experienced enlisted leaders begin to leave, we as a nation are weakened.

The two amendments I have proposed today are the beginning of a larger effort to do right by our military families. I believe it is a strong beginning. By joining measures to take care of military families at home with legislation to take care of those remarkable young men and women serving abroad, we are going to take a firm step toward putting meaning behind the promise to support our troops. I hope these amendments are agreed to.

I yield to the Senator from Idaho.

The PRESIDING OFFICER. The Senator from Idaho is recognized.

AMENDMENT NO. 344

Mr. CRAIG. Mr. President, I thank the Senator from Massachusetts for his cooperation in the unanimous consent propounded that allows me the flexibility to speak. I will be brief. We are at the lunch hour.

The chairman of the appropriations subcommittee on MILCON and Veterans Affairs is also on the floor with me. Let me speak for a moment about the concerns we have in relation to the Murray amendment.

First and foremost, let me say for the record that in no way do I question the integrity of the Senator from Washington. She and I have worked very closely together on veterans issues. She is a valuable member of the Veterans Committee, as is the Presiding Officer.

Without question, our dedication to veterans I hope is unquestioned. The reality is are we dealing with an emergency in an emergency supplemental, or is there a very real need out in veterans land and with the Veterans Administration and the systems that it funds and operates to meet current veterans' and incoming veterans' needs? I say certainly without question that there is always a need. We could expand budgets well beyond where they are today to meet needs, but by what definition? Critical, necessary, important for the moment, dealing with the most needy veterans, the most handicapped, or simply spreading it out and making it more available?

Those are some of the tough choices you and I and members of that subcommittee and certainly members of the subcommittee on appropriations have to make. The Senator from Washington has appropriately challenged us to look at a variety of other aspects that have value. The question is, Are they an emergency at the moment? Do they serve veterans who are not being served? In some instances, that would be arguably yes. But are those veterans of critical service in the sense they can find health care elsewhere in the sense of priority?

Let me talk briefly about what we are doing. We have just finished trying to shape through a budget resolution the 2006 budget. We included \$450 million more than the President's request, and we have increased the 2006 budget over the 2005 budget by about \$1.2 billion—a substantial increase by anybody's observation. We have also done that without turning to veterans in the less needy categories and saying they will have to pay more for their services. We have been able to assume and bring into the system a good deal of that, which is important.

I find the number of \$1.98 billion additional, not spread out over fiscal year 2006 but spent now in 2005 and the balance of 2005 in this emergency, a dramatic increase. Can the Veterans' Administration effectively and responsibly spend that kind of a bump up in money? I question that.

It is important to look at what is necessary. According to VA, they have seen approximately 48,000 OIF and OEF veterans since the war began. With Senator MURRAY's \$2 billion, it would be \$41,000 per patient, an extraordinary amount by any measure.

The PRESIDING OFFICER. Would the Senator suspend? Would the Senator request unanimous consent to extend past 12:30?

Mr. CRAIG. Mr. President, I ask unanimous consent I be allowed to continue. There are three Members in the

Senate. I ask unanimous consent we extend to no later than 12:45.

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

Mr. CRAIG. Mr. President, I have given a figure of \$41,000 per patient. That is an extraordinary amount by any measure. The VA's average cost per patient is about \$5,000.

My point in making this an issue is I want to work with the Senator from Washington. I am never going to argue that there aren't real needs in the Veterans' Administration. I am not going to argue that there ought to be some priorities—mental health and those things that the Senator from Washington and I have shared as a common interest and a common concern.

Let me yield time to the Senator from Texas. She will take a few moments and give the Senator from Washington adequate time to respond before the 12:45 time.

I am willing to work with the Senator from Washington, to examine her numbers, but a \$1.98 billion or \$2 billion bump-up to be spent before close of business in September—I am getting signals from the Senator we are dealing with a 2-year appropriation. Let's look at those numbers.

I close by saying, in my opinion, there is not an emergency in the VA. This is an emergency supplemental. I will work with the Senator to see where we might go. It is wrong in an emergency to talk about things that are long term in character and necessary to finance.

I yield the floor.

The PRESIDING OFFICER. The Senator from Texas.

Mrs. HUTCHISON. Mr. President, as the chairman of the Veterans' Administration appropriations committee, I certainly want to look further at Senator MURRAY's numbers, but adding almost \$2 billion to the Department of Veterans Affairs for the next 6 months, we have to look very carefully where we would spend that money and what the emergency nature of the request is.

In fact, we had our appropriations hearing with the Veterans' Administration Secretary. I asked the Secretary specifically—we would certainly be looking at supplemental appropriations in the near future; then we would be looking at our full budget for next year—I asked if there were enough resources to meet the needs of all returning veterans from Iraq and Afghanistan for the current year, 2005. The Secretary said, yes, the VA does have the necessary resources in 2005 to continue meeting the needs of all returning veterans from Iraq and Afghanistan.

The key is when people return from Iraq and Afghanistan, we want to make sure their medical needs are met. That is something we all share. Most of the people returning from Iraq and Afghanistan are still in the Department of Defense. They are either on active duty or they are activated as Guard and Reserve. The bulk of them are still treated for their medical needs in the De-

partment of Defense, not in Veterans Affairs. We have to look at how many people are returning and how many people actually go into the VA system, how many people actually are leaving the military service. The number comes down significantly. We have to look at this number.

All Members have the same goal, that we are going to ask for the amount of money we need to give the medical care to our returning service men and women and to people leaving the military. That is why I asked the question of our Secretary of Veterans Affairs, Do you have enough? Then I further asked if the 2006 budget was adequate for the returning veterans. The response was, yes.

I certainly want to do everything we need to do for the purpose of providing the care these veterans who have served our country, who are protecting freedom, deserve from our Government. But we have to look at the fact that is an emergency not in the 2006 budget. That would start October 1 of this year. Then we need to look further down the road at that budget, which our committee certainly intends to do.

I yield the floor.

The PRESIDING OFFICER. The Senator from Washington.

Mrs. MURRAY. I ask for regular order.

The PRESIDING OFFICER. The Senator's amendment is now pending.

AMENDMENT NO. 344, AS MODIFIED

Mrs. MURRAY. I send a modification to the desk on our amendment.

The PRESIDING OFFICER. The amendment is so modified.

The amendment (No. 344), as modified, is as follows:

On page 188, after line 20, add the following:

CHAPTER 5

DEPARTMENT OF VETERANS AFFAIRS

VETERANS HEALTH ADMINISTRATION

MEDICAL SERVICES

For necessary expenses for furnishing, as authorized by law, outpatient and inpatient care and treatment to beneficiaries of the Department of Veterans Affairs and veterans as described in paragraphs (1) through (8) of section 1705(a) of title 38, United States Code, including care and treatment in facilities not under the jurisdiction of the department and including medical supplies and equipment and salaries and expenses of health-care employees hired under title 38, United States Code, and to aid State homes as authorized under section 1741 of title 38, United States Code; \$1,975,183,000 plus reimbursements: *Provided*, That of the amount under this heading, \$610,183,000 shall be available to address the needs of servicemembers deployed for Operation Iraqi Freedom and Operation Enduring Freedom; *Provided further*, That of the amount under this heading, \$840,000,000 shall be available, in equal amounts of \$40,000,000, for each Veterans Integrated Service Network (VISN) to meet current and pending care and treatment requirements: *Provided further*, That of the amount under this heading, \$525,000,000 shall be available for mental health care and treatment, including increased funding for centers for the provision of readjustment counseling and related mental health services under section 1712A of title 38, United

States Code (commonly referred to as "Vet Centers"), including the staffing of certified family therapists at each center, increased funding for post traumatic stress disorder (PTSD) programs, including funding to fully staff PTSD clinical teams at each Veterans Affairs Medical Center and to provide a regional PTSD coordinator in each VISN and in each Readjustment Counseling Service region, funding for the provision of primary care consultations for mental health, funding for the provision of mental health counseling in Community Based Outreach Centers (CBOCs), and funding to facilitate the provision of mental health services by Department of Veterans Affairs facilities that do not currently provide such services: *Provided further*, That the amount under this heading shall remain available until expended: *Provided further*, That the amount provided under this heading is designated as an emergency requirement pursuant to Section 402 of the conference report to accompany S. Con. Res. 95 (108th Congress).

Mrs. MURRAY. Mr. President, let me make a couple of comments. I thank the Senators from Idaho and Texas for working with us on this critical issue. I know both of them have worked very long and hard on veterans issues and care deeply about making sure the men and women who serve are taken care of when they return home, as we promised.

Let me remind everyone, of the 240,000 men and women separated from our services since the beginning of the war in Iraq, 50,000 have already asked the VA for services. Many more of them will continue to do that as they come home and as they get back into their homes and look for services, especially mental health services, as all know who have worked with veterans for a long time.

This is an emergency. If any Members work with veterans in our States, talk to our directors at home, and talk with soldiers who have returned home, we will realize the long lines they are waiting in, the clinics that were promised that have not been opened, the tremendous services that are not being provided.

As I discussed in my opening statement, beds are held together by duct tape in our facilities. This is not how we should be treating our veterans. It is an emergency because more veterans return in higher numbers with the care not available for them.

I am willing to work with the Senators from Idaho and the Senators from Texas over the next several hours, or whatever it takes to come up with a number. If they believe \$1.98 billion is too high, I would like to talk to them about that. We can work together. I know both care about this issue, and we want to find a way to make sure our veterans are taken care of.

I remind everyone when we send our men and women overseas, one of the promises we make to them is we will have the care available when they return. When we have veterans who are in beds that are held together by duct tape, when we have veterans who have to endure long waiting lines for simple services, that is an emergency.

I clarify, the money in this bill will be used until it is expended. It does not have to be expended this year. It will be used until expended, allowing our veterans and our veteran services to put in place facilities they need for our men and women coming home.

I close at this time, and I will work with Senators from Idaho and Texas and the chairman of the Appropriations Committee because I believe this is an emergency. I believe we have a responsibility. I will make sure our veterans get the care they need.

I yield the floor.

Mr. AKAKA. Mr. President, the Department of Veterans Affairs has been a recognized leader in the treatment of Post-Traumatic Stress Disorder, PTSD. With its outreach efforts and expert mental health staff, VA has made great strides in its treatment of those suffering from the psychological wounds of war. Unfortunately, VA still has a long way to go before it will achieve the level of PTSD treatment our veterans deserve. Demonstrating this fact is a February 2005 GAO report, which found that VA has not fully met any of the 24 clinical care and education recommendations made in 2004 by VA's Special Committee on PTSD.

Titled "VA Should Expedite the Implementation of Recommendations Needed to Improve Post-Traumatic Stress Disorder Services," this report raises serious concerns about VA's ability to treat our veterans' mental health. In fact, I would like to quote one of the report's most disturbing points: "VA's delay in fully implementing the recommendations raises questions about VA's capacity to identify and treat veterans returning from the Iraq and Afghanistan conflicts who may be at risk for developing PTSD, while maintaining PTSD services for veterans currently receiving them." Further adding to the seriousness of this statement is that GAO reported in September 2004 that officials at six of seven VA medical facilities said they may not be able to meet an increased demand for PTSD services. Moreover, the Special Committee reported in 2004 that "VA does not have sufficient capacity to meet the needs of new combat veterans while still providing for veterans of past wars."

This is further proof of the need for increased funding for VA health care. If we do not give VA the necessary funds, how can we expect it to properly care for the flux of new veterans when it cannot even care for those it currently treats? In fact, VA officials have cited resource constraints as the primary reason for not implementing many of the Special Committee's recommendations.

In all, GAO found that based on the time frames in VA's draft mental health strategic plan, 23 of the 24 recommendations may not be fully implemented until fiscal year 2007 or later. The remaining recommendation is targeted for full implementation by fiscal year 2005, 4 years after the Special Committee first recommended it.

Additionally, the GAO report found that ten of the recommendations are longstanding, as they are consistent with those made in the Special Committee's first report in 1985. VA agreed then that these recommendations would improve the provision of PTSD services to veterans, yet the changes still are not scheduled for full implementation for another two years at the earliest. These delayed initiatives include developing a national PTSD education plan for VA, improving VA collaboration with DoD on PTSD education, and providing increased access to PTSD services.

PTSD is caused by an extremely stressful event and can develop years after military service. Mental health experts estimate that the intensity of warfare in Iraq and Afghanistan could cause more than 15 percent of servicemembers returning from these conflicts to develop PTSD, with a total of nearly 30 percent needing some kind of mental health treatment. While there is no cure for PTSD, these experts believe early identification and treatment of PTSD symptoms may lessen their severity and improve the overall quality of life for individuals with this disorder.

Congress required the establishment of VA's Special Committee on PTSD in 1984, with the original purpose primarily to aid Vietnam-era veterans diagnosed with PTSD. One of the Special Committee's main charges is to carry out an ongoing assessment of VA's capacity to diagnose and treat PTSD and to make recommendations for improving VA's PTSD services.

In addition, a March 20, 2005, article in the Los Angeles Times pointed out how concerned veterans' advocates and even some VA psychiatrists are with VA's handling of PTSD services, saying VA hospitals are "flirting with disaster." The article highlighted the situation at the VA Greater Los Angeles Healthcare System, specifically the Los Angeles VA hospital, which last year closed its psychiatric emergency room. A decade ago, VA hospitals in Los Angeles had rooms to treat 450 mentally ill patients each day. After a series of cutbacks and consolidations, however, the main hospital can now accommodate only 90 veterans overnight in its psychiatric wards. During the same 10-year period, the overall number of mental health patients treated by the VA Greater Los Angeles increased by about 28 percent, to 19,734 veterans in 2004. If this is how VA handles PTSD care for our veterans at the Nation's largest VA hospital, how does that bode for the rest of the nation?

VA must make strides in its provision of mental health services and outreach efforts to servicemembers returning from Iraq and Afghanistan. If we are not careful and do not give VA proper resources, progress will be impossible. As Ranking Member of the Committee on Veterans' Affairs, I will work to ensure that does not happen. As such, I am pleased to tell you that

today I am offering an amendment to the Supplemental to partially fix this problem. Our Nation's veterans deserve the best care possible, for both their physical wounds and mental.

I ask unanimous consent that the article from the Los Angeles Times be printed in the RECORD.

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

[From the Los Angeles Times, Mar. 20, 2005]

MENTAL HEALTH CARE FOR VETERANS DISPUTED; WHILE NEED HAS GROWN, INPATIENT SERVICES HAVE BEEN DRASTICALLY CUT IN THE LAST DECADE.

CRITICS SAY OUTPATIENT PROGRAMS CAN'T DO THE JOB.

(By Charles Ornstein)

As troops return from Iraq and Afghanistan—including thousands with combat-related mental disorders—they enter a Veterans Affairs healthcare system sharply divided about how to care for them.

In the last decade, veterans hospitals across the country have sharply reduced the number of inpatient psychiatric beds, replacing them with outpatient programs and homeless services.

The new offerings, officials say, cost less and are just as effective.

"It used to be with mental illness that once you got it, you never got rid of it," said Dr. Mark Shelhorse, a national VA mental health official. But "mental illness is perceived as a disease now just like hypertension and diabetes. We have medicines to treat it. We know that people recover and lead fully normal lives."

But veterans' advocates and even some VA psychiatrists say the hospitals, including the massive Veterans Affairs Greater Los Angeles Healthcare System, are flirting with disaster. They say the facilities are ill-equipped to deal with veterans who need the most extensive help for psychosis, substance abuse, suicidal impulses and post-traumatic stress disorder.

Last year, the Los Angeles hospital closed its psychiatric emergency room, a move that heightened the anger of the VA's critics.

"We were too easily swayed in the past by the argument that after a while, it [PTSD] will go away," said Jay Morales, a Vietnam veteran who chairs the mental health consumer advisory council at the Los Angeles hospital. "But there are Vietnam vets walking around today, 30 years after the war ended, having these problems."

Dr. William Wirshing, a psychiatrist for 23 years at the Greater Los Angeles VA, agreed. "It's absurd how much they've cut—and it's absurd how much they continue to cut," he said.

A decade ago, VA hospitals in Los Angeles had rooms to treat 450 mentally ill patients each day. After a series of cutbacks and consolidations, the main Wadsworth hospital on Wilshire Boulevard can now accommodate only 90 veterans overnight in its psychiatric wards.

During the same 10-year period, the overall number of mental health patients treated by

the VA Greater Los Angeles increased by about 28 percent, to 19,734 veterans in 2004.

The VA hospital in Los Angeles, the largest veterans hospital in the nation, treats 80,000 veterans annually with a budget of more than \$450 million. It includes the hospital, nursing homes, a domiciliary, three main outpatient care sites and 10 community clinics. There are an estimated 510,000 veterans in Los Angeles County alone.

VA officials say that despite the cutbacks, the Los Angeles VA hospital offers more mental health services today than ever. Instead of keeping patients in locked wards overnight, the VA offers them outpatient programs and temporary accommodations in partnership with nonprofit groups, officials say.

"It's not like we went into a hospital that was fully occupied and we said, 'We don't need this unit anymore,'" said Dr. Andrew Shaner, the hospital's acting director of mental health. "We built programs that kept people relatively well and therefore out of the hospital, and that's why we were able to do it."

The question remains: Are the current offerings enough?

A report last fall by the U.S. Government Accountability Office cited estimates that 15% of service members stationed in Iraq and Afghanistan would develop post-traumatic stress disorder. As of December, about 1 million troops had spent time in one of the two war zones (about one-third have done more than one tour).

The GAO determined that the VA did not have enough information to know if it could meet the increased demand.

Shelhorse, the VA's acting deputy consultant for patient care services for mental health, said the agency is monitoring the situation carefully and is pumping millions of dollars into mental health programs.

The shift from inpatient to outpatient mental health services has become a controversial issue throughout the VA system. A 1996 federal law prohibits the VA from reducing specialized treatment and rehabilitation for disabled veterans, including mental health services.

A VA committee has found that the agency hasn't abided by that law. While VA hospitals may be treating more mentally ill patients, they aren't spending as much money doing so. At the West Los Angeles VA, the amount spent on mental health has decreased from \$74 million in fiscal 1997 to \$64.4 million in fiscal 2003, according to a national monitoring system.

Experts disagree on whether outpatient care can replace inpatient treatment.

"I don't think that intensive community treatment can take care of all the people that no longer have the availability of inpatient beds," said Dr. H. Richard Lamb, a psychiatry professor at USC.

Lamb said the trend has led to an increase in homeless mentally ill and those in jails.

But Dr. Robert Rosenheck, director of the VA's Northeast Program Evaluation Center, said changes in the VA system have not produced those results.

Studies, he said, have not shown an increase in jailed veterans after inpatient psy-

chiatric beds have been cut. Nor, he said, have there been significant increases in suicides or veterans showing up at non-VA hospitals for care.

"Veterans very much preferred coming in and being in a supportive environment on an extended period of time," Rosenheck said. But "when you look at objective outcomes, we don't see scientific evidence of adverse effects" because of the cutbacks.

Even so, veterans' advocates and psychiatrists have been complaining for years about cutbacks at the Greater Los Angeles VA.

For many, the final straw came in May when the hospital closed the psychiatric emergency room and shifted mental health emergencies to the main ER. Troubled patients are now cared for by nurses and other staff who, according to the critics, are not adequately trained to handle psychiatric emergencies.

Critics point to several instances since the transition in which psychiatric patients were admitted to inpatient wards without any written orders or treated with disrespect by ER nurses who didn't understand their disorders. At least one female patient with PTSD attempted suicide.

"This is a dangerous situation," said Guy Mazzeo, a veteran and member of the L.A. mental health consumer advisory council. "None of us" was consulted before the change, he said, referring to advocates for veterans and the VA's outside advisory groups. And none agree with it, he said.

The veterans and their doctors have been joined in their criticism by Rep. Henry A. Waxman (D-Los Angeles), whose district includes the VA health center.

He asked the VA in January to hire a full-time psychiatrist for the emergency room and arrange for specially trained psychiatric nurses to work there, among other things. The VA declined his requests.

"I'm disappointed that the VA has not responded more aggressively," Waxman said in an interview. "With Iraq and Afghanistan war veterans returning, these demands are only going to increase."

VA officials say the criticism is unfair. Care in the main ER is more coordinated than the care given in the stand-alone psychiatric emergency room, they say. Patients can get their medical and mental problems treated in one place, instead of having to be shuttled between two.

Administrators say ER staff members have received extensive training. And they say that there's no evidence that patients are receiving inferior care.

Dr. Dean Norman, the hospital's chief of staff, said the closure of the psychiatric ER made sense because the number of patients using it had been decreasing for years, and the hospital did not have enough staff.

"One of our goals is to be good stewards of taxpayer dollars," Norman said. "We didn't make this in a precipitous or reckless fashion. This was well thought out, and we had good reasons for doing this."

Mrs. BOXER. Mr. President, I am pleased to join Senator MURRAY in co-sponsoring this important amendment

to increase veterans health care funding. We owe it to our veterans, who have so bravely served our country, to give them the best medical care possible. It is disappointing that funding for veterans programs, especially veterans health care, has not kept pace with either the increased number of veterans in the system or medical inflation. This amendment is crucial to providing veterans with the services they have earned.

As I have talked to veterans in California—and as I have met with returning soldiers from Iraq and Afghanistan—I have come to one disturbing conclusion: we are not serving all of the needs of our veterans now and we are not prepared to serve the tens of thousands of veterans who will be returning over the next couple of years.

Senator MURRAY's amendment begins to address this situation. It will increase veterans health care funding by almost \$2 billion. This includes \$610 million for new veterans returning from Iraq and Afghanistan. Funding for these veterans is not included in the current VA budget. In addition, each of the 21 veterans regions will receive \$40 million to address their budget shortfalls. This will allow each region to determine how the funds can best be used to benefit their veteran population.

I am especially pleased that this amendment includes funding designated for veterans mental health care. Specifically, \$525 million is designated to expand mental health services, with \$150 million targeted for the treatment of Post Traumatic Stress Disorder—PTSD. The VA has estimated that 30 percent of men and women currently serving in the Armed Forces will need treatment for mental illness or readjustment issues. That is why this funding is so critical.

This amendment has the support of many veterans organizations, including the Veterans of Foreign Wars, AMVETS, Disabled American Veterans, and Paralyzed Veterans of America. They realize, as I do, how crucial it is that this funding be made available. Without it, the VA will not be able to meet the needs of the men and women who have so bravely served our country. I urge my colleagues to support this amendment.

Mrs. LINCOLN. Mr. President, today, I rise in support of an amendment to the emergency supplemental to provide an additional \$1.98 billion for veterans health care. I am a cosponsor of this amendment because I believe that when we talk about the costs of war, we cannot forget the brave men and women who are returning from war every single day.

In the past couple months, my home State of Arkansas has seen the return of over 3,000 brave men and women from the Army National Guard, who answered their Nation's call to serve in Operation Iraqi Freedom. Many of them will need ready access to health care as they attempt to transition back to the civilian lives they knew before the war.

I am troubled because they are returning to a veterans health care system that is underfunded and overburdened. Increasing health care costs and an influx of thousands of new veterans each month makes it essential that we do what we can to provide for veterans health care, and we do it now.

This amendment would enable the VA to absorb the new veterans being added to the system and would reverse many of the critical budget shortfalls that have left many VA facilities without the medical staff or equipment they desperately need. It would also provide \$40 million for every veterans regional network so they can better meet their local needs.

My father fought in Korea and I was raised from an early age to have tremendous respect for the unselfish service of the men and women of the Armed Services. As a United States Senator, I believe we have an obligation to provide them with the health care they were promised and to honor the benefits they have earned. I urge my colleagues to support this amendment because it is the right thing to do, it is our moral responsibility, and it should be a priority for each and every one of us.

Mr. JEFFORDS. Mr. President, the Bush administration has decided that all funding for the conflicts in Iraq and Afghanistan be requested as supplemental emergency funding. I believe, therefore, that we must include in this supplemental funding legislation, additional monies to cover the cost of the war incurred by the Veterans Administration.

The President's budget did not request sufficient funding to cover the significant increases in medical costs of veterans wounded in Iraq and Afghanistan. While severely wounded service members are remaining longer in the Department of Defense health care system than in past conflicts, the VA provides all care for these men and women after they are released from the military, and provides care to Guard members and Reservists beginning immediately after they return home from a deployment.

We must cover these expenses. We cannot turn away these veterans. We also cannot turn away other veterans and deny them care in deference to the newest veterans. That would not be right either.

I am pleased to join Senators MURRAY and AKAKA in offering this amendment to provide \$1.9 billion in additional funding to the Veterans Administration. Passage of this amendment would go a long way to covering existing shortfalls and allowing the VA to ramp up to meet the current and expected needs for the coming year. I am pleased that this amendment addresses the critical issue of mental health by providing \$525 million specifically for mental health care and treatment.

Unlike prior wars, where soldiers were expected to lay down their guns upon returning home and forget about

the war, service members returning from Iraq and Afghanistan understand that it is very important for their mental health and the well-being of their family, that they deal with both the mental effects of the war and the emotional effects on their families of a long and stressful separation. Vet centers exist all across the country to help veterans and their families deal with the ghosts of war and manage the transition back home. These centers do a phenomenal job, but they are generally very small and have been handling a limited case load. With veterans returning from Iraq in huge numbers, particularly members of the National Guard and Reserve who do not live on or near military bases the job of the Vet centers has increased more than a hundred-fold. The Vet centers need an increase in both staff and resources commensurate with the demands now placed upon them.

We have learned from prior wars that much can be done to ease the transition back to civilian life if it is done immediately. Immediate mental health care can prevent the onset of more difficult diagnoses, such as post traumatic stress disorder. The VA has developed expertise in the diagnosis and treatment of PTSD, well beyond that of the private sector. The challenge now is to spread this expertise throughout the VA system. This takes resources. We also have learned that those soldiers who have suffered physical wounds will often need ongoing mental health assistance to face the challenges of life with a disability. We must not turn our backs on them.

The bill before the Senate is designed to cover the costs of these two conflicts. We cannot say we have done so if we do not cover the costs of the physical and emotional wounds from these conflicts. The only way that this can be done with the funding provided by the President's budget is if our obligations to other veterans are set aside. This would be wrong. The only way we can truly honor our obligations to all of our veterans is to support the amendment by the Senator from Washington, Mrs. MURRAY.

I urge my colleagues to support the Murray amendment.

RECESS

Mr. COCHRAN. I ask unanimous consent we stand in recess under the previous order.

The PRESIDING OFFICER. Under the previous order, the hour of 12:30 having arrived, the Senate will stand in recess until 2:15 p.m.

Thereupon, the Senate, at 12:39 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Mr. VOINOVICH).

The PRESIDING OFFICER. The Senator from Mississippi.