

found continuing frustrations and shortfalls in care for the increasing number of military returnees from Iraq. Delayed decisions, confusing policies, and the perception that the Department of Defense and Veterans' Administration disability ratings result in inequitable outcomes and have eroded the credibility of the system, according to the General Accounting Office. Thus, it is imperative, the GAO concludes, that the Department of Defense and Veterans Affairs take prompt steps to address fundamental system weaknesses.

Well, I agree. This is intolerable. That is the reason why we need to pass the Defense authorization bill, which has previously been pulled from the floor for consideration and has returned and now is being hijacked for special interest legislation that has nothing to do with providing help to our men and women in uniform during a time of war.

Let me talk briefly about what the Defense authorization bill would do if we ever get it passed. It would authorize increases in end strengths to the Army and U.S. Marine Corps. As my distinguished colleague from Arkansas knows, that has been one of the major concerns we have all had about the stress and strain on our military that is too small for the challenges we have today, resulting in lengthy deployments and absences away from family members. This bill would authorize an increase of 13,000 in end strength for the Army and 9,000 for the Marine Corps. But what do we do instead of passing the legislation that would provide that additional authorization? We hijack this Defense authorization bill to talk about hate crimes and perhaps immigration and other unrelated issues. This bill authorizes a pay increase of \$135 billion for our men and women in uniform, people who deserve everything we can do for them when it comes to providing for them or reducing some of their financial burdens. This bill authorizes \$135 billion in additional pay.

But what does the majority leader do? He says we are going to take another timeout after 15 days and we are going to talk about hate crimes, potentially immigration, and who knows what else, further burdening this bill with amendments which may jeopardize our ability to pass it in the end.

This bill also provides for a 3.5-percent increase in pay for all our troops. To the point of the GAO report, which I cited that has been reported in one of the Hill newspapers today, this bill would authorize \$24.6 billion for the Defense health program, including a \$1.9 billion adjustment to fund TRICARE benefits for fiscal year 2008.

That is exactly what we ought to be doing. I, similar to my other colleagues, have visited our wounded warriors at Walter Reed and Bethesda, places such as the Brooks Army Medical Center in San Antonio, and places such as Darnall Medical Center at Fort

Hood and Killeen. We need to make sure we do everything in our power to take care of our wounded warriors. But what are we doing? We are apparently taking a timeout from that important work that is urgently needed and diverting our attention to other matters that have nothing to do with taking care of our troops.

What else would this Defense authorization bill do? Well, it would authorize \$4 billion for Mine Resistant Ambush Protected vehicles. As my colleagues know, these are the V-shaped hull vehicles that have a way of dispersing improvised explosive device attacks in a way that will save lives and protect our troops from further injury as a result of improvised explosive devices. But what do we do? We dillydally around after 15 days of not taking care of our business and divert our attention to other unrelated matters that have nothing to do with protecting our troops. I think it is shameful.

Further evidence the agenda is misplaced in the Senate is the fact that we will, this week, have to consider a continuing resolution. That means passing legislation to keep the doors of Government open until November 16 because this Congress has not passed, nor has the President signed, appropriations bills to pay Congress's bills. Now, this is not a surprise. September 30 we know is the end of the fiscal year. What would happen if we were a small business—or a big business, for that matter—that didn't take care of its affairs and didn't pay its bills? Well, it would shut down. But not the Federal Government, because we have the power to wave a magic wand and pass a continuing resolution. But 13 appropriations bills affecting the lives of each and every one of 300 million Americans in this country has simply been neglected, pushed to the back burner, because we are diverting our attention to matters that we should leave for a later date.

So I implore the majority leader, I implore the new management of this Senate that was elected to the majority status after the last election, let's take care of business. Let's take care of our troops. Let's take care of our military families that, in an all-volunteer military, are absolutely essential to our ability to protect and defend the United States. I think it is shameful we are changing the subject to take care of special interest legislation at a time such as this, when it is so critical, at a time of war. I implore the majority leader to reconsider his misguided agenda for the Senate.

I yield the floor.

Mrs. LINCOLN. Madam President, how much time remains in morning business on each side?

The PRESIDING OFFICER. The Republican side has 6 minutes 41 seconds, and the Majority side has 5 minutes 57 seconds.

The Senator from Florida is recognized.

SCHIP

Mr. MARTINEZ. Madam President, I wish to shift the discussion, while I concur completely with the Senator from Texas and his assessment of floor management time, and I do believe we need to get about the business of a Defense authorization bill and not be sidetracked by other side issues.

I wish to talk about another important issue that is coming before the Senate, which is the SCHIP program, one that I support, one that I want to see reauthorized, and one that I want to see expanded. To my colleagues on the other side of this debate, let's talk about expanding SCHIP. I support a \$5 billion expansion. If that is not enough to cover the children this program is intended to cover, let's talk. Let's discuss what amount would cover these children: \$5 billion, \$10 billion; I am in favor of opening that discussion.

What I am against, what I oppose is expanding this program beyond the needs of the poor.

The bill before us today expands the program beyond its original intent. It expands it to the point where we are making Government-sponsored health care available beyond the intent and to include those in the middle class.

For those who claim otherwise, let me read a quote from the chairman of the Senate Finance Committee. The chairman recently noted:

Everyone realized that the goal of this legislation moves us a giant step further down the road to nationalizing health care.

Nationalizing health care. Let's call it what it is. This is not a debate over whether we are going to provide health insurance for our Nation's low-income children—because we all agree we should do that—this is a debate over whether we should nationalize health care.

This is a significant ideological debate. Do we in this body—in this Nation—want a system of government versus private health insurance? Is it right to dramatically expand this program to middle-class families for the sake of being able to say we are insuring more? I support SCHIP. I support the program with the original mission of covering low-income children who do not have health insurance. This bill we are debating today is not that program; it is not even close. It is bad policy. To take a program designed to help poor children and create a new entitlement for middle and upper income families, especially when this group already has access to private coverage, money set aside for low-income children should be used to cover low-income children.

Make no mistake. This bill takes us down a one-way path. The bill takes the money intended for SCHIP and uses it as money to begin a program of socialized health care. For this reason, I cannot support this bill.

Beyond the ideological shift of socializing health care, the funding portions of this bill will essentially eliminate health coverage for low-income children after 5 years.

Under this plan, SCHIP outlays increase every year for the next 5 years. But in the year 2013, they drop dramatically—to levels that will not sustain even the existing population of kids on SCHIP.

The proposal, as written, will require the Government to either drop millions of children from health care in 2013 or impose a new tax to raise the \$41 billion needed to sustain the increased levels of coverage.

Additionally, this bill sets us up to cover an unintended population of adults. This plan would allow New York to expand their SCHIP program to cover middle-class families earning \$82,600 per year, which is four times the Federal poverty level.

Ironically, this means many families in New York will receive a government subsidy for insuring their children at the same time they are subject to the alternative minimum tax, a tax specifically designed to target wealthy Americans.

By expanding coverage further up the income scale and to new populations, this bill takes away needed resources from those most vulnerable, low-income children.

Several recent analyses show that for every 100 children made newly eligible for SCHIP, half of those would either lose or forgo private coverage they currently have. So why are we using taxpayer dollars to cover children who have insurance at the expense of those who don't?

I truly believe this bill represents a fork in the road. We can either move toward a health care system that is patient focused, with a choice of providers, or one that leads us toward a Cuban-style health care system, with rationing of care, long waiting lines and, worse yet, no choice.

Let me reiterate, the dispute is not whether children should have access to affordable health insurance; we all believe children should have that access. The dispute is how we should achieve that goal.

SCHIP reauthorization in its current form will transform the program into a middle-class entitlement.

A real compromise needs to be reached, one that keeps in the spirit of SCHIP; one that finds children currently eligible and signs them up for insurance; a compromise that doesn't simply broaden the program's eligibility so people on private health insurance all of a sudden have an option to move to Government-sponsored health insurance.

Congress also needs to work on legislation that will help make insurance more affordable.

Since the President has signaled his intention to veto this version of SCHIP reauthorization, it is essential we talk about viable alternatives—plans that would ensure the reauthorization of SCHIP that expand rather than diminish private health insurance and coverage for children.

I have been working with some of my colleagues on such a plan—one that

would bring a viable alternative to the debate we are currently having. This alternative would be composed of two elements: First, a full reauthorization of SCHIP. SCHIP should continue to cover children in families with incomes at or below 200 percent of the Federal poverty level. But we should also work to enhance outreach for those eligible but not signed up.

We know there are poor children out there without health insurance. We may not agree on the number of them, but let's work harder to find them and sign them up for coverage.

The second part should consist of a child health care tax credit. Rather than putting more people on a government-run program, let's advance tax credits to families with incomes between 200 percent and 300 percent of the poverty level. This would cover the population targeted by this bill, but instead of forcing them to drop their current coverage, it would provide assistance to keep them in the current insurance plan. It would help families with employer-based insurance to add their children to their existing policies.

If a family doesn't have insurance, this credit will provide the resources necessary to go out and purchase health care.

I think this is something we can all agree to. These concepts are supported by both the left and right, from the Heritage Foundation to Families USA. So I urge my colleagues to reject the proposal before us today and, instead, come together and work to ensure access to health care for all low-income children.

The PRESIDING OFFICER (Mr. WHITEHOUSE). The Senator from Arkansas is recognized.

Mrs. LINCOLN. Mr. President, I rise now somewhat in dismay, I suppose, but certainly disappointed in hearing the debate from the other side. When we first started SCHIP 10 years ago, what a great bipartisan effort it was. Under this administration, so many waivers have been granted for childless adults and for other different categories of individuals to be covered.

What we have tried to do, in a bipartisan way in putting together the reauthorization of this bill, is rein in those waivers. I heard my colleague and friend from New Hampshire—he and I have talked often about our own children—say we are going to cover illegal immigrants. We are not only not going to cover them in this bill, we don't even cover those who have stood in line and go through the proper process to come here as legal residents until there has been certain proof of how long they have been here and the contributions they have made.

I have great confusion about this effort to portray this reauthorization as something that is expanding. We are actually reining it in.

I have to say, in listening to my colleagues talk about covering 200 percent of poverty, I hope the American people understand that when we talk about

200 percent of poverty—my colleague from New Hampshire talked about it as if it was a lot of money. When you talk about 200 percent of poverty, you are talking about a family of four trying to live on \$41,300. Eighty percent of the people in the State of Arkansas whom I represent have an adjusted gross income of less than \$50,000. As a parent myself, being blessed with two incomes coming into our household, a family raising and caring for a family of four on \$41,300 a year—talking about what you are paying for rent, for food, for utilities, and then to say that we as a Nation don't want to support you in caring for your children and seeing that they get good health care, that their health care needs are met; no, go into the private marketplace where the most expensive piece of health insurance you can purchase is in the private single-payer marketplace of health insurance—

I have been disappointed by those comments we have heard this morning.

I hope that as we look forward, in this bill, we prohibit any new waivers, waivers that were a part of the first piece of legislation 10 years ago, and this administration granted many of those waivers. My State of Arkansas has been a beneficiary of many of those waivers. But the fact is that we rein them in. We prohibit waivers on childless adults, and as those childless adults are phased out of the program, the States can choose to put them in a block grant program and cover them in a much less percentage than what they are covered now. But they are not going to be in a children's program or a program designed for children.

So I hope our colleagues will look at all the hard work and effort that has been put into this bill, to rein in much of the excess that came through those waivers from this administration, and will look at how we can focus on bringing about compromise and making sure we focus on the hard-working families that make up the fabric of this great Nation and do need the help and the support of all of us in making sure their children get the most basic of needs in health care coverage.

I thank the Chair and look forward to the debate and encouragement from all our colleagues to bring about a bipartisan bill that moves this Nation forward in recognizing our greatest asset—our children.

The PRESIDING OFFICER. The Senator from North Dakota is recognized.

Mr. DORGAN. Mr. President, has the time for morning business expired?

The PRESIDING OFFICER. The time for morning business expires in 120 seconds.

Mr. DORGAN. Mr. President, I ask unanimous consent to speak for 15 minutes in morning business.

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

Mr. DORGAN. Mr. President, this afternoon, I will be attending a hearing of the Senate Appropriations Committee. The Secretary of Defense will

be there, the head of the Joint Chiefs of Staff will be there, as will someone from the State Department, and they will be here supporting a proposal by the President to the Congress that we supply up to \$200 billion in additional funding for the war in Iraq and Afghanistan—all of it declared “emergency,” none of it paid for, and that is \$200 billion for this year. That will take us to almost three-quarters of a trillion dollars, with respect to the war in Iraq and Afghanistan, all added to the Federal debt as a result of a request by the President that it be emergency spending.

I mention that only because we have been talking out here on the Senate floor about something called the children’s health insurance program. It is a fraction of what we will be discussing this afternoon as emergency funding. The children’s health insurance bill is fully paid for. That which came out of the Senate Finance Committee on a bipartisan basis to address the issue of health insurance for children and do so in a way that fully pays for it. It is a very different circumstance than exists with the President’s request for war funding, for example.

But it is interesting to me that the loudest moans in the Chamber of the Senate come when we take the floor of the Senate to talk about taking care of things here at home, taking care of basic things in this country.

What is more basic than taking care of children and the health care of children? If it is not in first place, tell me what is in first place among your concerns about life. I am talking about the health of our children. If that doesn’t rank No. 1, tell me what does. It ought to rank No. 1, front and center. Everybody individually, I think, would say the most important thing in my life is my children and my children’s health. Yet we bring a bill to the floor of the Senate dealing with children’s health, paid for, and it provides expanded coverage, coverage to those children who don’t have coverage—millions of children whose health is now a function of how much money their parents have in their checkbook, and who, in some cases, are lying in pain, walking with a limp, suffering through agony but cannot go to a health care facility because their folks cannot take them because they don’t have any money or insurance. Does anybody here believe we should not aspire to address that? And we have. We have a piece of legislation that is fully paid for—

Mr. KENNEDY. Will the Senator yield?

Mr. DORGAN. Compared to what we will hear this afternoon, a request for \$200 billion of emergency funding for the war in Iraq and Afghanistan, none of it paid for, and this is a fraction of that to reach out to try to provide health insurance to America’s children, particularly America’s poor children.

I am happy to yield for a question.

Mr. KENNEDY. On the point the Senator makes about this being a matter

that is paid for, it is not effectively costing the taxpayers any resources. As I understand it, it is going to mean an increase in the cigarette tax, and the implication of the increase in the cigarette tax is the fact that less children will be smoking; so you have a double value here, where we are not only getting coverage for the children but discouraging children from smoking, which will help and assist and make sure future generations are going to be healthier as well. I know the Senator is familiar with that argument. Does he think the administration has missed that point?

Mr. DORGAN. I believe they have. It is a fact that this is paid for with revenue coming from the sale of cigarettes. It is also a fact that about 3,000 children a day will begin to smoke and become addicted to cigarettes, and 1,000 of them will ultimately die from that choice. The only chance you have to hook someone on cigarettes is to do it when they are kids. Does anybody know of anybody who is around 30 or 40 years old sitting in a La-Z-Boy recliner and watching television and thinking, what have I missed in life? What have I not yet done that I should do? And they come up with the answer that I ought to start smoking. Does anybody believe that would happen? Of course it doesn’t.

We know now that smoking has dangerous health effects. The only chance you have to get someone to smoke, get them addicted for a lifetime, is to get kids addicted. So I think that which we do to persuade children not to smoke is something very important in our lives. It is also a contributor to a healthy lifestyle.

Mr. KENNEDY. Will the Senator yield further?

Mr. DORGAN. Yes.

Mr. KENNEDY. Effectively, when the administration says this is going to be additional kind of spending, they leave out the fact that it is going to be funded—children’s health—with a cigarette tax. Is the Senator familiar with the fact that the procedure, the process by which the children actually get the health insurance in the State is basically identical to what the administration asked on their prescription drug program? It is using the private sector in terms of the contract, and in terms of an individual getting coverage for their children. The worker will find out there are several alternatives from which they can make a choice. They are all based on the private sector.

Therefore, I ask the Senator, is he somewhat troubled by the administration’s opposition, since we have effectively tracked the delivery system that the administration has asked and it is being paid for independently from spending programs by the Federal Government and that the total expenditure, as the Senator I am sure has pointed out, is some \$35 million over 5 years as compared to \$120 billion dollars for the war in Iraq in a single year?

Mr. DORGAN. In fact, the request before the Senate Appropriations Committee this afternoon for the war in Iraq is two requests: \$145 billion that now exists for this year, and we expect another \$50 billion on top of it. That is nearly \$200 billion in one single year, totaling about three-quarters of a trillion dollars, over time none of it paid for. This program to provide health insurance to children is \$7 billion a year fully paid for.

What bothers me about this issue is this clearly is an issue of trying to take care of things here at home. What is more important than taking care of a young child who is sick? It is interesting to me, we voted a while back about making English the national language. It is a reasonable request. If you want to become an American citizen, you ought to aspire to learn the language, English. Yet I come to the floor and I hear a foreign language. I don’t understand what they are talking about: “socialized medicine,” “Cuban-style, government-run health care.” It seems to me they ought to speak English. I get so tired of people using these terms, such as “socialized medicine.” Yes, there is a government aspect to this issue. But as my colleague said, much of this is the private sector as well implementing it.

I am so tired of people saying the Government can’t do a thing. How about those firefighters climbing the World Trade Center and giving their lives as those buildings came down? You know what, they were on the public payroll, were they not? Public service, that is what they were doing. Government workers. How about the teachers taking care of our kids today in the classroom? Government workers; yes, they are. How about Dr. Francis Collins working at NIH, who gave us the owners manual for the human body with the mapping of the genome code? Are we proud of him? Government worker.

I am a little tired of this language—“socialized medicine,” “Cuban-style system.” What a load. That is thoughtless rather than thoughtful debate. This is not some massive socialized medicine program.

I say to my colleagues, look a 4-year-old child in the eye who is hurting and say to them: You know what, we made a decision that the question of whether you get to see a doctor or get to go to a clinic or get to go to a hospital today is a function of how much money your parents have, and if they don’t have the requisite amount of money, I am sorry, youngster; tough luck. I am sorry. Just bear the pain. We shouldn’t do that. As a country, we shouldn’t do it.

What is a higher priority than our children and our children’s health? How on Earth, given what we are doing, spending money in this Chamber, a \$200 billion request this afternoon before the Senate Appropriations Committee, none of it paid for, on an emergency basis, \$200 billion, and now

we come with a \$35 billion request fully paid for to address the issue of children who do not get health care, children who, when they get sick, do not have adequate health care—what is more important for this country?

I don't understand. I have said from time to time, we have all these events in the Olympics for running and jumping. If ever there were an event for sidestepping, I have some gold medal candidates in this Chamber. Sidestepping the important issue—they don't want to talk about the question of why do you not want to address the health care of children. They want to talk about other issues—socialized medicine. It is a foreign language to me, but maybe not to some.

I guess I would ask this question: Can we—not just on this subject but other subjects as well—can we come to the floor of the Senate and take some pride in taking care of business at home? My colleague from Oregon and I offered the only amendment that cut down a bit the \$20 billion—yes, with a “B”—\$20 billion this Congress passed for reconstruction in Iraq. A massive amount of it was wasted. Talking about health care, guess what. We gave a \$243 million contract to a private contractor to rehabilitate 142 health care clinics in Iraq. An Iraqi doctor went to the Health Minister of Iraq and said: I would like to see the health clinics that were rehabilitated. The money is all gone. The Iraqi Health Minister said: In many cases, those are imaginary health clinics. The money is gone. Reconstruction in Iraq—how about taking care of things at home? How about doing first things first? And you tell me what is in second place. The first place, in my judgment, is taking care of America's kids, and we don't do this through some massive Government program, through some socialized health care system, some Cuban-style system of Government programs. We do this in a thoughtful way, and we do it in a way that works.

How do we know it works? Because this program has existed and been an exemplary program, and it has given low-income families an opportunity to believe that when their kids get sick and they don't have money and are having a tough time, they can still take their kids to a doctor. God bless them for knowing that and God bless the Congress and the President for doing something about it in past years.

It is very different now. We are trying to expand the program to millions of additional kids, and we are told somehow this is a program that is unworthy, it cannot be done this way, it is some sort of big bureaucratic mess. Nothing could be further from the truth—nothing.

I hope when the dust settles this week and we do the conference report, I hope we understand that this conference report is bipartisan—Senator GRASSLEY, Senator BAUCUS, Senator HATCH, Senator KENNEDY, and so many others have advanced this legislation

on the floor, Republicans and Democrats. Let's pass this legislation, and let's hope the small amount of opposition in this Chamber will not deter us from doing what we know is best for the country. And, second, let's expect this President to sign it. I know he has threatened to veto the bill. Let's expect him to sign it because it is taking care of business at home and doing first things first.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. SMITH. Mr. President, I ask unanimous consent that I be permitted to speak as in morning business.

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

HATE CRIMES

Mr. SMITH. Mr. President, I believe the pending amendment is the hate crimes amendment to the national Defense authorization bill. I rise today to once again discuss the need to enact hate crimes legislation. For the fifth consecutive Congress, I have introduced this legislation with my colleague from Massachusetts, Senator KENNEDY.

The Senate knows well the substance of what we have debated. We have done it in every Congress of my tenure. A majority of Senators have repeatedly supported this legislation. Two years ago, under a Republican-controlled Senate, we overwhelmingly passed hate crimes legislation on the National Defense Authorization Act by a vote of 65 to 33. In 2000, the Senate voted 57 to 42 in favor of the bill. In 2002, we had 54 votes.

Hate crimes legislation, in my view, is the most important civil rights issue before this Congress. The House has already passed this legislation. They have done so and we will do so, I hope, because America needs it.

America is one of the most diverse societies on the planet, and I can think of no other country in world history that has achieved the same degree of diversity as the United States of America. Our diversity is, in part, our Nation's heritage. It is part of our political and social fabric. It is a source of our strength, and it should be protected from those who try to systematically victimize whole classes of individuals based on their beliefs, their practices, or their race.

The bedrock of our civil rights laws is founded on our collective belief that minorities should be protected from discrimination. But the civil rights struggle is far from over. Every election brings a new chapter in our efforts to get it better.

As we fight the war on terrorism abroad, we must not forget that we continue to have injustices on our home shores. Americans continue to be harassed, victimized, and denied equal opportunities simply because of their race, religion, color, disabilities, or sexual orientation.

As a nation that serves as a beacon of freedom and liberty throughout the world, we simply cannot tolerate violence against our own citizens simply because of their differences. We cannot fight terror abroad and accept terror at home.

For the last 7 years, I have entered into the CONGRESSIONAL RECORD a hate crime almost every day. I have entered hundreds upon hundreds of individual hate crimes into the RECORD to demonstrate the need for this legislation. Many of these crimes are extremely brutal, some even resulting in the death of the victim. I do this to raise awareness. I do it to demonstrate the severity of these attacks and to show the frequency of these violent crimes. I also do it to remember these often nameless victims and to give a human face to these senseless acts of violence.

Let me tell my colleagues about the horror of these attacks. Opponents of this measure will say every crime should be treated equally. But those who perpetrate crimes out of bias, against sexual orientation, are unusually and especially savage. One rarely, if ever, reads about a hate crime resulting from a single bullet or errant punch. Hate crime victims will be beaten dozens of times with an iron crowbar, they will be stabbed over and over, or they will be stomped to death. These prolonged, vicious beatings are more akin to punishment and torture and manifest themselves in ways that are most evil.

This year, Senator KENNEDY and I have decided to rename our legislation the Matthew Shepard Act. We do so with the permission of his mother. We do so to put a human face on the issue of hate crimes legislation. In addition, we did it in remembrance of a young hate crime victim who has left an indelible mark upon our Nation's conscience. His name is Matthew Shepard.

Judy Shepard, Matthew's mother, is a dear friend of mine. Judy experienced a parent's single worst tragedy: the loss of her child. But instead of retreating into her own pain for solace, Judy has brought to national attention the need for hate crimes legislation. She is our Nation's strongest advocate for this issue.

For those of you who do not know Matthew Shepard's story, it is truly heartbreaking. Matthew was a 21-year-old college student at the University of Wyoming when he was attacked. Shortly after midnight on October 7, 1998, Matthew was kidnapped, beaten, pistol whipped, lashed to a lonely stretch of fence, and left to die alone.

Almost 18 hours later, Matthew was found alive but unconscious. His injuries were deemed too severe for surgery, and Matthew died on October 12. Matthew was murdered by two men simply for who he was, because he was gay. To think that such virulent hatred of another person's sexual orientation drove another to commit such a heinous act is truly unthinkable. Sadly, this case is not isolated.