

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

side of special interests, the big insurance companies, or are we on the side of ordinary people, hardworking families that simply don't have enough money to purchase private insurance.

Ninety percent of the people in the SCHIP program across the country earn less than \$41,000 a year. And I submit if you are making \$41,000 every year, you don't have \$12,000 or \$14,000 to pay for private health insurance. This is a necessary program that will determine the life and the health of our children, on whose future we all depend.

I yield to my colleague, BRUCE BRALEY from Iowa.

Mr. BRALEY of Iowa. That is an interesting point, because we have been hearing all week how some people with incomes as high as \$85,000 will be covered. How does that square with the comment you just made that 90 percent of the people under the program are making less than \$45,000?

Mr. KAGEN. I would say it is a smokescreen, like many of the attempts of this administration to cloud the issues and kick up some smoke, to confuse the American people.

The State of New York asked for a waiver to cover those people under \$83,000 of income. They were refused under the SCHIP program; but that refusal became a fact. The fact is that we have never enacted legislation that covers people above \$41,000. \$63,000. I think \$60,000 will be the number now. But, look, this is about kids. Let's put a human face on this before we go any further.

This is a young girl. She is 3 years of age. She is Kailee Meronek. She lives in a trailer home with her 3-month-old sister; her mother, Wendy; and her father, Scott, who is a stay-at-home dad. Her mother, Wendy, makes \$2.33 an hour working in a restaurant, plus tips. They don't have the money to pay for insurance. They are covered by BadgerCare funded through SCHIP. This is the face of America. We cannot turn our backs on our Nation's children. They are our treasure.

Mr. WALZ of Minnesota. I thank the gentleman from Wisconsin, and I would like to talk a little bit about this.

This issue we are discussing is a program which has proven to be highly successful. It was put in to understand and address the issue that if you do not treat children with preventive medical care, you will treat them with chronic care down the road. Or you will treat them in a setting that is much more expensive, like in the emergency room.

This President is mischaracterizing what is going on here. The President is talking about some of the myths that he is putting out there to make this appear like this is some type of government-run health care program. Now I find it a bit ironic and a little bit disingenuous that there are Members who sit in this body tonight who would vote against SCHIP, yet receive government-paid-for health care coverage. These are children who do not have the choice.

President Bush, using the \$83,000 level, is simply doing it, and these are not my words. Take a look at this. This was USA Today talking about what they call the \$83,000 question. "Bush's claim is misleading at best; simply wrong at worst. The House would do well to look past the President's deceptive rhetoric and override this veto." The President is misleading the public on exactly what this does.

This is not the way to have this debate. This Nation needs to have an open, honest debate. Do we value our children to the point that we are willing to invest in basic preventive health care? And it is a question that stretches from Minnesota to Iowa to Wisconsin and across to our good friend out in California. I am glad to be joined tonight by Mr. MCNERNEY who, coming from the most populous State, understands the issues that face this, and understands that when a program is administered in coordination with the State at a local level, that invests in preventive care, that is a very conservative notion, and it is one that this Nation would be well served to, as our friends at USA Today said, look past the rhetoric.

I yield to the gentleman from California.

Mr. MCNERNEY. I thank my friend from Minnesota.

Madam Speaker, the President turned his back on about 10 million American children that he could have protected. I am actually appalled by this decision to veto funding for children's health insurance, and his rejection of support from nearly every U.S. Governor and almost three-quarters of the American people.

The Children's Health Insurance Program is a good program. It is worthy and efficient. It costs less than \$3.50 per day per child.

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However, rather than protecting our children, this President put at risk nearly 45,000 of the children in my district and millions of children across the United States. As the cost of health care continues to rise, which it will, it's reckless to oppose a plan that covers our country's most needy children.

Let me tell you what I'm talking about in more personal terms. It's going to cost a family of four about \$750 a month for health insurance. That's about \$9,000 a year. If you're earning \$45,000, you have a family of four, \$9,000 is completely out of reach, and this follows on my good friend from Wisconsin.

You have to pay for gasoline, you have to pay for your car, for your transportation, about \$1,000 to \$2,000 for your mortgage. How on Earth are you going to be able to afford \$9,000 a year for health insurance? You're going to be forced to take your children to the emergency rooms when their situations are critical.

So the Children's Health Insurance Program is very important. It's needed. Our children need to have that.

Mr. KAGEN. So let me review and see if I get this straight.

These funds come from the Federal Government in the grant form. It's capped in this expense. It goes to every State, and every State that we have in the Union fashions their own program, whether or not they choose to cover the mother of a child.

Listen, as a doctor, I have to tell you, in 30 years of practicing medicine, I have never seen a child in my examination room without the mother or a caregiver that was responsible for the children. So we, in Wisconsin, cover the parent, the mother, as well in order to increase the enrollment in this program.

This reauthorization of this SCHIP program, it's primary intent is not just to retain the 3.8 million children who are covered, but to expand it to all the children in the country who are already eligible and to expand it from 200 percent of Federal poverty level up to 300 percent.

So, if I understand the facts, the facts are these. It's a State-run private program. Poorest working families are the focus. It costs \$3.50 a day per child to keep them covered, and we hope to cover 10.4, 10.8 million children across the country. So these are the facts as I understand them. Covers kids up to age 19; is that right?

And did you hear the same argument that I heard on this floor, that it might cover illegal aliens? Is that a fact?

Mr. WALZ of Minnesota. Well, no, absolutely. But I think it goes back to this about the open, honest discussion.

This Nation I think overwhelmingly, and we know that in each of our districts, whether it's California, Wisconsin, Iowa, Minnesota, no matter where we're at, we hear this, Madam Speaker.

I would like to just for a minute before I send this back over to my good friend from California, I think it's important to understand that all of us received a letter today, an impassioned letter, one that I feel very strongly illustrates where we're at. And this came from our colleagues over in the other Chamber, over in the Senate. It came from Senator BAUCUS, the Democrat from Montana. It came from Senator GRASSLEY, your Senator from Iowa. It came from Senator ROCKEFELLER in West Virginia, and it came from Senator HATCH out in Utah. And what they told us was this. They sent us this letter dated today as we get ready to cast this vote.

"Dear Colleague:

"As you prepare to cast your vote tomorrow on the Children's Health Insurance Program Reauthorization Act, those of us who took lead roles in writing the bill in the Senate would like to provide you with detailed information about the legislation. The material below responds directly to the great amount of misinformation that has been spread about this bill. We hope that you will take time to review these facts before you vote. The four of us

worked together on a bipartisan basis for most of this year to craft" this piece of legislation "that will do just what we all want to do: serve low-income children who currently lack health coverage. The following information separates fact from fiction." And let me read you their first line.

"Fiction: The compromise bill would expand coverage for children in families with incomes of up to \$83,000 a year.

"Fact: The bill does not raise the eligibility level for CHIP. While the State of New York did ask the Department of Health and Human Services for approval to raise eligibility" of the poverty level to 400 percent, "the Secretary rejected New York's request."

Many of us in here understand why New York City would ask to raise it in this case. It was not accepted, but the issue is the cost of living and the cost of delivery in New York City, but it was rejected. It never happened. It never went through.

The President of the United States restated a myth today with the purposeful intention of misleading, as this said, at best, wrong at worst, and I said, these are the types of things, we're here to have the discussion.

If this body and Members that were with us choose to cast their vote against overriding this veto, it should be based on factual knowledge. It should be based on the understanding of what this is going to do, and it should not be based on political rhetoric.

And with that, I turn it back over to my friend and colleague from Iowa.

Mr. BRALEY of Iowa. I don't understand, because you mentioned three key Republican sponsors of the SCHIP bill in the Senate, one my Senator and my constituent from Iowa, Senator CHARLES GRASSLEY.

And I'm looking at today's Congress Daily and there's a quote in here from TOM REYNOLDS, a Representative from New York, and he says, I want Republicans at the table and then I want to write a decent bill that will serve poor children first.

But it sounds to me like Republicans were at the table for months helping craft a bipartisan compromise bill that put the needs of poor children first. So I'm confused.

Mr. WALZ of Minnesota. And I would respond to that, and the thing that I think this Nation wants more than anything is, this is a body and there are Members, please don't get us wrong. There's a veto-proof majority with many Republican sponsors on the Senate side. We had 45 of our Republican colleagues in this body vote with this.

This was crafted in 1997 under President Clinton, Democratic President, and a Republican House and Senate. This is a good piece of legislation.

I might also add that 43 of the Nation's 50 Governors are supporting this wholeheartedly, the piece of legislation we came up with. Fifteen of those are

Republicans, including my Republican Governor, Governor Pawlenty, who happens to chair the Governors' Conference in this country.

So this is a strong piece of legislation. Many of us I think are quite confused, as you're right. This is something that Republican authorship on this should be proud of, as Senator GRASSLEY and Senator HATCH have been, and I applaud them for their vision. I applaud them for reaching across to us to find a good piece of legislation, and I yield to my friend from Wisconsin.

Mr. KAGEN. But it isn't just Governors, both Democrat and Republican, that support children's health care. It isn't just the overwhelming majority of Senators. It isn't just the majority of Congresspeople. It's groups like Easter Seals, the March of Dimes, the American Medical Association, American Hospital Association, American Academy of Family Practice, American Academy of Pediatrics, and on and on we go.

Every organization that cares about people, including members of the faith community of all persuasions, is in back of this bill.

This bill makes sense. It's good for our children's health. It's good for our businesses. It just makes sense to invest in our children's future. To turn our back now at this point is morally unacceptable. It is morally unacceptable.

Mr. MCNERNEY. I just want to follow up on the bipartisanship here.

We passed this with a good margin here in the House. We got 265 votes, a clear bipartisan majority. They got 69 votes in the Senate, more than two-thirds. Our Governor in California, Arnold Schwarzenegger supports SCHIP. This is a significant achievement for us to work together to have us produce something that the majority of Americans want across the board, bipartisanship. They want us to cooperate. They want us to do good things for the country. Here, we produce something, we're proud and I'm proud of it, and the President chose to veto it.

So I think this shows that we can work together and that the President needs to come around to our way of seeing this. This is good for the children. Americans want it.

Mr. KAGEN. I don't want anyone in this Chamber or anyone in America to misunderstand the situation.

We present this bill. It's already a compromise. We passed a bill that cared not just for children but for our senior citizens on Medicare. Medicare beneficiaries, when we sent the bill to the Senate, would have gained what? At no additional co-pay, they would have preventive health care measures like mammograms, cancer screening, diabetic education coverage. But the Senate chopped off the health care additions for our senior citizens, said, no, this is a children's bill, and they sent us a bill that I felt was morally responsible.

This bill meets the needs of children. It's accepted by doctors, by insurance companies, by private hospitals. This bill is passable. This bill should not have been vetoed.

Mr. WALZ of Minnesota. I think it's critically important, Madam Speaker, to understand the President is framing this in simply a dollars and cents argument. He's saying that this goes beyond authoring \$35 billion in terms of what the compromise piece of legislation that overwhelmingly, in a veto-proof majority in the Senate, has passed, a large number of our colleagues across the aisle, 45, to join us on this piece of legislation.

Dr. KAGEN so clearly pointed out everyone from AARP to the Children's Defense Fund, Easter Seals, March of Dimes, Cancer Society, across the board, American Nurses Association, pediatric physicians across the country agree that this is a good bill.

But let's say for a minute that that's not the case and let's say that it is strictly a fiscal thing, if the President can separate a budget into being strictly a fiscal document, not a moral document that affects this Nation's values. He is still undercutting massively what it's going to take.

We have watched this administration throughout the President's tenure continue to underestimate the need. We saw it in the Veterans Administration, where we saw the President say, well, I have two things that I think about the Veterans Administration. We are going to see fewer soldiers coming into the system, and health care is going to cost less.

Well, there's not a person in America that wouldn't take the bet the sun's not going to rise tomorrow before they would take that.

So, in the President's bill here, under the President's current piece of legislation, not only will we not add the 9 million American children who aren't covered, and I would like the President to go by and decide which one of those faces gets coverage and which one does not in this Nation. If he chooses to go with his piece of legislation, asking us to compromise, he is going to cut 840,000 children who are currently on the program off. We're not talking about even maintaining the program. We're talking about undercutting it. And under our bipartisan congressional bill, 3.8 million additional children will receive their coverage.

So you can see the difference here. When we have compromised, when Senator GRASSLEY, Senator HATCH, when 69 Senators on the Senate side and 265 Members of this body and over 70 percent of the American public say this is a good piece of legislation, we have done our compromising. It is now time for the President to decide that he is not the sole decider on this.

The American public has spoken on this, and it is time to do the right thing: cover our children, get them good preventative care, keep them out of the emergency rooms, keep them

healthy, keep them in school, keep them moving forward, and keep this Nation in a place where it should be.

With that, I yield to the gentleman from Iowa.

Mr. BRALEY of Iowa. I appreciate that and I thank the gentleman, and I think that the heading of the chart that you're standing next to summarizes what this really boils down to, because there's been a disconnect between what the President says about his commitment to children's health care and what his actions represent.

I'd like my colleagues who are here tonight to take a walk down memory lane with me, because many of us got our motivation to run for office as a result of the 2004 Presidential elections. And if you remember back with me to September 2, 2004, at the Republican National Convention, this is what our President George Bush said about his commitment to children's health care.

He said, America's children must also have a healthy start in life. In a new term, we will lead an aggressive effort to enroll millions of poor children who are eligible, but not signed up, for the government's health insurance programs, the very same programs we're talking about here tonight.

He begins again, We will not allow a lack of attention or information to stand between these children and the health care they need. That's what our President said as he stood on the brink of his second nomination.

Now, I want to take you back to what was one of the most memorable nights of my life, my first State of the Union address, which took place right in this Chamber, January 23, 2007. I sat in here with all of my new colleagues listening to the direction from our President on what he was going to do to lead us in a new direction on health care.

What did he say on this subject? When it comes to health care, government has an obligation to care for the elderly, the disabled and poor children. We will meet those responsibilities.

Well, his words don't mesh with his actions in vetoing this important legislation, and that is why it is important for us, on behalf of those children, America's kids, to stand up and speak out and say it's time to live up to the values that you have been talking about and deliver on the promises to insure America's uninsured children.

Mr. KAGEN. Well, I think you get it and I think the American people are beginning to understand that it takes officeholders with good judgment. People in Wisconsin have been writing to me and sending me postcards and e-mails, and I'll just quote from a constituent from Appleton, What is it with this country? Health care for the rich and those in government? The rest of us can just die or try and live with broken bones and illness.

I think the American people are beginning to understand whose side we're on and where we need to be going in this country. We cannot allow this veto

to stand. It's morally unacceptable. It's bad for our business. It's bad for the health of our Nation.

We know from our studies that children, if they're healthy, well-nourished in the first 5 years of life, it sets them up for good health for years to come. We know that the developing human mind in the first 5 years is beginning to jell and form neuron structures and connections that will help them all throughout their days.

We have to be kind to our youth and our seniors as well. Of course, I would like the original version of this bill, but things in this place aren't always the way we like them. We did compromise. This is a compromise bill. It's one that makes sense and is good for our health.

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We often tell ourselves that America is the greatest country on the Earth and it is the greatest country in history. Now it is time for us to live up to that expectation and to that level of greatness and protect our children, our children from age 0 to 5, they are forming, their brains are forming and they are going to develop attitudes and health characteristics that follow them their entire lives. We need to protect the least among us, those that are least able to defend themselves and protect themselves. We need to make sure that we give them the start in life that allow them to achieve great things and continue to lead our country into greatness, defend our liberty, to defend our ideas. And we start that with good health at the youngest age.

I yield back to my friend from Iowa.

Mr. BRALEY of Iowa. I want to thank you. One of the things that we rarely talk about is the human faces that Congressman KAGEN was good enough to share with us from our district. And I want to share a personal experience from my own life, and I think it illustrates the importance of what we are talking about here today.

About 15 years ago when my wife and I had our three children, who were all young and in school, my wife and I got involved through our church in a mentoring program at a city center school in Waterloo, Iowa where we lived. As a result of that, I started mentoring a young fourth grade student named DeUndre, and then I got involved in Big Brothers, Big Sisters as an outreach of that program and spent a lot of time with him and his family.

When he was in sixth grade, DeUndre started complaining of pain in his abdominal area, and he ended up going to the hospital and they diagnosed him with acute large cell non-Hodgkin's lymphoma. They did surgery to remove the tumor, and then he spent about 6 weeks undergoing chemotherapy in the pediatric oncology unit at the University of Iowa Hospitals and Clinics in Iowa City. And I was faced with a choice, because he had nobody in his family who could go with him and be there when he was going through that

ordeal. And I made a decision after speaking to my wife that it was going to be me who was there for him. And I spent that time watching young children with IV drips in their arms receiving chemotherapy, no hair, going in and out of each other's room, taking care of each other and helping each other get through a very difficult time in their lives, knowing full well that many of those kids were not going to live to see their 15th birthday.

And one of the things that I learned from that is that people like DeUndre, who depended on Medicaid to provide for their health care, were lucky because they had the resources to get a diagnosis and treatment that saved their lives. Many of the kids we are talking about in these 10 million uninsured children are in that window between those who qualify for Medicaid benefits and those covered by private pay plans. And that is why it is so critical that we perform the role that we are talking about so that those children aren't stuck without the opportunity to get early intervention, early diagnosis, and early treatment of life-threatening illnesses and diseases. It does make a difference in the lives of these kids, and that is why we are here tonight talking about this important issue.

I yield back to my friend from Minnesota.

Mr. WALZ of Minnesota. I appreciate the gentleman's passion on this. And I think it is really critical to point out, the gentleman was bringing to notion of how SCHIP works, and we already had addressed the issue of the \$83,000 question that we know is just plain misleading.

I want to mention, in this idea of where this health care is going to come from, who is going to provide it; and I know that one of the issues that most affects families, they don't care what kind of insurance it is if they don't have it; they simply need to get it. And one of the issues here, and this again comes from Senators GRASSLEY and HATCH, the fiction of this, that Congress by doing this, the congressional bill is a step towards government-run health care.

This is our Republican leadership in the Senate listing the facts. SCHIP is a leader in combining public-private solutions to provide health care coverage to uninsured children. The CHIP Reauthorization Act encourages a mix of public and private solutions to cover children and limits the scope of the program to the low-income, uninsured children Congress meant to be covered.

So this idea of perpetuating these myths first and foremost doesn't get us at the heart of this. The bottom line on this is, this is a wonderful mix of trying to deliver in that gap area.

Now, when we are talking some of these numbers that we are throwing around, 300 percent of poverty and those types of numbers; right now for last year, this is a family at poverty level, \$17,170. Now, I would like to see

how someone can make that budget work. I can guarantee you that this body could not do it. And then at 200 percent of poverty is then the \$34,340 as you hear some of these numbers coming up. So the President's claim that this is pushing children into some type of government-sponsored health care is simply not the case.

And the last thing I would like to do on this is that children who already have insurance, this myth has been out there and this is listed here. The fiction is Congress would move children with private insurance into government-run health care. The President reiterated that myth today at his press conference. The fact, according to Senators GRASSLEY and HATCH is, according to independent Congressional Budget Office, and the one thing I would like to make very clear is the President is totally entitled to his opinion; he is not entitled to his facts. And the Congressional Budget Office, which is independent, clearly states, the Congressional Budget Office: The rate of substitution of public coverage for private coverage or what is called crowding out would be lower under the compromise bill than it is under current law.

So the fact is, not only is this not going to happen, it is going to get better under this piece of legislation because the coverage will be there. So this idea of these myths, and when you hear the story of a young man who is facing these type things or a family that is going to take those type of decisions, and the President trying to tell the American public, well, this is for rich people, 94 percent of people falling in that 200 percent or lower that are on that are children. The President is saying it is those with \$83,000; it is government-sponsored socialized medicine. We dug that word back out of the seventies, apparently. Or, it is going to force people who have private health insurance to take it on the government dole. None of those things are true.

I yield to the gentleman from California.

Mr. MCNERNEY. I want to follow up on what my good friend and colleague from Iowa said about being in the children's hospital and looking at children suffering with devastating diseases. We can think of this as sad, but if we look at that with the great spirit and hope that these young children are showing, we can find true inspiration. We can find true appreciation for the human spirit. But, we cannot let them suffer alone. We must stand together. We must come together for these children and give them the help they need to overcome these devastating illnesses and bring the kind of future that they will bring to our country and to the future of the world.

With that, I would like to yield to my colleague from Wisconsin.

Mr. KAGEN. I think that we are beginning to air out some of the smoke that has been filling up this chamber and some of the misinformation com-

ing from the bully pulpit down the street. But I don't think that message of confusion is confusing anyone like Wendy and her 3-month-old baby Cassidy. Cassidy, the 3-month-old baby that she is holding, she doesn't understand health care. She doesn't think about having insurance. She is looking for her next meal. She is hoping that she has got someone there to support her, to help her out, to help lift her up through her early years, I am sure. And Wendy is working hard at \$2.33 an hour plus tips. She is working hard. She needs a little lift, a little help along the way.

But I know that people in Northeast Wisconsin, because I've asked them: Look, I'm working for you. I'm your hired hand. Here is your hard-earned tax money. Where do you want me to spend your money, here at home on your children to guarantee that they are healthy, that they can see their own doctor, their own physician in their doctor's office and not in the emergency room? Or, do you want your money to be spent overseas in the sands of Iraq?

I yield to Mr. WALZ who has some data on what it is costing us per day.

Mr. WALZ of Minnesota. What I would like to talk about first is, and I said the good news in this is, this is a defining moment tomorrow. This is a defining moment, Madam Speaker, and my colleagues in this House, of what this body does to represent the American people. And if my colleagues who are undecided as of now want to know where the American people are at, the latest poll just came out from CBS News. This is the largest one done to date on this, and here are the factors: Would you favor the Democratic version of expanding SCHIP? Eighty-one percent of people in this country, in Iowa, in California, Minnesota, in Wisconsin, in Florida, in Georgia, across this Nation, agree.

Now, here is the real kicker. This is the part I think for us to listen and to hear this. They look at that picture. They see that little baby, they see that mother. And this Nation's heart is where it is at. They know exactly what we need to do.

They even went so far as to ask them a tough question. Keep in mind, under this new House leadership over the last 9 months, we have to balance the budget. We have to go by PAYGO. It is no more paying and letting the children in the future pay for it. That is not happening on this. So under this piece of legislation, they even asked people in this poll: Would you be willing to pay more taxes to expand to this program? Seventy-four percent said yes. Seventy-four percent of the American public is willing to give their tax dollars to help fellow American children receive the health care that they know they so richly deserve. And the issue of that is, is this Nation knows it is morally right, it is fiscally right, and it invests in the future.

I said we know this is an issue that the American people, as Dr. KAGEN il-

lustrated, the physicians are with it. The groups that care about this are with it. The majority of Members in the Senate are with us. The majority of the Members of the House are with it. And we have an opportunity here. We are about 12 hours away from being able to decide and override this veto and show that the system works.

Mr. BRALEY of Iowa. One of the things we have been talking about is what this program would do that the President vetoed. But what we really haven't spent a lot of time talking about is what the President originally proposed, and what that would mean for existing children who are covered by SCHIP and would lose their benefit if the President's plan had been put in place. And when President Bush originally proposed his SCHIP proposal, it provided a \$5 billion increase over a 5-year period, which wouldn't even be enough to maintain the current enrollment of kids under SCHIP.

I would just like my friend from Minnesota to comment about what we really haven't been talking about, and that is where the President stands when it comes to taking care of our kids.

Mr. WALZ of Minnesota. Absolutely. And this issue again comes back to the basic core principles of budgeting. I would just like to refer to the chart here for a moment.

Whenever you make a budget and whenever we sit down in this body, we have to determine what our values are, what our priorities are, put them in order, and pay for them accordingly. The President has indicated that this is simply too expensive, that we cannot do it. Now, to keep in mind, I want to give an illustration here. The cost of a day in Iraq in the war is about \$33 million. To get an idea, that is about a quarter of a million children we could cover. For 37 days, just over a month of what this war is costing us, and this number doesn't include, by the way, soldiers' salaries nor the health care costs that, it was estimated in a hearing I was at today, are going to cost us somewhere in the neighborhood of \$9 billion a year, probably stretching, with the total cost coming from CBO and the Congressional Research Service, to \$1.3 trillion over the next 15 years. We could cover all 10 million kids.

So we have got a decision to make in this country, where we are going to put our resources, where we are going to invest, where we are going to see the future on this. And this is a simple decision. When the President comes to this body and will demand, cajole, just about everything you can think of and tell us why he is going to need \$200 billion, of course he told us 5 years ago that it was silly when General Shinseki mentioned that this might cost \$100 billion. Of course, General Shinseki was let go. He didn't agree with that budgeting. Or, that we might actually have to take care of more veterans. That is why we ended up short for the last 3 years taking care of our veterans.

So the President is going to say this is a budgeting issue. This is the same gentleman that did what the previous 42 Presidents could not do. He got us into a trillion dollars in debt to foreign nations. It took him about 60 months to be able to do that while it took 218 years for our previous administrations. This is the one who took a massive surplus under the Clinton administration and turned it into a massive deficit.

So the President's credibility when it comes to fiscal matters is pretty much zero. This Nation, 81 percent by the latest numbers, and possibly more, are saying, invest in the children, invest in the health care. Do what is right.

I yield to the doctor from Wisconsin.

Mr. KAGEN. I don't want anyone to mistake my position on this. I am not in favor of government-run health care. We don't need socialized medicine in these United States. We do have a VA system that was in disarray until we got here. This class of 2006 helped to save our military veterans' health care. We helped to save our active military from a condition that was deplorable. Everything that the President has said he was, he is not. He was not conservative. He spent us into the drink. It is borrow and spend, and borrow and spend.

But this discussion, really, is about our Nation's children. It is really about where we are going as a Nation and what kind of Nation we really, really are. From your report of the recent poll, the American people get it. And we are resonant to their message. We are listening to their message. We have got the judgment. But, my friends, people of the country have to understand that Cassidy doesn't have a murmur of a prayer unless we get in the next several hours, by tomorrow when we vote on this bill, another 15 votes from our Republican side. We have got the Democratic votes. We need our Republican colleagues to come on over, to understand that this is not about partisanship. We cannot separate the politics and the policy. We have to put them together. They have to be in harmony for our children to get the health care that they so richly deserve.

I believe in my heart that with good people thinking this thing all the way through; one of the problems we have had in this country in the last several years, we have had an administration that in my opinion doesn't think things all the way through. You cannot say "no" to Cassidy; you cannot say "no" to Kailee and the millions of other children that need our support in the next several hours.

I yield to the gentleman from California.

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Mr. MCNERNEY. We know the poll numbers are very strong, 81 percent. We know the financial numbers are very strong. But this isn't about polls. It's not about money. It's about our responsibility, living up to our responsibility as Americans to our children.

We know that we can send a man to the Moon. We can make technology. We can produce the best art, the best science, the best music, and, yes, we do have the very best health care services in the entire world. So let's extend some of that service to the ones among us that need it the very most, the poorest children, Cassidy and her daughter, the children that cannot afford it that need health care to get through those first 5 years of life.

So let's come together. I urge my colleagues to come together to do the right thing and to vote in a bipartisan way to override this misguided veto and pass the Children's Health Insurance Program.

Mr. WALZ of Minnesota. Well, I thank the gentleman, and I'm encouraged. I'm encouraged by the number of Members of this body that understand this issue. I'm encouraged by the willingness of our friends on both sides of the aisle to come together. I'm truly encouraged by the leadership of Senator GRASSLEY and Senator HATCH working on this.

I'd like to bring up one more point on this of fiction versus fact, that I think this is one of the, maybe the meanest spirited part of this. And something that gets brought up, and unfortunately all too often is brought up, this idea of scapegoating or trying to mislead the way the public, it obviously is not working very well with the numbers coming out of the latest poll, but this idea that somehow a nonlegal resident of this country, an illegal immigrant would be eligible for this. I don't know how many times we need to state this. But I think that, Madam Speaker, that those of us in this body owe it to one another to be very, very clear when we state this.

The fiction part says that the compromise bill would allow illegal immigrants to get SCHIP. Here's what our Republican leadership in the Senate has said. "Section 605 of our bill states the following: Nothing in this act allows Federal payment for individuals who are not legal residents." Anything to the contrary, if I would go back to the beginning, is simply misleading or, at worst, is an absolute attempt to distort or to be dishonest about this.

This is not, and I reflect back with each of my colleagues here. This is not a Democratic bill. This was a bill that was crafted under a Republican House and Senate and a Democratic President. It is a good piece of legislation. Our 43 Governors across the country support it. Numerous organizations that you have heard about, ranging the spectrum from the American Medical Association to the Easter Seals to the Cancer Society, to AARP, you name it and they're there. This is a good piece of legislation. And if the American public wants to understand how close this is or if, Madam Speaker, if you'd like to check with the Members of this body, there needs to be about 25 Members of this body switch where they're at on this issue. That's all we're asking

for, to switch them. We've got them to compromise on that. We get these 25 people, and all of a sudden we're looking at 10 million children getting the care that they can.

Decisions are big around here. There's repercussions for your decisions. There's repercussions on the American public understanding what this body's job is supposed to do. And by all accounts, and each of us hear it, the American public, I would be willing to bet, it would be very difficult to find any issue that 81 percent of the American public agrees on, and this is the issue.

So tomorrow we have the opportunity. The President can choose to see if he wants to see his veto upheld. The Members of this body have the opportunity to make a difference.

So, Dr. KAGEN.

Mr. KAGEN. Mr. WALZ, I thank you for yielding. And I'd like to share with you, my colleagues, one of the lessons I learned as I left my medical practice and entered the world of politics to become a candidate and now Congressperson here in Washington.

I used to think it was doctors and nurses that really determined who would live and who would die. But really, it's politicians like you and I. It's politicians that will determine whether or not Cassidy has access to health care that she requires. It's politicians that took us to war based on lies and deceptions. It's politicians that have to get over the fact that they're not going to get a political donation from a child. The children don't have a voice in this body. We have to stand up and speak for them.

One of those people, not a child, from Marinette, Wisconsin, wrote to me this: "I'm a single person but I can't afford medical insurance unless it has a very high deductible, and then it's still expensive. I have many medical problems, and cancer runs in my family, but I can't afford tests or treatments because I don't meet requirements for free checkups."

You know, my friends, it's not just about children. This bill is focusing on the health needs of our children.

Later in this session, and next session, we will also take up the cause to guarantee access to everyone. Every citizen in this country deserves the right to see their doctor, their doctor when they need it. And I believe, in my heart, that we'll come around to get these 15 votes to override this veto and begin to change America.

We have to begin to think differently in this country and solve our problems by getting together, by working together and building a better future for everyone. It has to start tomorrow, in my opinion, and the opinion of many people throughout the country. It has to start now, right here and right now by caring for those who are most in need, our Nation's children, on whose future we all depend.

And I yield to my colleague.

Mr. BRALEY of Iowa. Well, I wanted you to yield for a question, because I

think a lot of us remember those old Fram Oil commercials where you can pay me now or pay me later. And as a physician who's taken care of children, as a physician who got referrals from primary care physicians, one of the things we're always concerned about in this body is the long-term cost of health care as we move forward as a Nation and how we're going to be able to afford health care for every man, woman and child in this country.

But what I'd like you to talk about is what impact it has on our long-term health care costs when people like Cassidy don't get access to the primary care, they don't get early diagnoses, they don't get early treatment, they don't get early interventions that allow us to nip those problems early on before they turn into catastrophic illnesses where the cost is greatly escalated.

And because of your background, I would ask my friend from Wisconsin if you could enlighten us about what that means in a practical setting.

Mr. KAGEN. Well, when an attorney asks me a question, I have to give a short answer, yes. You're right. In more detail, and quite seriously, every study that's ever been performed has proven that preventive health care, that disease management, saves money and saves lives. In diabetes it saves limbs. If you have a diabetic that is more under control, with their glucose maintained within a normal range, you gain longer life, less kidney failure, less heart disease, and your limbs, the circulation in your limbs, your lower extremities, in particular, are maintained. Diabetes is one example. In asthma it's yet another.

Several years ago, 5,000-some children and adults would die from asthma attacks in this country, and with a disease management program, we've reduced the hospitalization rate of children with asthma.

Asthma is the number one cause of hospitalization for children. Asthma is a very common illness today. It's in epidemic proportion in our major cities. Where, in our major cities? Well, there's lower poverty rates in our lower cities. And it is our Nation's children who are in low-income stratas that are developing allergy and asthma much more frequently. They need preventive health care. It saves money and it saves lives.

And to think of it a little differently, we can lower the taxes of every town, of every city, of every State in this country by having children that are healthy. By investing in the health of our children, we can lower people's taxes. This just hasn't sunk in yet. It will some day, if we fail to cover our children's health care.

And I yield.

Mr. WALZ of Minnesota. Well, I think the two gentlemen make excellent points on this. It's about having a vision. It's about understanding investment.

I would argue it has sunk in, Madam Speaker, to 81 percent of the country.

It simply hasn't sunk in to another 25 Members of this body that will start to get that.

I want to give just an example here, a couple on this. This idea that the President's going to decide again, and the claims that came up here and, of course, the chart we talked about where the President's going to cut back on numbers, we have a situation now where we have children uncovered. The President is going to decide. Now, our bill is going to get us to the number we want to try to get to. The President is going to say, no, there's not enough there to get that. Well, he calls himself the decider. So Madam Speaker, I'd like you to think about this, and I'd like Members of this body to think about this.

Who gets coverage? Which one of these families gets coverage? You decide. Some aren't going to if you get the President's way. Our way makes the decision pretty easy. Cover the children.

How about the Wilkerson family from St. Petersburg, Florida?

"This is personal not only to us but millions of parents," said Bethany's mother, Dara, in a telephone interview.

"Dara Wilkerson said Bethany had to have heart surgery in 2005, when she was 6 months old, after doctors told them she'd been born with two holes in her heart and a valve that didn't close. The Wilkersons said their annual income was about \$34,000 from their jobs, and they couldn't afford private insurance, and it wasn't offered to them. But even if they could, Bethany had a preexisting condition. The heart problem she was born with made enrollment in private plans impossible, her mother said. Thanks to Florida's version of SCHIP, the State Kid Care Program, Bethany gets the care she needs and has recovered and is a healthy, happy little girl."

The President can be the decider. Does Bethany and her family get the coverage or not? It's his decision.

How about the Spaeth family from Kentucky?

Tonya Spaeth will give birth to a baby whose health care is the subject of a contentious debate on Capitol Hill. For the Spaeth family, such matters go far beyond a political debate. The baby's two older siblings have spent much of their lives in Kentucky's version of KCHIP, which insures 51,000 uninsured, low-income children who don't qualify for Medicaid. The Spaeths pay \$1 or \$2 for prescription medication and a \$20 monthly premium. Mom and dad both work, but are absolutely unable to afford private insurance, which would run about \$400 a month. So you want to throw them off? We can see what they did.

How about the Mackey family from Memphis, Tennessee? When Barbara Mackey's sister sent her an e-mail earlier this year about Tennessee's new CoverKids health care, she jumped at the chance. CoverKids is making a huge difference, said Barbara, who

earns less than \$20,000 a year as a bookkeeper at a church daycare center. The center offers health insurance to employees but not their dependents. Barbara said three of her four children were covered under the TennCare health insurance program for the poor, but lost coverage when the State ruled that the family's income was too high to qualify. So do you want to throw off Barbara Mackey and her children?

The list goes on and on and on. So the decider is going to be able to make a decision. We, as the deciders of the people's will, the 81 percent of people who agree with this, the 74 percent who are willing to give up their hard-earned dollars to help invest, as we heard our good colleague from Iowa and from Wisconsin say, this is a good piece of legislation. It's bipartisan. It's well vetted. It's ready to go. It passed both Chambers. It was vetoed. And tomorrow we're going to have the opportunity to set that record straight. And I look forward to this vote. I look forward to standing on this floor with my colleagues and proudly casting that vote, knowing that this Nation's priorities are straight. This Nation's priorities are right. This Nation's commitments to its children are unwavering.

I yield to the gentleman from Wisconsin.

Mr. KAGEN. Let me share with you just one such story of a patient of mine; actually, her children were my patients, and Jenny was a single mom with two young asthmatic children. And they were in my office by referral from their physician, and I made a diagnosis. I wrote some prescriptions for each child. I said, "Hey, I'll see you in a month, and they'll be doing fine. They'll be back in school. They'll get the education they need. They'll be healthy."

A month later she came back in with her children and these children were still wheezing. You know me pretty well; I'm right to the point. I said, "Well, you know, Jenny, this medicine works pretty good if you put it in their mouths." And she was sitting next to me and she took up her purse and opened it up and took out the very same prescriptions I had given her a month earlier and put them on my counter. And she said, "Well, Dr. KAGEN, I don't have the money to put it in their mouths. I took your prescriptions that you gave me to the pharmacy. I stood at the counter. I could see the medicine, but I couldn't afford to put it in their mouths. What are you going to do about this? How can you help me? How can you help me?"

Well, I stood up and said that's it. I've got to run for Congress. I can't change health care by becoming mayor of Appleton, Wisconsin. I can't change health care by going to be a Governor in the State House because we can't fix health care. This is a national crisis. You can't fix it State by State. Insurance companies are hiding behind State lines.

So I came here to work with you. As you all came here, so did I, to bring our country back to the basics. We have to get back to the basics in this country. And I'll just echo, not just what my patients have been telling me, but everybody along the parade routes, everybody I meet at the grocery store, everywhere I go, people say this: "Hey, KAGEN, I want my country back." They don't just mean a border that they can see. They don't just mean having a President that will obey the rule of law. They mean they want their morals back. They want their standing, their country to stand up tall and say we care about our children and we're willing to invest in their future.

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This is Jenny's story, and I bring it to you and I share it with the Nation. We cannot turn our back. We cannot say no to Jenny. We cannot say no to Wendy and her children. They are working hard. These are hardworking people. The 47 million people that don't have health insurance today, two-thirds of them are hardworking people. They simply don't have the money to pay an insurance company for what benefits they may or may not get if they have insurance.

But this bill just makes sense. It's good for our Nation's health. It's good for our business. It's paid for. It's pay-as-you-go. Where do you want to spend your money if not on your children and their future?

I yield back to Mr. MCNERNEY.

Mr. MCNERNEY. Thank you very much.

I would like to ask a rhetorical question. What gives you the most joy in life? And the answer, of course, is your children.

You go to the mall. You are walking down. You've had a hard day. You see a child. You bend over, you talk to it. It brings a smile to your face. You're walking down the street in your neighborhood. A young mother comes along with a baby and cart. It brings a smile to your face.

And it's not just the United States of America. It's a worldwide phenomenon. People love children. They love to dote on their children. They love to spend money on their children. They love to do everything they can to give their children the best possible future they can.

So why can't we come together on a bipartisan basis and give our children the health care they need to be productive citizens in this country, in this world.

And that's a rhetorical question that I will leave with the gentleman from Wisconsin.

Mr. KAGEN. Madam Speaker, it's not such a difficult question to ask, Whose side are you on? Are you on the side of Cassidy and her mother, Wendy? I am. I know my colleagues are. Whose side are we on? We will answer that question tomorrow.

Mr. BRALEY of Iowa. Madam Speaker, we have talked about the human

face of this problem, and I just want to briefly talk about the numbers that affect a single congressional district.

In my district, the First District of Iowa, 7,000 children are covered by the Children's Health Insurance Program. In the State of Iowa, there are currently 37,000 children who benefit from this program. This bill will allow 26,400 additional children to have the benefits of health care. But if we don't act, 37,000 children could lose the opportunity in my State to have the type of coverage we're talking about.

And one thing we can't do is we can't turn our back on those kids. We can't collectively fail to have that smile from doing something right that we all believe in, taking care of the most vulnerable people in our society, making sure they have their basic needs met. That is a responsibility we all have as parents. That is a collective responsibility we have as a Nation to the children of this country. And when we come into this Chamber every day, that should be the foremost thing in our minds: providing basic needs and making sure that they are met and empowering people to meet those needs on their own.

So with that I want to thank my colleagues for joining us here tonight.

Mr. WALZ of Minnesota. I thank my colleagues. I thank you for your passion. I thank you for speaking out for those Americans and speaking out especially for those that are least able amongst us, the children, the children of those that are not as advantaged.

It doesn't happen often, but tomorrow we are going to get the opportunity. You hear a lot of politicians talk about family values. Tomorrow they are going to get an opportunity to cast a vote that really will affect family values. That ability to put that smile on that child. That ability to take that child in and give them the preventative care necessary to see that child grow up and be a productive member of society.

I am proud to be prepared to cast this vote to override this veto with my colleagues.

Mr. KAGEN. And together we will.

SCHIP AND EARMARK REFORM

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

Mr. GINGREY. Madam Speaker, I thank my leadership for allowing me to lead the time during this next hour. And my intention, Madam Speaker and my colleagues, is to talk about something that is hugely important in this town, in this body, and across this country, and, of course, that is the issue of earmarks.

But, Madam Speaker, before I get to that, I couldn't help but hear my colleagues on the other side, the freshmen Democrats, who just spoke about the

SCHIP program. I will say this, Madam Speaker: they spoke well. They spoke in a very articulate manner. I commend them for their sense of presence in this body. They are all doing a great job.

But, Madam Speaker, talking about overstating and being over the top on some of the comments that were made that I just heard over this last hour listening to my colleagues, it's amazing.

The gentleman from Minnesota was critical of the President, overstating the issue of the SCHIP program in regard to covering children from families up to 400 percent of the Federal poverty level. I don't necessarily argue with the gentleman over that point. But then the doctor from Wisconsin went on to make a comment, and I think I am accurate in quoting him. He suggested that the Commander in Chief, the President of the United States, went to Iraq over lies. Then he went on to say that the country needs more than a President who refuses to obey the rule of law.

Now, you talk about overstatements and embellishing and really getting entirely off the subject. So I just want to remind my colleagues, let's do indeed stick to the facts.

The facts, Madam Speaker, in regard to the State of Wisconsin, my good friend, the good doctor, the allergist from Wisconsin, I would quickly point out to him that in his State, he showed that picture, that kind of heart-rendering, tugging-at-your-heart-strings picture of the mother and child, the mom, Wendy, and the child, Cassidy, and sort of making his point that we need to expand this SCHIP coverage by 140 percent to cover 6.4 million children that we are covering under the current program, but to increase that to over 10 million children.

Well, not only that, Madam Speaker and my colleagues, but the gentleman from Wisconsin, in his State 66 percent of the people that are covered under the SCHIP program are the Wendys, not the Cassidys. Mom and dad that have maybe one child that are in that income bracket, 100 to, I think, in Wisconsin it goes up to 180 percent of the Federal poverty level. Not only are the children covered but the parents are covered as well such that in that State, 66 percent of the total people covered are adults, not children at all. And Wisconsin is not the most egregious State, Madam Speaker. There are a number of others.

The State of Minnesota, the gentleman from Minnesota was leading the time. I think probably 70 percent in Minnesota are adults.

And if my colleagues want to come down, I will yield to them if they want to dispute those figures and we will talk about it. I would be proud to have them interrupt me and get in a colloquy, in fact, about this.

So I am here tonight during this Special Hour, Madam Speaker, to talk about earmark reform, and we will get to that. But I think this is just really