

and his personality. He received beef jerky, bubble gum, NASCAR magazines, and Dallas Cowboy T-shirts.

Eric said that the Iraqi people were grateful to Americans for their sacrifice in Iraq. Sergeant Duckworth also said it was his destiny and his belief that he should be an American soldier. He shared that belief with his mother in their last conversation they had together before he was killed in Iraq.

Madam Speaker, Eric's father spoke of his pride in his son's firm belief and dedication to the mission in Iraq. Eric's father, Michael, said Eric believed in his purpose, and his children, his nieces, his nephews will all grow up in a better world because of Eric's dedication to America.

So not only Eric, but the whole Duckworth family felt it was important that Staff Sergeant Eric Duckworth serve in the United States Army overseas. Sergeant Duckworth's service to his family and the Army and this country will always be remembered. Of course he is one of those few proud American heroes.

Madam Speaker, this is a photograph of Staff Sergeant Eric Duckworth. He was a real person that lived and died for the rest of us. His service reminds me of the lyrics to a song written by Toby Keith that is titled, "The American Soldier." Part of those lyrics say, "I will always do my duty, no matter what the price. I have counted up the cost, but I know the sacrifice. I don't want to die, but if dying is asked of me, I will bare that cross with honor, because freedom doesn't come free. I'm an American soldier, an American soldier."

Staff Sergeant Duckworth, America appreciates your sacrifice on the alter of freedom for the rest of us, and we also appreciate the sacrifice of the entire Duckworth family down in Houston, Texas. We are sympathetic and grieve with this family, but are proud of their son who served in the United States Army.

And that's just the way it is.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Maryland (Mr. WYNN) is recognized for 5 minutes.

(Mr. WYNN addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

TAKING CARE OF AMERICA'S VETERANS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

Ms. KAPTUR. Madam Speaker, tonight I would like to discuss briefly another case of one of our very valiant soldiers who has returned to Ohio and numbers himself among the walking wounded.

My question to the President of the United States, my question to Mem-

bers of this Congress, is what is wrong with the government of this country when we cannot move the bill we passed in this House that increased veterans spending by 18 percent, get it through the other body and to the President of the United States to sign? What is wrong with the way we govern that the President of the United States cannot call the leader of the other body and say, "Move the bill so we can take care of the over 100,000 wounded that are coming home to us"?

The soldier I would like to talk about is only one of many that I met last Sunday who returned home from Iraq and is not being treated. This is a soldier who saw duty as a member of the 983rd Army Engineering Battalion, Combat, Heavy Duty, in Iraq, saw conflict, came home wounded, and is not getting treatment.

Here is what happened. There was an accident involving a truck and IEDs over there in Iraq and this particular soldier had a severe spinal cord injury and injuries to his head. In addition to that, since returning home, has had grand mal seizures, epileptic seizures. He never had that before he went to Iraq.

The military said, "There is something wrong with him. We will give him a 60 percent disability. But we won't give him 100 percent disability, because maybe he got those injuries from playing football in high school." Football in high school? He never had seizures until he went to Iraq and got injured.

So the military says, "Well, we will try to fix your neck." He goes through an operation in a hospital several hours away. It is very difficult for him to return there, because he doesn't have regular employment at this time and he is dealing with PTSD on top of everything else.

Now, why doesn't the government of the United States make it easy for wounded veterans, and we are not talking about 25 million people, we are talking about somewhere between 100,000 and 150,000 Americans to get cared for closest to home? Why can't we do that? Why can't the President of the United States, he is Commander-in-Chief of our Armed Forces, and this Congress, work together in the national interest to take care of all the soldiers that are coming home to us wounded?

In that particular unit that I visited on Sunday, there are many, many, many, many servicemembers who have PTSD. Why are they being asked to go 2½ hours away from home, spend an entire day waiting in line at a hospital, and then maybe coming back home again and wasting a day when they don't get paid at work, if they have a job? Why can't we take care of them close to home? We are not talking about 25 million people. We are talking about a very discrete set of Americans who put their lives on the line for us, and yet we can't find a way to care for them?

I hope the President of the United States has somebody listening to this tonight, because as Commander-in-Chief, it would be very easy to call over to that other body and to move our Department of Veterans Affairs bill out of this Congress, up Pennsylvania Avenue, get it signed, and with dispatch get the Secretary of Defense and Secretary of Veterans Affairs and say, "Work with the Congress. Work with the individuals who are here. Let's get these ill veterans to the care they need."

Why do we make it so hard? Why do we put the burden on the veteran? I had one veteran come up to me and say, "Congresswoman, my knee is all messed up. I had an accident over there. Why did the DOD discharge me before fixing my knee?" Now he has got to take weeks and weeks off of work, which he is unwilling to do, to try and go get an operation at a hospital very far from where he lives, and he doesn't have a support system in place.

Why would we do that? Why would the DOD not find a way to take a valorous veteran who is part of a combat engineering battalion and take care of him? Why do we let him fall between the cracks between the DOD and the VA? It is our responsibilities and the President's responsibility to care for these veterans, and we had best get at it.

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The SPEAKER pro tempore (Ms. CLARKE). Under a previous order of the House, the gentleman from Kentucky (Mr. DAVIS) is recognized for 5 minutes.

(Mr. DAVIS of Kentucky addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. DEFAZIO) is recognized for 5 minutes.

(Mr. DEFAZIO addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Ms. WOOLSEY) is recognized for 5 minutes.

(Ms. WOOLSEY addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

SUPPORT VETO OVERRIDE ON SCHIP

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Hawaii (Ms. HIRONO) is recognized for 5 minutes.

Ms. HIRONO. Madam Speaker, I rise today to urge my colleagues to override the President's veto of the Children's Health Insurance Program reauthorization. The bill we sent him earlier this month would provide health

insurance for 10 million low-income children.

This includes continuing insurance for the 20,000 kids in my State of Hawaii already in the program, and reaching out to provide coverage for an additional 12,000 Hawaiian children currently eligible but not yet enrolled in the program.

I am disappointed that the President and many Members on the other side of the aisle have taken what can fairly be characterized as a stand against children. This is how much of the country views their position. Apparently even the President is aware that his veto was a bad decision because he now says that he wants to find a way to compromise with Congress. However, the CHIP reauthorization that the President vetoed was already a bipartisan compromise.

The original bill we passed in the House would have ensured health care for children of legal immigrants and other important provisions that the Senate saw fit to cut. So the version of the legislation that the President vetoed was in fact already a compromise bill.

It is not surprising that we have strong public support for a bill that reflects our American values. Forty-three Governors, Republican and Democratic Governors alike, share our belief that all children deserve access to health care. Senate Republicans who helped shape the legislation agree.

The Honolulu Star-Bulletin summed it up precisely in an editorial this month by declaring that the President's "veto is indefensible."

Therefore, I urge my colleagues not to defend the President's indefensible veto, but to instead join together in defense of the most vulnerable among us, our children.

This is not only the right thing to do, it is the fiscally responsible thing to do. The bill is fully paid for, and the cost of this preventive care will save substantial money over time as we keep children out of unnecessary and expensive emergency room visits.

I am also distressed but not surprised by the President's misinformation in defending his veto. He would like people to believe that our bill provides health coverage to families who don't need it, those who are making \$83,000 for a family of four. This is simply not true. In fact, our bill does the opposite.

Our bill helps States reach out to enroll the poorest children most in need of health coverage and it decreases Federal contributions to States which cover families over 300 percent of the Federal poverty line.

What this veto comes down to is a question of values: Should every child in this country have health care? Does every child deserve a chance to grow up into a healthy adult? I think so, as do my constituents in Hawaii and indeed the majority of Americans.

Tomorrow's vote will reflect our values, and I urge my colleagues to stand with our children.

SCHIP

The SPEAKER pro tempore. Under the Speaker's announced policy of January 18, 2007, the gentleman from Minnesota (Mr. WALZ) is recognized for 60 minutes as the designee of the majority leader.

Mr. WALZ of Minnesota. Madam Speaker, I thank my colleagues who are here tonight. As a new Member, I am joined by other new Members who have been in this body for 9 months. Tomorrow we have an opportunity to take an important and historic vote, the veto override on SCHIP.

It is a piece of legislation that many of us believe, as you just heard our colleague from Hawaii so clearly illustrate, is critically important to the health of our Nation's children.

We came here 9 months ago from the classroom, from the courtroom, from the board room, and from the operating room. And we are here tonight with a single purpose, to talk about the importance of this piece of legislation to clearly illustrate when this body makes a choice like we will make tomorrow, and the President talks about it being a budgetary issue, he is partially right. Budgets are financial documents, but they are also much more. They are a reflection of the values that we as a Nation share.

Tomorrow we will have the opportunity to show as a people that we value our children. We value their health. We value our future. The greatest asset we have is these children.

At my house this weekend was a very special occasion and one I felt very blessed to be able to attend. My son, Gus, celebrated his first birthday on Saturday. He was surrounded by grandparents, cousins, aunts, uncles and friends. A good time was had by all.

I came back to Washington and on Tuesday morning my wife said Gus was feeling a little bad, and she took him to see our doctor. Gus had an earache and he was put on some antibiotics and he was given a little bit of Motrin. He had one rough night, but was feeling better the next day.

The thought of this little guy going through any type of pain or suffering over something so treatable and so easy to take care of as an earache would be unimaginable to me. And yet, that is what happens to 9 million children across this country. That is what their parents go through.

The President has made it clear, those types of issues, and if Gus happened to be someone without health insurance, he would have suffered through an earache. Or maybe Gus would have a parent who couldn't suffer through it and would have taken him to the emergency room where it would cost far more.

So my colleagues and I are committed to making sure that no parent has to make the choice whether to take their child to get their care. That no parent has to have the gut-wrenching experience of deciding if they are going to pay bills, or if they are going

to try to pay out of pocket to get their child covered.

This government and we as a people can do far better. Tonight, we are going to take you through the process of this legislation. We are going to take our colleagues through everything that is involved and the myths that have been perpetuated. This is something that is difficult for myself and my colleagues to deal with. We are going to hear from people like Dr. KAGEN, who has seen what happens if children cannot get health care or are suffering with asthma, and he will talk about the implications of what it takes to get a child covered.

I think each of my colleagues here tonight will put a face on this for you. My colleagues have an opportunity to cast a vote tomorrow to override the veto and provide this Nation's children with the health care they deserve. It is not a privilege for them, it is a right as an American citizen, and we are here to guarantee that. We are here to make an investment in our future and do the fiscally responsible thing.

This program is 10 years old now. It has been highly successful. No matter what the President said, it is clear, and people need to know this, this is a cap block grant program. This is State administered. This is private physicians and private insurance. Any words to the contrary is muddying the waters on this. We have seen this President try this before. He tried to sell this Nation on privatized Social Security, and this body said no. This President sold us, and many of us feel very strongly about this, sold us on the necessity to go to war in Iraq, and here we sit 5 years later understanding the implications of that.

We have an administration that is trying to sell this body a bill of goods. We are ready to override this veto tomorrow, and my colleagues here tonight are ready to illustrate to this body why they should cast their vote tomorrow in favor of overriding this veto.

It is a great pleasure to turn over to my good friend from neighboring Wisconsin and also one of the very few physicians in this body, someone who has worked on these issues his entire life who is dedicated to the treatment and making sure our children are healthy, and that is my good colleague, Dr. KAGEN from Wisconsin.

Mr. KAGEN. I thank my colleague, and I appreciate your kind words and your passion and your introductory remarks about SCHIP, which in Wisconsin is under the name of BadgerCare. BadgerCare cares for about 57,000 Wisconsinites today.

Would the President change his mind and sign the bill we passed, by enacting SCHIP in Wisconsin, we could sign up an additional 37,000 children and perhaps their young mothers as well. This is a bill that will determine what kind of Nation we are and which direction we are going to turn.

It will also answer the question whose side are we on. Are we on the