

times of economic crisis. And it was such a compelling article, I wanted to read part of it into the RECORD tonight.

It talks about some of the recent bloodbaths that we have seen on Wall Street that prove the trouble in our credit markets have not been relieved by the Fed's rate cuts. The Dow Jones slipped 367 points on the 20th anniversary of Black Monday, the stock market's biggest 1-day loss in history. And in the past week or so, Asian markets have plunged. Stocks are down sharply in Japan, Australia, Hong Kong, Indonesia, the Philippines, Taiwan, and South Korea. And there are ongoing problems being caused by what is happening in our subprime housing lending market.

"The sudden downturn in our stock market has provided a fitting backdrop for Treasury Secretary Paulson's appearance at the G-7 meetings here in Washington. Paulson has largely shrugged off the decline in housing and the growing volatility in the equities markets.

"What everyone at the meetings really wanted to know was why the United States destabilized the global economic system by selling hundreds of billions of dollars of worthless mortgage-backed securities to banks and pension funds around the world. 'Aren't there any regulations in the United States,' they asked? 'And how is Paulson going to make amends to the institutions and investors who lost their shirts in this massive mortgage scheme?' Unfortunately, the Treasury Secretary didn't address any of these questions. He offered no recommendations for fixing the problem. Indeed, I can tell you the Treasury Department isn't even offering public television ads and commercial ads in communities like my own that are suffering under the weight of these rising foreclosures.

Last month's net foreign influx of capital shows how quickly capital can evaporate when other countries lose confidence in us. In fact, foreign investors pulled \$163 billion out of U.S. securities and treasuries in August alone. Net capital inflows into our country have turned negative. And that's money that won't be returning to the United States until we get our act together.

This multitrillion-dollar subprime swindle was the greatest financial fraud in history. But Paulson and his colleagues at the Fed continue to blame everyone else. No one in China or Iran could have cooked up this structured finance rip-off which sent millions of homeowners into foreclosure, shattered 160 mortgage lenders, and undermined the global banking system. That was the work of Wall Street and their accomplices at the Fed.

Another article appeared in the New York Times by economics reporter Gretchen Morgenson. She calls her article, "Get Ready for the Big Squeeze." And she says, "Anyone who thinks we've hit bottom in the increasingly

scary lending world is paying little mind to the remarkably low levels of reserves that the big banks have set aside for themselves for loan losses. And who let that happen? Part of the problem for banks is the result of an almost two-decade drop in loan loss reserves." That's the fault of this Congress, it's the fault of the Treasury, and the fault of the Federal Reserve.

The present gang of Wall Street warlords have transformed the world's most transparent and resilient market, our own, into an opaque galaxy of complex dead instruments and shady, off-balance sheet operations. It's no better than a carnival shell game.

As the banks continue to get rocked from explosions in the housing industry, the unwinding derivatives and carry trades will precipitate a mass exodus from the equities markets. And we know that with surging oil and food prices, it's bearing down heavily on the American people as their discretionary income vanishes from increasing inflation and shrinking home equity. Wages have remained stagnant while personal savings have fallen to negative levels.

The aftershock from Alan Greenspan's cheap credit policies will be felt for decades. Record trade imbalances give further evidence of our situation. And no country has ever devalued its way to prosperity. As our dollar falls globally, destroying the dollar will ultimately destroy our country. And it will destroy the value of savings, for those people in this country that do have savings. It will destroy the value of equity they've built up in their homes. It will destroy the value of equities of this country.

Global credit markets are now facing unprecedented disruptions due to the mortgage-derivatives fraud which originated here in this country before spreading across the world; \$400 billion in asset-backed commercial paper has failed to roll over, and the story is not over yet.

Mr. Speaker, leadership is critical in times of economic crisis. Yet this Congress seems to be tiptoeing around the magnitude of what is facing the people of this country. This isn't time for prevarication, obfuscation, or public relations gimmicks by the Secretary of Treasury or the Fed. We need leaders who will tell the truth and forestall the growing probability of social disorder.

I commend this article to my colleagues and to the American people.

SCHIP

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

Mr. SHADEGG. I want to take this opportunity tonight to discuss one of the hottest topics here in Washington, a topic that has occupied much of our time. It's been an issue on which we have debated and discussed exten-

sively. And I think that's been good for the American people because it has enabled them to learn what they didn't know to begin with.

The topic I want to discuss is the proposed expansion of the State Children's Health Insurance Program, what you have commonly heard referred to as SCHIP. That's a program that was created a number of years ago, and the President has put on the table some parameters about how to renew the program, but the Democrats have decided, no, we need to dramatically expand the program. And I think it's important to discuss these issues and for the American people to understand what is involved.

But on this one, I think it's more important than usual. And I think a way to illustrate that is that very recently a Republican colleague of mine was stopped by a reporter here on Capitol Hill. The reporter said to him, hey, how can Republicans possibly vote against the State Children's Health Insurance Program? And the reporter was incredulous at this thought, given that it's a health insurance for children and that its title said it's the State Children's Health Insurance Program, how is it the Republicans thought they could vote against a bill with that title? Well, fortunately, my colleague, who was quick of mind, said, I think a better question is, how could any Member of Congress vote for a bill based solely on its title? And, in fact, that's what the Democrats are urging us to do, vote for this dramatic expansion of this health care program just because its title indicates it's for children.

And in reality, you begin to take apart the various levels of the onion, the layers of the onion and examine the program and you discover, well, it's supposed to be an insurance plan for poor, uninsured children; and yet, if you examine it, you discover that it's not for poor or even near-poor, it's not for uninsured and, in fact, it's not even for children, a rather stunning provision. You discover that it's actually for middle- to upper middle-income Americans, some of whose families make more than \$60,000 a year, and in some States their families make more than \$80,000 a year. That's hardly anybody's definition of poor.

So, if it's not for poor children, then one would think, well, it's supposed to be for uninsured children. And yet, you discover, no, as a matter of fact, 61 percent of the children who originally became eligible for this program already had insurance. So, the program hasn't really been to help uninsured children, at least not initially, 61 percent of the children who are eligible already had private insurance, and they dropped that insurance to go on this government program.

Well, then you look at the CBO score of the current Democrat bill. And we ought to talk about how many times they've brought this up and the President has vetoed it, and I know there

are some of my colleagues here who will discuss that, but the Congressional Budget Office scored the current proposal that's before us, and CBO said that one out of every two children who become eligible under the new bill, under the bill that Democrats would have before us now, one out of every two will already have private health insurance. One out of two new children who become eligible for this program will already have private insurance. And if they decide to drop that private insurance and go on the SCHIP program, this Cuban-style, government-run program, well, half of those people will have already had private insurance and they will drop that insurance.

That opens the door for a discussion, I think, about the fact that, and CBO estimates 2 million; if 2 million kids in America who have private insurance drop their private insurance to go on this new expanded government program, the cost of that private insurance for everyone else will go up. So, let's see: It's not for poor or near-poor; it's not for the uninsured. Surely, this program must be for children because, after all, the Democrats are saying nobody can vote against a bill that's called the State Children's Health Insurance Program, but.

Voila, you discover, no, it's not just for children. As a matter of fact, there are a number of States where there are more adults on the State Children's Health Insurance Program than there are children on the program. As a matter of fact, I think in Wisconsin, it's 61 percent of the money is spent, not on children, 61 percent of the SCHIP money, State Children's Health Insurance Program money, 61 percent is spent on adults. I believe in Minnesota it's 75 percent of the money for the State Children's Health Insurance Program is spent on adults.

I looked at my own State. I thought, you know, I'm in Arizona, I'm interested in what's going on in Arizona. Kind of a shocking fact I discovered, and that is, Arizona had, at one point in time, put 110,000 adults on the program, but, and listen to this one, this is the State Children's Health Insurance Program, they put 110,000 adults on the program, and 85,000 of those adults were childless. They didn't even have a child.

Now, unfortunately, there is no such thing as truth in legislating, so it's okay to label a bill the State Children's Health Insurance Program and have it intend to cover poor and near-poor uninsured children, and then to dig into the weeds of the bill and read and discover, well, it's really not for poor and near-poor, it's for upper- and upper middle-income Americans. It's not for the uninsured, at least in several States, more than half are already uninsured. It's not even for children. It's for adults. And I think many Americans know that the President vetoed this bill. And then the majority party, the Democrats, decided to put off the override vote. And their

thought was, well, we will put off the override vote and put these Congressmen under pressure to try to force them to vote for the State Children's Health Insurance Program and override the President's veto. Well, when the truth is on your side, when the facts actually help you, when the facts point out that the program isn't what its title says it is, it isn't really the State's Children's Health Insurance Program for poor and near-poor children who are uninsured, it actually covers middle-income kids and not-poor kids, it covers kids that are already insured and causes them to drop their private insurance, and it covers adults, the delay didn't help, and the delay caused more Americans to learn about the bill.

But last week, on the last day we were here, once again the Democrat Party tried to stuff through a bill, without making any real changes to it, that had all these same flaws to it. And so, I thought it was important that we should come to the floor and talk about those issues. But there are actually more. I want to talk about the funding source. Because as challenging and as, in fact, untrue as the claims are about the bill covering poor children or uninsured children or even children, it turns out the funding mechanism is a scam as well. Actually, it's got all kinds of budget gimmicks in it, and it relies on certain things that simply will not come true and wouldn't be good policy if they did to fund it.

But before we move on to the funding issues in this bill, which I think is important for the American people to know about, I would like to give some of my colleagues here on the floor a chance to talk about their view of the bill, why we do support health care for poor and near-poor children, we do support health care for uninsured children, we just don't want to do it for middle-income Americans. We don't want to do it for those who already have insurance. As a matter of fact, I've had a bill that I've introduced in this Congress every year for the last 10 years to give a refundable tax credit to every single American who can't afford health insurance and let them buy their own coverage. So, I support dealing with these kids who need care, but not in a way that deceives the public about what we're doing.

I would be happy to yield to my colleague to give us her perspective on this important piece of legislation and help, perhaps, educate the American people about what this debate is and why we have the concerns we have about the bill.

Mrs. BLACKBURN. I thank the gentleman from Arizona for yielding.

Mr. Speaker, I am so pleased to be able to stand here and talk for a few moments about the SCHIP proposals, or I should say the health care proposal, the expansion of health care that has been brought under the name of SCHIP. It is, indeed, unfortunate that a fine program that is there to help un-

derprivileged children has been hijacked, if you will. And on its back, on the backs of our Nation's children, on the backs of the children of the working poor has been placed this expansion of health care. It truly shows a level of disrespect toward the children of this country.

I appreciate the leadership that the gentleman from Arizona shows, not only on this issue, but the leadership he brings to our Republican Study Committee. And those of us who are speaking on the issue tonight are members of the Republican Study Committee.

Mr. Speaker, on the topic of this SCHIP, you know, one of the things that the American people said was, we want to change the way things are being done in Washington. We want smaller government, we want government to spend less money. So, we saw some changes take place last November. And the new majority went into control in January and they've authorized nearly \$1 trillion in new spending since the time that they took over. And, of course, we are hearing that there are tax increases. One of the chairmen of Ways and Means calls it the "mother of all tax increases." I take a little bit of offense to that, being female. And also, when you talk about the mother of something, you worry about what the offspring are going to look like, Mr. Speaker. And so we are worried about what that tax bill will look like.

But on SCHIP, as I said, unfortunately for America's children, the liberal leadership of this House decided that they were going to put on their back the burden of carrying this enormous expansion of health care and changing a block grant program into an entitlement. That's not the kind of change the American people voted for. Just like the American people didn't vote to have the single largest tax increase in history take place.

Now, one of the interesting things about all of this is the SCHIP proposals that have come out include allowing illegal immigrants to get health care. And I know we hear from the majority, oh, that's not going to happen. We have eligibility requirements. But, Mr. Speaker, I would direct my colleagues to either section 211 or section 605 of the bill where it plainly states, and you can read it for yourself, anyone watching could read that for themselves. They can look up H.R. 3963 or H.R. 976 and see what is contained in that bill.

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We know that this would result in \$3.7 billion in new spending over a 10-year period of time if the new liberal majority had its way. You can go into the allocation section, section 102 of the bill, and you can look at what is going to take place when you get mid-year 2012. Do you know what happens, Mr. Speaker? All of a sudden, no money. So what are you going to do, throw 80 percent of the people off the

bill? We all know that is not going to happen.

But, Mr. Speaker, my question is why would anybody support a bill, support a program, that they are setting up to fail. Why would they have that level of disrespect for this program, that they would pass legislation that would plan for it to fail. Then, as my colleague has said, we have the problems with spending more, insuring less children, and not making available to the children truly that are eligible for the program the opportunity to have that access to affordable health care.

We could go on and on with the problems with this bill. I just find it so unfortunate that in this day and in this age that we would have the new majority and the new leadership take a block grant program that is working well, that the States like and change it to an entitlement program that is put on auto pilot when we know some of the greatest pressures we have on our budgeting process are on our entitlement spending.

I thank the gentleman from Arizona for yielding. I appreciate his leadership on the health care issues. I appreciate his concern for how our constituents continue to access health care in this country.

Mr. SHADEGG. Reclaiming my time, I would like to just bring out a couple of the points that the gentlewoman from Tennessee mentioned and drive them home a little bit. I think the key one you mentioned was coverage of illegal aliens. As I understand it, the way the bill is written, it, in fact, appears to prohibit illegal aliens from being covered under the bill, but the authors of the bill have conscientiously, intentionally chosen vague language that would require virtually no proof of citizenship. Is that not correct? Would you explain that?

Mrs. BLACKBURN. Yes. If the gentleman will yield, and indeed that is correct. What you see is a play on words and how unfortunate that we have this disingenuous approach to this issue, have a play on words with the eligibility requirements and allowing, putting something in words and then allowing a loophole. As I said, the two sections, sections 211 and 605, with that we can look at the income disregards.

Now, Mr. Speaker, how many people have ever said let's have the income disregards when they are trying to decide who goes on to a program? Well, I had one of my constituents in my district come up, and they said, Tell me what is an income disregard? I said, Do you know what, an income disregard is when you do not consider the income. And they said, How can that be for the sake of considering SCHIP which is to be for children of the working poor? And I said, Because you don't want the income to matter. And if you don't want the income to matter and you want to make it available to what the IRS calls "high-income earners," you establish that doubletalk with income disregards.

Mr. SHADEGG. Income disregards is a perfect segue to what I want to talk about in this bill, and it stuns me, and I know that the authors of the bill have been confronted, and they have been asked to change the language to make it clear that this coverage would not go to illegal aliens. They have rejected that. They use the term "income disregard." What the heck is an income disregard? People in my congressional district certainly don't know what it is. But it is game-playing.

This is one I love. And you used the phrase, why would anyone write a bill and have it intentionally designed to fail; have it through kind of shifty means, through kind of squeaky wording, through provisions that you know won't hold up, have the program designed to fail. I think you are referring to one part of the bill that I find fascinating, and that is here as demonstrated on this graph.

It turns out that for the first 5 years of this program in the bill the majority has put together, the Democrats' bill, they provide the funding for the program, for this new expanded SCHIP program. But we fund our bills over 10 years. It turns out that because of their rules on budgeting that they have to cut off funding, and in year 5, actually 6 months into year 5, 80 percent of the funding for the entire program goes away. It is kind of like Lucy and the football. They say, Well, we will fund it for 5 years, and then we are going to take 80 percent of the funding away in year 5, and that way we will trick people and make it appear that we have the money to fund the program.

But that is not even quite as fascinating as one of the points I really want to bring out tonight in this debate, and that is, one of the funding mechanisms of the bill is a 61 cent per-pack increase in the cigarette tax. Now, you might say, Look, smoking is bad for people. Smoking is a habit we should discourage. So I am all for increasing the tax on cigarettes. I wouldn't have an argument with that.

But here is the problem, and this is where we go to terms like "income disregard" and, actually, not honestly confronting the funding of the bill. It turns out that for this 61 cent income, or cigarette tax, to be sufficient to fund the bill, more people than currently smoke would have to take up the habit. As a matter of fact, the official estimates are that to pay for the bill with a cigarette tax increase that is in it, a staggering 22 million Americans will need to take up smoking.

Now, I thought, how can a graph demonstrate 22 additional million Americans starting smoking? So I had my staff get 22 cartons of cigarettes. Here they are. We have got all 22 stacked here. I would like to have them out there where you can see them. There are 22 cartons of cigarettes here. And each carton represents an additional 1 million nonsmokers in this country who, to fund this bill if you leave it funded with the Democrat 61

cent per-pack cigarette tax, will have to start smoking.

Now, maybe proponents of this bill think that having 1 million people for every one of these 22 cartons of cigarettes take up the habit and pay their tax is a good idea. I happen to not think it is a good idea.

Mr. Speaker, for anybody who just tuned in, I want to tell them where we are. We are discussing the proposed expansion of the SCHIP program, a program that many of us are concerned is a bill that we will be forced to vote for because of its title. It is supposed to be a health care bill that provides health care to poor uninsured children. And it turns out that it provides health care not to poor children but to middle- and upper-income children whose families are making 60 to \$80,000 a year, in some instances more. It turns out to cover not just uninsured children, but 61 percent of the people originally covered already had insurance, and that would displace them, causing the cost of private insurance for the rest of us to go up.

It turns out it was supposed to be for children, and it is not actually for children. In some States, in Minnesota and Wisconsin, there are more adults covered than children and more money is spent on adults.

Then the final point I was just making, and I don't know, I hope the camera will get the cigarette cartons stacked in front of me, but one of the funding mechanisms in the bill is an increase in the cigarette tax. You might think that an increase in the cigarette tax is a good idea. But unfortunately it doesn't do the trick because the proposed increase in the cigarette tax of 62 cents a pack, it turns out, will only work, it will only provide enough money to pay for the program called for in the bill if an additional 22 million, staggering, 22 million Americans take up smoking and pay the tax.

So I thought to graphically illustrate that, I would get my staff to go out and acquire 22 cartons of cigarettes. Well, we couldn't afford the 22 cartons of cigarettes so we just got the outside of the cartons. But here they are stacked in front of me. You might say, Why are those cartons of cigarettes stacked in front of him? What's the big deal there? Doesn't he like cigarette taxes? That is not the issue. The issue is if each one of those cartons of cigarettes in front of me represents a million people in America who don't smoke today, a million Americans who don't smoke today, who, in order to fund this bill and have enough money coming in based on their cigarette tax, will have to start smoking in order to pay for the bill? Maybe somebody thinks that is good policy. Maybe somebody thinks we ought to be encouraging people to take up smoking and pay the 61 cent tax. I know my colleagues in Congress who are doctors probably don't think that is a great idea.

I do have my colleague from Georgia here, Mr. WESTMORELAND. I would be

happy to let him give his comments on the idea of 22 million new people starting smoking to pay for this bill that really isn't for uninsured poor children.

Mr. WESTMORELAND. I appreciate the gentleman yielding. To get 22 million people to smoke, I don't know how much money we will have to appropriate to a "get smoking campaign." We have been spending millions and millions of dollars, as the gentleman from Arizona knows, trying to get people to recognize the health effects of cigarette smoking and to quit. So I think for the Democrats to have this proposal, and I understood the gentleman from Arizona to say, too, that not only is the 61 cent cigarette tax misleading that it would fund the program, that they have a cliff that this program falls off of after 5 years and 6 months.

We have got the chart right here that shows that this is really more smoke and mirrors trying to get around the PAYGO in the fact that this is fully funded for the first 5 years and 6 months, and then after that, it drops off about 80 percent. And you can see over here the red line goes down.

Now, anybody who believes that we should let these families get on this health insurance program and then pull the rug out from under them is not fair. In fact, what has happened, when this program was first initiated under Republican control in 1997, there was a need there to help people who made 200 percent or less of the poverty level, and that is about \$42,000. So we said, If your children are uninsured, we have got a program that can help you. And we let the States administer it.

There are over, I believe the gentleman from Arizona, I don't know if you quoted this or not, but I think there is probably close to between a half million and a million children in the United States today that were eligible and had not been insured yet by these States.

Mr. SHADEGG. Reclaiming my time, that is absolutely correct. One of the objections that those of us who think this is not a well-written piece of legislation, we support the policy. We are all in favor of taking care of poor children and ensuring that they have health care coverage. Indeed, as I mentioned earlier, I have introduced a bill every year for the last 10 to provide a refundable tax credit to those children. But one of the things that we object to is the program currently covers adults and in several States there are more adults on the program than children; and yet as the gentleman from Georgia pointed out, there are millions of children who are, in fact, poor and who are, in fact, eligible to participate in this program who aren't currently participating.

One of the amendments that we have suggested, but have never been allowed to offer on the floor because we have never been allowed to offer an amendment on the floor, would be an amendment that says, You can cover people

at a higher level of poverty, you can go on up the income scale, after you have covered the poorest American children. The President has proposed that, as well.

Mr. WESTMORELAND. That's right. That is a great point. The Republican Congress, in 1997, when they came up with this program, and they funded this program, it was a block grant to the States. And they thought that the States would be there looking after these children that belonged to families under the 200 percent poverty level that didn't have health insurance to give them some affordable, or at least some, health care. But what happened is these States didn't work hard enough to go out looking for these children, so they said, Look, we'll insure adults.

□ 1800

Then you learn from your mistakes. This program has been going on 10 years, and I think the President and the administration saw some of the errors that were in this program and tried to correct them and want to correct them in a new bill.

What it would do is say, look, all the States are going to be at a 200 percent poverty level. What has happened is States such as New Jersey and others have gone in and gotten waivers to go up to 300 and 400 percent, and that has caused a disbalance in some States that have taken their block grant, that have insured the children, spent the money wisely, and then others that have taken advantage of the system.

Mr. SHADEGG. Mr. Speaker, reclaiming my time briefly, when we talk about 300 percent of the Federal poverty level or 400 percent of the Federal poverty level, the abuse of the program, can the gentleman tell us about how much money that means?

We say this program is not directed just at poor or even, I like to say, nearly poor children. Poor children are supposed to be taken care of by Medicare. This is supposed to be for the near-poor.

Mr. WESTMORELAND. Mr. Speaker, I thank the gentleman for yielding, but let me put this in terms we can all understand. Two hundred percent of poverty is \$42,000, 300 percent is \$63,000, 400 percent is approximately \$84,000.

Mr. SHADEGG. There are some people on the program at that high a level.

Mr. WESTMORELAND. There are some people on the program at 400 percent.

Mr. SHADEGG. Eighty thousand dollars-plus.

Mr. WESTMORELAND. Eighty thousand dollars-plus. To me, this program was intended for those poor children that were in a situation with a family of four making \$42,000 that could not afford the health insurance, so the government stepped in and said we are going to help you out.

We as Republicans want to see these children insured. We don't want to see the program being abused as is being

done now. So I think that is the point that is so hard to get back to, is the point that we want to do this. The President has increased the funding.

But, you know what? It is one of those things that I think the gentleman from Arizona said this in his opening comments, the name of the bill sounds so good. There are a lot of smart people up here that make these pieces of legislation have great names, that you just feel like I can't vote against this because of what it is named.

This bill's original intent was to help the children in families of four that makes less than \$42,000. We are now trying to make it now where families that make up to \$84,000 can taken their children off of private insurance and immediately put them on this government program.

Let me say this: I think this is the first step to national health care. I don't know that that has been brought out enough. But if you go back and look at the national health care program that the Clinton administration brought up in 1993, if you look at what one of the Presidential candidates said, if we can't get the whole enchilada, let's try to do the kids first. This is going back to that.

Mr. SHADEGG. Mr. Speaker, reclaiming my time for a moment, I think it is kind of sad to take a children's bill, a bill that says this is a health care bill for poor, uninsured children, and exploit it. I would be happy to have a debate about how more Americans can get help getting health insurance. As I said, I have had a refundable tax credit to do that. But to try to pass a bill based on its title, and like this reporter says, how can Republicans possibly vote against a bill called the State Children's Health Insurance Program? You can't possibly vote against that.

Well, fortunately, democracy allows us to get into an open debate and say wait a minute. If it really were a bill focused on poor or even near-poor children who are uninsured, we might have a program we could support. But it turns out it is not for the poor or the near-poor, it is not for the uninsured, because more than half already have insurance, and then you discover it's not even for children; it is for adults.

Mr. WESTMORELAND. Let me bring up one point that you mentioned. Open debate. Wouldn't that be a novelty here in this House? It would be nice to offer an amendment, to be able to open the debate. And the fact that the negotiations on this bill has gone on between Democratic House Members and Republican Senate Members. They have not even opened up a dialogue with the chairmen of Energy and Commerce or of Ways and Means to look at pay-fors for this bill.

Mr. SHADEGG. They don't want to talk about it; they just want to peel a few Members off.

I see that we have been joined by one of your colleagues from Georgia, a

medical doctor, Dr. GINGREY. I have been railing against this bill, as you heard me a few moments ago. I have been saying that I find it stunning that the pay-for in this bill contemplates an additional 22 million people who are nonsmokers today needing to take up the smoking habit so they can pay the 61-cent per pack tax in order to have enough money to pay for the bill.

So I did this graphic. I created all these cartons. There are 22 cigarette cartons sitting in front of me, representing 22 million, a million for each carton, new Americans who don't smoke now who would have to take up the habit to pay for the bill.

I think that is a little deceitful. I certainly can't believe that the proponents of this bill would walk down here and say they think it is a great idea to have 22 nonsmokers in America start the habit.

But as a medical doctor, I would sure be interested in your opinion on that issue, or any other comments you have on some of the details on this bill that are important for the American people to know.

Mr. GINGREY. Mr. Speaker, I certainly thank the gentleman from Arizona, a member of the Energy and Commerce Committee. We heard, Mr. Speaker, earlier from Mrs. BLACKBURN, also a member of the House Energy and Commerce Committee. These Members are on the Committee of Jurisdiction from whence the bill came.

Unfortunately, their only input into this CHAMP legislation, as the Democrats originally phrased it in their acronym, their only opportunity, the Republican members of the Energy and Commerce Committee, is to be here on the floor during this Special Order hour to try to educate Members on both sides of the aisle. The gentleman from Arizona has been on the committee for a number of years, and he knows of what he speaks.

Mr. Speaker, talking about this issue of the pay-for, now, the PAYGO idea was the Democrat's campaign pledge, that if they had a new program or they expanded an existing program, and this is an expansion of an existing program, that they would pay for it. They would pay for it by either cutting spending somewhere else or raising taxes.

So this is one of those programs. This is a renewal of a program that has worked very well. It needs some additional funding. I don't think any of us would argue about that. Republicans, as well as Democrats, can support a reasonable renewal and expansion of the Children's Health Insurance Program.

But this is such a massive expansion that the Democrats found themselves in a bind. Mr. Speaker, to this day, they find themselves in a bind, and the bind is they are trying to pay for this with a massive increase, a tax increase, sin tax, if you will, on tobacco, especially cigarettes at 61 cents a pack.

As the gentleman from Arizona pointed out and as my colleague the

gentleman from Georgia, Mr. WEST-MORELAND, it would require 22 million additional people, grandparents, parents, and, yes, indeed, even the children, to start smoking, to pick up the smoking habit.

Mr. Speaker, I delivered 5,200 babies over a 31-year career as an OB/GYN physician, and I would hate to think that some of those kids who are in their late teens or early twenties now, would have to be puffing away so they could pay for a health insurance program for their little brothers and sisters. Now, that makes a whole lot of sense, doesn't it?

Mr. SHADEGG. If the gentleman would yield back briefly, and I would like him to continue making that point, I have a hunch there are voters out there, people out there across America, people listening to this saying, no, it can't really be true. It couldn't really be true that the SCHIP covers people who are already insured. It couldn't really be true that the SCHIP program that is supposed to be for poor Americans covers kids in families that make \$80,000 a year. It couldn't really be true that the Children's Health Care Program in many States covers more adults than children. Those things couldn't be true, but in fact they are.

This chart illustrates the point you were just referring to, and I thought it might be a good graphic for your remarks. This is the number of new smokers needed to provide tobacco tax revenues for the SCHIP bill. As the bill has been written and been voted here on the floor two times now, and as the President vetoed it, this chart shows that this many new Americans, this many new nonsmokers, going up to 22.4 million nonsmokers, to fund the bill by this revenue stream at least, will have to start smoking.

I just find so many aspects of this bill just stunning and unbelievable. But there is one; 22.4 million new smokers will need to take up the habit and pay the tax in order to have the revenues that the Democrats project will be needed for this new SCHIP bill.

Mr. GINGREY. If the gentleman will yield back, in his chart, my colleagues, it is so telling, because as it points out, this is over a 10-year period, up to 2017, but yet this program, all of a sudden they let it fall off the cliff.

The other chart there in front of my colleague from Texas, if you pay attention to that, again, the cigarette tax continues over the next 5 years, and all of a sudden they slash the funding for SCHIP so that the numbers work.

Because even with the cigarette tax, enticing 22 million additional people to get addicted to tobacco over that period of time, it still falls short of funding the full program by \$40 billion. So that is why they say at the end of 5 years, around 2012, all of a sudden there is no money. There is not sufficient money. Even though our young people are addicted to cigarettes, puffing away, trying to pay for the program, it

doesn't pay for it. So they use this trick, Mr. Speaker, and I think that is really deplorable.

I will close my remarks by saying this and then yield back to my colleague from Arizona who is controlling the time. I know there are other Members that want to speak.

But the original bill that the Democrats brought to us, the Democratic majority in this house, called for not \$60 billion worth of funding on SCHIP, but \$90 billion. Thank goodness they were reined in a little bit.

They called that the CHAMP Act. Well, I call it, based on what we have presented here tonight in this disingenuous funding mechanism, I call it the CHUMP Act. The only difference in "CHAMP" and "CHUMP," I say to my Democratic majority is you; you, the majority, trying to hoodwink the American public on this bill.

Do what is right. You have an opportunity. The President will work with you. The Republican minority will work with you. Just simply do what is right, and for once, tell the truth.

Mr. Speaker, I yield back to the gentleman from Arizona.

Mr. SHADEGG. I just want to emphasize some of the points that the gentleman made. I love the name the CHUMP Act. Again, I think it would be hard for Americans to believe that this program is as it is. For example, these cartons represent, each one of them, 22 cartons of cigarettes, 22 million new Americans that will need to start smoking to pay for the SCHIP bill. I guess you can call that a CHUMP Act, because I don't think 22 million Americans who don't smoke now are going to start.

If the gentleman will stay, I want him to explain that chart one more time. It shows the kid climbing up and then it shows the kid parachuting down. You call it the CHUMP Act. We call it here the cliff.

Maybe you can explain one more time for the voters back home what this cliff means in terms of the funding of the program, because I think it is important for people to understand that it appears the funding is there, but then in year 5, whoops, it disappears.

Mr. GINGREY. What the gentleman is saying, and I thank the gentleman for yielding once again, because the Democrats are determined, Mr. Speaker, to increase this funding to a point that they get 4 million additional children covered under this SCHIP program.

Under the current law, about 6.5 million children in this country, I think close to 300,000 in my great State of Georgia, are covered under the program. There may be 750,000 kids in that income range of 100 to 200 percent of the Federal poverty level up to \$42,000 a year for a family of four, as was pointed out early in the discussion, there may be 750,000 kids that have fallen through the cracks.

That is why the President said let's renew the program and increase the

funding by 20 percent. A 20 percent increase is not chicken feed, Mr. Speaker. That is a lot of money.

But what the gentleman from Arizona is referring to in regard to this cliff, if you all of a sudden try to cover an additional 4 million, where are those kids coming from? Well, they are coming from families who already have health insurance for their kids in the private market. Of course, if you get an opportunity, who wouldn't? You are making \$60,000 a year and you are providing health insurance for your wife and yourself and your two kids, and all of a sudden you get an opportunity to get the kids on the government trough and you do that, and then you are used to that wonderful largesse of "Uncle Sugar" for 4 years, and all of a sudden you get to the point where there is no funding, who comes off first? They do. That is where they drop off the cliff. I thank the gentleman for pointing that out.

□ 1815

Mr. SHADEGG. I thank the gentleman for participating in this debate. I am thrilled we have a democracy here where, while our colleagues may come to the floor and put up pictures of children and say those mean Republicans don't want to cover children, at least we can bring out some of the facts. We can bring out the fact that there is a funding cliff and that you would have to have 22 million nonsmokers take up the habit to pay for the bill. Unfortunately, we have not been able to offer amendments to correct those deficiencies in the bill.

But we do support health care for poor and near-poor children. I support it for uninsured children. I have introduced every year for the last 10 years a bill that would give a refundable tax credit to every poor American to go out and buy their own health insurance. The reason I like the idea of giving them the money to buy their own care is because they will buy a plan that meets their needs, not some bureaucrat's needs. They will buy a plan based on choice, not based on government rationing of their care. They will buy a plan that their family likes and a plan that they will have control of. And if they don't get the service they want, they can fire that plan and buy another. It would be portable, and they can take it with them.

Instead, we are talking about expanding a government-run program with, quite frankly, a lot of smoke and mirrors that, sadly, people will vote for just because of the name of the bill. Or maybe just because of the name of the bill and because the advocates of the bill can put up a picture of a child and say, Don't you want insurance for that child?

Well, I do want insurance for that child. I just don't want insurance for adults under a program that is supposed to be for children. I don't want insurance for already insured kids causing them to drop their insurance.

We are joined by Mr. HENSARLING from Texas, and I know he has details and thoughts about this program and about how important it is that Americans understand the details of this, so it is not just are you for children or against children. It is a deeper discussion than that. I yield to the gentleman.

Mr. HENSARLING. I thank the gentleman for yielding. I especially thank him for his leadership in this area to try to make health care more affordable, more portable, high quality, and accessible for all of the children in America. The gentleman from Arizona (Mr. SHADEGG) has been a great leader in this effort. I also appreciate his leadership in the conservative caucus in Congress, the Republican Study Committee, and all he has meant to that group in advancing the cause of freedom and free markets in America.

People need to listen closely to this debate. The debate is not about whether or not we are going to have an SCHIP program, a State Children's Health Insurance Program. It is really a tale of two SCHIPs, if you will. People need to know, number one, when they hear America needs to provide health insurance for poor children, well, I am not sure that anybody disagrees with that in America. That is why we have something called the Medicaid program, for the poor in America. So that is a nonissue. That is totally a nonissue.

What we are talking about is health care for the working poor, those up to 200 percent of the poverty level, and the SCHIP program was actually started 10 years ago by a Republican Congress to provide health insurance benefits to, number one, the uninsured; number two, low income; number three, American; and, number four, children. Uninsured, low-income American children. That's what the program was supposed to do. And I don't believe there is one Member of this body on either side of the aisle who wouldn't vote to reauthorize this program today for uninsured, low-income American children. Even though I am a fiscal conservative, I would vote to appropriate more money to ensure that eligible children can be a part of this program.

But, unfortunately, our friends on the other side of the aisle have discovered some new poll or focus group results that say we have this great bumper sticker slogan, and maybe we can somehow put people in a box, maybe we can fool the American people as to what this is all about.

Well, Mr. Speaker, occasionally it is helpful to have the facts. Again, this is a program that was designed for people up to 200 percent of the poverty level, presently \$40,000. Yet loopholes and exemptions allow families up to \$83,000. I am not sure anybody is going to call that the working poor in America. It is not the working poor in the Fifth Congressional District of Texas. But loopholes and exemptions allow people making up to \$83,000 to get these bene-

fits. What the Democrats are doing, they are doing nothing about the loopholes and exemptions; and they are expressly taking the program to 300 percent of the poverty level when there are still eligible children that haven't been enrolled.

So a program designed for the working poor, the Democrats are trying to transform to people making \$83,000. And that is not right. It is not right at all.

Second of all, this was a program designed for children. It is called the State Children's Health Insurance Program. And yet we have 13 States that are insuring adults while 800,000 eligible kids aren't enrolled. What does the Democrat plan do? Well, bring on more adults. We have three States covering more adults than children already. So we have precious resources of our Nation instead going to adults, and the Democrats say let's insure more adults. Republicans say let's put the children first. Let's put the children first.

This was a program that was also designed for American children. American children. Now if anybody walks into any emergency room in any hospital in America and they have an emergency, I want them to be treated. We are all God's children. But to have illegal immigrants use emergency rooms and be able to access our health care system for their everyday health care when they are in this Nation illegally, while we still have 800,000 eligible children not enrolled, that is just a tragedy. That is a travesty. That is crazy.

Yet under the Democrat plan, what they do is they claim this isn't for illegal immigrants. Then I ask them why did they take away the proof of citizenship requirements? I mean, your words say something, but your actions are even louder than your words. When you take the proof of citizenship requirement out of the bill, you are de facto allowing more illegal immigrants to access this program.

Mr. SHADEGG. I think the gentleman has made some strong points, and I would like to draw them out.

One of the ones that gets missed so often is we talk about this being a program for poor children. I noticed that the gentleman in his remarks made the point that it really isn't a program for poor children. We have a program for poor children, and that is called Medicaid. That is already in existence. That is one of the points that you made.

Mr. HENSARLING. That's correct. The American people shouldn't be fooled. Those at the poverty level in our Nation are covered by Medicaid.

Mr. SHADEGG. So Medicaid covers poor children, and this program was designed to cover the near-poor or the working poor.

Mr. HENSARLING. It was designed for the working poor up to 200 percent of the poverty level.

Mr. SHADEGG. And now it has been expanded to?

Mr. HENSARLING. Under the Democrat bill, they expressly take it from 200 percent to 300 percent. Yet, you have to read the fine print because even today there are so many exemptions and so many loopholes that there are States that are insuring people up to \$82,000 income for a family of four, and they do nothing to bring this back to the working poor.

Mr. SHADEGG. The gentleman's remarks remind me of something I think we already know, and that is certainly with legislation the adage that the devil is in the details is pretty important. I think a lot of our Democrat colleagues, a lot of the majority, think we will put up a picture of a child, we will call it the State Children's Health Insurance Program, and no one can vote against it. And you know what, if it were the State Children's Health Insurance Program for children of the working poor who are uninsured, I would be all for it. But when you get into the details, it ain't quite so.

Mr. HENSARLING. If the gentleman would yield, I have no doubt that 99 percent of this body, Democrat and Republican, today, this moment, this moment would vote to reauthorize a SCHIP program which provides health insurance benefits to the uninsured, to the working poor, to Americans, and finally to children. That's what the debate is about today. That is the main debate we are having today.

Mr. SHADEGG. I think that is an important note. We care about the structure of the bill. My main concern is patient choice. I believe creating government programs and forcing people into those programs is not the preferable way to care for people or to help them. I personally think we would be doing better to give people choice, give them in my case a refundable tax credit and let them buy a health care plan that suits their needs, not to be forced into a government-controlled, government-run bureaucratic, rationed-care program, but give them choice.

I was talking with one of the doctors in our conference earlier today, and he pointed out that the reimbursement rates under SCHIP, because it is a government program, are dramatically lower than under many private programs. So kids who do drop their private health insurance and go on a government-run SCHIP program will actually get worst care.

I know that the gentleman is an expert on budget and finance, and I think that chart demonstrates, and I don't know whether you want to call it hypocrisy or whether you want to call it trickery or whatever you want to call it, it is playing fast and loose with the budget facts on this bill. Maybe the gentleman would like to direct his remarks to that in light of the fact that the cigarette tax, and I have tried to make a big point out of this tonight, that the cigarette tax in the bill isn't enough to fund the bill. It is kind of a scam. It is kind of a scheme.

The cigarette tax in the bill would only fund the bill if 22 million new non-

smokers took up the habit and started smoking. So for a graphic, we got 22 cartons of cigarettes, each carton representing another million Americans who would have to start smoking. I thought it would be helpful if the gentleman addressed those issues as well.

Mr. HENSARLING. I thank the gentleman for his insight. And looking at all of the cigarette cartons in front of you, as somebody who used to serve on the board of directors in Dallas, Texas, of the American Cancer Society, I know how seriously devastating the habit of smoking can be to families. I have seen a lot of cancer in the families of friends, something I take very, very seriously.

And to think that now we are going to have a health insurance program ostensibly counting on 22 million more Americans to take up smoking is frankly beyond insulting. It is beyond ludicrous. For the life of me I cannot fathom why any type of system would be created, and then as an irony, and I make this point as an aside, the tax would go mainly to those who are making less than 200 percent of poverty level, the same people that ostensibly this program is due to help. Fifty-four percent of all smokers are in families making less than \$42,000 a year.

Mr. SHADEGG. We have this chart which makes the point that the gentleman just brought up. The burden of tobacco taxes falls largely on poor Americans. As a matter of fact, 28 percent of the people who smoke are considered poor. They make less than 100 percent of the poverty level. And 26 percent of the people who smoke are near-poor. They are in that 100 to 200 percent. And for the not-poor, that is only 18 percent of Americans. So this tobacco tax that is supposed to pay for the bill, but it is not enough money to pay for the bill unless millions of Americans, 22 million, take up smoking, post the burden of this legislation on the people who can least afford to pay it.

Mr. HENSARLING. Essentially, under the Democrat plan, you will be taxing people making less than \$42,000 a year in order to give subsidies to those making up to \$83,000.

Mr. SHADEGG. Wait, wait, wait. I want you to repeat that point because I think it is important.

Mr. HENSARLING. Well, 54 percent of the smokers are in families making less than \$42,000 a year. That is 200 percent of the poverty level in 2007. So under the Democrat plan, you would tax people making less than 200 percent of poverty in order to extend subsidies to families making up to \$83,000 a year.

Mr. SHADEGG. I think that reason alone, the fact that it is funded by a mechanism that imposes a tax on the poorest Americans to pay for a subsidy to people making over \$60,000, and in some instances over \$80,000 a year, is reason enough for the President to have vetoed the bill.

□ 1830

Mr. HENSARLING. I thank the gentleman for yielding, and I certainly

hope that the President would veto the bill.

And again, our Democrat colleagues know that last month, last week, last night, today, tomorrow, this body stands ready to reauthorize the SCHIP program, as long as it's really going to help the uninsured, as long as it's going to help the working poor, as long as it's going to help children, and as long as those children are American children.

So, a debate is taking place about that, but I'd like to harken back to another point that the gentleman made. As important as this debate is, we need to keep the focus on ultimately how are we going to get affordable health care, accessible health care, health care of high quality to all families across America.

And in many respects, this is not just an economic debate. In many respects, we're not debating how much money we're going to spend on children's health care in America, but we are debating who's going to do the spending.

So, under the Democrat plan, the Congressional Budget Office says that for all intents and purposes over 2 million children will be taken off their chosen health insurance plan and shoved into the government health insurance plan. And you might have seen in the newspaper "The Politico" that this was really Senator HILLARY CLINTON's plan from the first, that if she couldn't pass her Canadian-style, socialized health care system in one big bite, that she would do it in little bites.

So there's memos dating back, and I have the document right here, the document right here that's referred to in the article. And if I could quote from the October 2 issue of "The Politico," "Back in 1993, according to an internal White House staff memo, then-First Lady Hillary Rodham Clinton's staff saw Federal coverage of children as a precursor to universal coverage."

"In a section of the memo titled 'Kids First,' Clinton's staff laid out backup plans in the event the universal coverage idea failed."

And now we're seeing it. That failed, and so this is really the first step in taking us down that road in that Canadian-style, socialized health care system where ultimately, ultimately mothers in America won't be waiting hours to see a doctor to help their sick children. They will be waiting days. They may be waiting weeks, and it won't be the doctor of their choice. It will be the doctor of some government bureaucrat's choice, and I don't plan to stand idly by and allow that to happen to my children, much less the children in the Fifth District of Texas, much less the children in America.

Mr. SHADEGG. I think we're about to run out of time. I want to thank the gentleman very much for participating in this debate.

I think there are millions of Americans who don't quite understand and who perhaps learned a little more tonight about why the President would

veto this bill and why many of us would vote to sustain that bill, about our concern that it is called a program for the near-poor or the working-poor uninsured children, and it turns out it's not for the near-poor or working-poor uninsured children.

As we've demonstrated in this discussion tonight, it covers people who make up to \$60,000 and in some cases \$80,000 and more a year. It's not for the uninsured because the original study shows 61 percent of those who became eligible already had private insurance, and under the new bill, one out of every two who become eligible will have already had private insurance, and they'll drop that insurance. And when they do, the cost of the private insurance for everybody else, everyone else who has a child in that private insurance, will go up.

It turns out so it's not for the poor or the near-poor or the working poor. It's not for the uninsured, because we discover it makes millions, 2 million by the latest estimate, children who are already privately insured eligible to go on this program. Then you think, well, the children's health care bill has to be for children and you discover, shock of all shock, the children's health care program isn't for children; it's for adults.

I thank the gentleman. I think the 22 million new smokers is a stunning fact. I'm sorry we haven't been able to offer amendments on the floor. I'm glad this debate gives us a chance to explain to the American people what's going on, and that there's more to this bill than just the title, and it's important to pay attention to these details.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 2262, HARDBLOCK MINING AND RECLAMATION ACT OF 2007

Mr. HASTINGS of Florida (during Special Order of Mr. SHADEGG), from the Committee on Rules, submitted a privileged report (Rept. No. 110-416) on the resolution (H. Res. 780) providing for consideration of the bill (H.R. 2262) to modify the requirements applicable to locatable minerals on public domain lands, consistent with the principles of self-initiation of mining claims, and for other purposes, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 3920, TRADE AND GLOBALIZATION ASSISTANCE ACT OF 2007

Mr. HASTINGS of Florida (during Special Order of Mr. SHADEGG), from the Committee on Rules, submitted a privileged report (Rept. No. 110-417) on the resolution (H. Res. 781) providing for consideration of the bill (H.R. 3920) to amend the Trade Act of 1974 to reauthorize trade adjustment assistance, to extend trade adjustment assistance to

service workers and firms, and for other purposes, which was referred to the House Calendar and ordered to be printed.

BLUE DOG COALITION

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

Mr. ROSS. Mr. Speaker, this evening, as most Tuesday evenings, I rise on behalf of the 47-member-strong, fiscally conservative Democratic Blue Dog Coalition.

As I sat here, Mr. Speaker, thinking about what I wanted to discuss in this next hour with some of my Blue Dog colleagues, I couldn't help but listen to some of the rhetoric that we've heard over the past hour. You know, for 6 years, for 6 years the Republicans controlled the White House, the House and the Senate. And what did they give us? They gave us tax cut after tax cut for folks earning over \$400,000 a year.

And this new Democratic majority, what has the Democrats given you? We are giving you health care for children of working parents. Let me repeat that. This is health care for the children of working parents. This is not for children whose parents are on welfare. They're already covered under a program known as Medicaid, which is health insurance for the poor, the disabled and the elderly.

Some 10 million children in America will go to bed tonight without health insurance, without the ability to go to the doctor when they get sick. And who are they? They're the children of parents who are trying to do the right thing and stay off welfare, but they're working the jobs with no benefits.

While the Republicans were hiding earmarks, the Democrats in this new majority have been passing legislation that says if you're a Member of Congress and if you break the law, you lose your pension, period. And while the Republicans have been on an agenda that benefits those earning over \$400,000 a year, the Democrats in this new majority have raised the Federal minimum wage for the first time in 10 years.

If we're serious about moving people from welfare to work, we've got to pay them more than \$10,712 a year, which is what the previous minimum wage represented if you worked 40 hours a week, 52 weeks a year, never get sick, and never take a single day off for vacation.

Now, they said that the Democrats are wanting to provide health insurance for children of working parents. We plead guilty to that, and after all, if the working families have been benefiting from some of these tax cuts that primarily benefited those earning over \$400,000 a year for the past 6 years, our working families might not need the help, but they do because under the past 6 years of a Republican White

House, House and Senate, quite frankly, they haven't got it.

It's time, Mr. Speaker, to tone down the political rhetoric and look at the facts, and as a member of the Blue Dog Coalition, I can tell you what we're all about. We're about fiscal discipline and accountability. We're about putting an end to the partisan bickering. We don't care if it's a Democrat or Republican idea. We ask ourselves, is it a common-sense idea and does it make sense for the people that send us here to be their voice?

Today, the U.S. national debt is \$9,063,547,746,613. If you divide that enormous number by every man, woman and child in America, including the children being born today, every one of us, our share of the national debt, \$29,888. That's what those of us in the Blue Dog Coalition refer to as the debt tax, D-E-B-T, which is one tax that cannot be cut, cannot go away until we get our Nation's fiscal house in order.

Tonight, we're going to be talking about the debt, the deficit, and as members of the fiscally conservative Democratic Blue Dog Coalition, we're going to be talking about ways to put an end to this reckless spending.

If you ask 100 people on the street what they think about this Iraq war policy, you will get about 100 different answers, but one of the things that unites us as Blue Dogs is we believe that the money that this administration asks for for Iraq should be accounted for. We believe that if this President is going to continue to spend, and this is year 5, if this President is going to continue to spend \$16 million an hour, \$16 million every 60 minutes going to Iraq, and if this President's going to continue down that path, then we believe we're not here tonight to debate the merits of \$16 million an hour going to Iraq, but we're here tonight to hold this administration accountable for how that money is being spent and to ensure that it's being spent not on projects for Iraq but providing the protection and the state-of-the-art equipment that our brave and honorable men and women in uniform not only need but deserve.

This war has affected all of us. My first cousin was in Iraq when his wife gave birth to their first child. He's now back for a second time, and he will be there when she gives birth to their third child. My family's not any different from many families across America.

Many families have made the sacrifice, some of them the ultimate sacrifice, in support of their loved ones who have gone and simply done what they've been asked to do. And Mr. Speaker, if we're going to send our men and women in uniform to Iraq, we need to make sure some of this money is being spent on them, and we need to make sure that we're taking care of them.

At this time, one of the things that the Blue Dog Coalition has done is