

masquerade or cover up for its absence from this challenge. This is an important test. The world is watching.

As the international community exerts greater pressure on the military junta, it must also reach out more aggressively with humanitarian assistance for the Burmese people. The people of Burma have suffered not only the bullets and bayonets of the current regime but also from decades of misrule that have transformed their resource-rich nation into one of the poorest in Asia. All you have to do is go to YouTube, and you can watch footage of the wedding of the general's daughter, one of the junta general's daughters, laden in diamonds the size of pebbles, an example of the excesses of their coercion of power while the country gets poorer and poorer and people suffer as a consequence.

Many of Burma's 52 million people live in abject misery. About one-third are mired in poverty. Nearly half of all the children never get to go to school. Malaria and tuberculosis are widespread. Mortality rates in Burma are among the highest in Asia. At least 37,000 died of HIV/AIDS in 2005 and over 600,000 are infected with HIV. Burma's suffering destabilizes southeast Asia—heroin and methamphetamines, HIV/AIDS, and other infectious diseases, as well as hordes of refugees spilling across Burma's borders into neighboring countries. The international community must respond to this ongoing tragedy by providing humanitarian aid to a desperate and deserving people.

Current levels of international assistance are simply woefully insufficient. We need a network of public and private donors to fund health, education, and infrastructure projects. The resilient and brave Burmese people have shown that they are more than worthy of our support and compassion. They are fighting for democracy. We need to join that fight.

I close by offering a final word of warning. We dare not forget Burma's last great democratic uprising. It occurred in 1988. It was brutally crushed by the military at the cost of over 3,000 innocent lives. That day and the repression that followed show the horrible human toll of our collective failure to act. A peaceful prodemocratic outcome in Burma is actually within reach, if the international community were to seize this moment. The United Nations, ASEAN, India, and especially China must stand with the United States in solidarity with the Burmese people. All of us must not fail the people of Burma again.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Arkansas.

CHIP REAUTHORIZATION

Mrs. LINCOLN. Mr. President, I applaud my colleagues who have come to the floor this morning to speak out about the injustices in Burma and to remind us to not lose sight of the dis-

course and the injustices that occur across the globe, that we must keep a vigilant focus on those and speak out against them. I also think it is important to lead by example in our country. That is why I come to the floor today in such strong support of the Children's Health Insurance Program reauthorization, the CHIP Reauthorization Act of 2007, and urge my colleagues to support the incredible bipartisan compromise we have all come together to negotiate, to set the example of what our values are so that other countries might see that working together, the values we share and the moral obligation we have to our children can be met as we take these types of steps. That kind of leadership by example is critical not just in our country but to the example we set for the rest of the world.

I have to say, as a working mother, I know all too well the importance of reliable health insurance coverage for all children. I feel blessed that as a Federal employee, I have access to quality coverage. When I am up late at night with a sick child, as I was last week, I have been blessed as a Federal employee to have that access and to be able to know that when the Sun comes up, I can call my doctor. I can get my child the kind of medical care I believe he needs. Having health insurance coverage gives me peace of mind. But that peace of mind should not only belong to those families that can afford private health insurance, it should also belong to the working families that are struggling to make ends meet. That is why Democrats and Republicans worked so hard together to come up with a compromise on a bill this important. I commend my colleagues in this body and in the House of Representatives from both sides, both parties, who have worked diligently to come to this agreement.

Since the inception of SCHIP 10 years ago or, as we call it in Arkansas, ARKids First, because it is a Federal and State partnership to provide this health insurance for our children, the number of children without health care coverage has been reduced by one-third. During that time, I am proud that Arkansas has become a national leader in reducing its number of uninsured children from over 20 percent in 1997 to 10 percent today. Now nearly 65,000 of Arkansas's children currently receive coverage through the ARKids B part of ARKids First.

The bill before us is an important and responsible step forward in reaching the millions of children who remain uninsured. It applies the lesson of the past 10 years and builds upon the success of the program by giving States more of the tools they need while preserving their flexibility to strengthen their programs and ultimately cover more children. In doing so, it would provide an additional \$35 billion over 5 years that will allow our States to preserve coverage for children currently enrolled while reaching an additional 3.8 million uninsured,

low-income children. This proposal would also provide much needed funding to States for outreach and enrollment efforts to reach many of those currently uninsured but eligible, making sure we are reaching out. For those who are eligible, as we get them on the rolls, it makes a tremendous difference. Because as we begin to bring into the fold those who can be insured, those who are eligible, we begin to mitigate the risk and the balance of the entire cost of what we need to do in covering children. In addition, it takes steps to ensure that they get a healthy start by providing care for expectant mothers and establishing pediatric quality measures to improve the effectiveness, safety, and efficiency of the care they receive. For years we have been putting quality measures into Medicare and other programs. Now we are going to put those same quality measures into pediatric care and children's care so we cannot only be reassured that our children are getting the best of care, but we are going to also see the benefits economically of those quality measures.

Our plan would also invest in the development of evidence-based quality measures for children's health care and provide access to much needed dental care for lower income children. I am sure many of my colleagues have done as I have, visited Head Start facilities or other places where children are learning dental hygiene. It is absolutely essential, because when you visit the places where they are not getting dental care and dental hygiene, you see children who have rotting teeth, who can't pay attention in school, who are malnourished because it hurts to eat when they get the opportunity. Dental care is essential because those children who do get it are going to be paying attention in class. They will be getting better at their education, and they will be healthier individuals because they will be receiving nutrition. They are going to be on a pathway to a healthier lifestyle.

We ensure that children enrolled in this CHIP would also be able to access mental health care that is on par with the level of medical and surgical care they are currently provided. Earlier this month I hosted forums across the State of Arkansas to discuss renewal of this vital program. We had a wonderful opportunity to meet with health care professionals, parents, single working mothers, business individuals who see the productivity of their employees better when they know those parents have that peace of mind when their children are getting health care, others who emphasize just how crucial this program is to Arkansas. They are anxious for us to get this program reauthorized. We have the opportunity, and we must seize it. They know the clock is ticking. If we don't act in some form or fashion by September 30, we could endanger the coverage of 6.6 million children currently receiving care.

Further, those I spoke to wanted to see tolerance. They wanted to see us

working together. They had little tolerance, quite frankly, for the political posturing by our President, making this a political issue. They are frustrated that he doesn't seem willing to budge in terms of cost when what we spend in Iraq in only 41 days would provide health care coverage for 10 million children each year. And they, like me, believe that providing health care to our children is not only an investment in our Nation's most precious of resources, but it is a moral issue and, quite simply, the right thing to do.

In Washington we sometimes get in the business of debating policy specifics and losing sight of what it is all about. During my recent trip to Arkansas, I was reminded of what this will mean for real people. It is about a wonderful, hard-working, home-based educator from Benton, Jennifer Brown, and her 6-year-old daughter Elizabeth. Because Elizabeth had a digestive problem that required treatment, her mother would have been forced into the position of choosing between care for her sick child or choosing to feed her family if CHIP were not available. Placing families in that position is completely unacceptable. They deserve so much more. I am proud that CHIP was there for Jennifer and Elizabeth. As Jennifer told me:

Without ARKids First, I don't know how we could have made it.

It is also about a young working mother and a grandmother, Amy Main and Jackie Deuerling, who spoke to me about their daughter and their granddaughter Emily, a 4-month-old blessing I was able to hold in my arms. What a treasured blessing to that family and to this country. Without ARKids First, Emily's family would be unable to provide her with the care she desperately needed. As Amy told me:

The health care coverage provided by ARKids First allows me to feed the kids, afford diapers, and pay for Emily's brother's school supplies. I can make sure the kids have everything they need. If I was paying the medical bills [and if it was me and me alone], we wouldn't be able to afford all of those necessities [or the proper medical treatment].

We cannot lose sight of that. We should all agree that providing health care for our children is certainly one area where partisan politics should be placed aside. These working mothers who were there, the working families who were represented in these town hall meetings were saying what an important thing it was to them, as a value, to be able to make sure their children were able to get the health care they needed. But they also felt it was a value of who we are as Arkansans and as Americans.

I am very proud the Senate has seen the case we have presented. The members of the Senate Finance Committee, of which I am a member, worked hard in a bipartisan spirit to find a common ground to improve this program. Chairman BAUCUS and Ranking Member GRASSLEY, Senators ROCKEFELLER and HATCH, took the challenge. All of us,

working together, and others, helped in multiple meetings to produce a bill of which everyone can be proud. Their leadership and vision should be commended by this entire body.

That is why it is so unfortunate the President and the Secretary of Health and Human Services feel so differently. In fact, their proposal to increase CHIP funding by only \$5 billion over the next 5 years falls well short of the funding needed to simply maintain coverage for those currently enrolled in the program. That is not right.

In fact, the message sent to me during my meetings in Arkansas was that moving backwards—moving backwards—when it concerns the health care of our children is absolutely unacceptable. Instead of forcing nearly 1.5 million children to be dropped from their current health care providers, shouldn't we all agree, at the very least, absolutely, no child should lose coverage as a result of reauthorization?

The President has been adamant about leaving no child behind when it comes to their education. But shouldn't that also apply to their health care? How you choose to spend your money for your families or for your government most definitely reflects your values and your priorities. I ask my colleagues today, what could be a bigger priority than the well-being of our children—all of our children, the Nation's children, our American family?

In a time when more and more Americans are struggling to find affordable health care, CHIP has been a success story that has allowed us to make coverage more accessible for millions of children in working families. I urge each and every one of my colleagues to explore your conscience, to set aside partisan influences, and to support this critical effort to invest in the health care of our children—not only for the future of our Nation but for the well-being of millions of children and working families. They are depending on us, and it is time to fulfill our commitment.

I urge my colleagues to join me in supporting this legislation to expand health care coverage for the children of our American family.

I yield the floor.

The PRESIDING OFFICER (Ms. KLOBUCHAR). The Senator from New Hampshire is recognized.

Mr. GREGG. Madam President, I wish to speak in morning business.

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

CHILDREN'S HEALTH INSURANCE PROGRAM

Mr. GREGG. Madam President, we are today going to vote on what is euphemistically known as the SCHIP bill. It is clearly incorrectly identified because under that reading one would think it was for children, but it is actually a bill that also covers adults. I think there is a general consensus and no disagreement about the fact that

children who are at or near poverty—even considerably above poverty—families who have that type of fiscal constraint should be covered. There is agreement on that.

The issue is whether we should take a program which covers children in poverty, or near poverty, up to 200 percent of the poverty level—which, if we define poverty, it is twice as much as what poverty is—whether we should cover children who are in families who have incomes well above 200 percent of the poverty level and adults who have no children at all, and whether we should do that extra coverage through a nationalized system.

That is what is at issue. The issue is not whether children who come from families who are not that well off—not necessarily poor families but are not well off—those children are covered under the President's proposal, under proposals which I would support, children from families with incomes up to 200 percent of poverty.

The issue is whether we should have States, for example, such as New Jersey, where families who make \$71,000 a year—\$71,000 a year—should be able to be covered under a federally, totally subsidized, taxpayer-paid-for health care plan, and whether families that are not even families—because they are two adults with no kids—should also be able to be covered under that federally subsidized health care plan, where the taxpayers pick up all the costs, and whether those plans should be structured in a way that they are single-payer, Government-directed, nationalized health care plans.

What is the practical implication of taking a program, which is supposed to be directed at children who come from low-income families, and expanding it radically in the way that the bill we are going to get does?

Well, the first practical implication is it spends a heck of a lot of money: \$71 billion over 10 years in additional spending—\$71 billion—to cover children in families with up to \$71,000 in income. In fact, they go up to 400 percent of the poverty level, with families who make up to \$80,000 a year, and they cover adults who do not have children. Yet they claim it is a children-in-need health care program.

So you are going to increase the Federal Government and the size of the Federal Government and the spending of the Federal Government—which, remember, comes from taxpayers—by \$71 billion under this proposal.

The President has proposed increasing spending in this area over the baseline—which is about \$25 billion—by an additional \$5 billion over 5 years. Some of us have proposed we even go a little higher so we make sure every child in that category of 200 percent of poverty can be covered.

But to expand this program to a \$71 billion increase is a huge explosion in the Federal program, in the size of the program, and in the cost to the taxpayers. Remember this: Another effect