

Appleton, WI. He has served his parish for the last 31 years. Early on, his church had just a few hundred members. He has seen kids in his parish grow up to have kids of their own. Now his congregation is well over 2,600 strong.

As many in Appleton will tell you, Reverend Ellisen's ministry has touched so many families beyond his church's walls. He has been a tireless advocate for cancer research, treatment, and education. His work as an ambassador and fundraiser for the American Cancer Society has taken him to every corner of our State and every corridor of Congress. His message is unwavering: If we work together, we can beat this terrible disease.

Yet he may be best known in the community for helping comfort the terminally ill. Through his work with the Visiting Nurse Association, he started the first hospice program in Appleton many years ago.

I had the privilege of introducing Reverend Ellisen on the Senate floor in 1997. Much has changed in the world, but he has remained the humble, compassionate person I met a decade ago. And, thankfully, his important work endures.

We need to hear his hopeful invocation today. I thank Reverend Ellisen and his family for joining us.

I yield the floor.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will now be a period for the transaction of morning business for 60 minutes, with Senators permitted to speak therein for up to 10 minutes each, with the time equally divided and controlled between the two leaders or their designees, with the Republicans controlling the first half and the majority controlling the final half.

The Senator from Florida.

SCHIP

Mr. MARTINEZ. Mr. President, I want to talk this morning on the much-talked-about subject of SCHIP. In this Chamber over the last several days—and I would say all over the Nation—there has been a lot of conversation about the future of the State Children's Health Insurance Program and whether this side will budge or that side will nudge the other one or who will blink first.

Clearly, we are at an impasse. Today, the President's veto of this bill—which will enlarge Government by \$35 billion—will be sustained in the House, I believe. Then we will find ourselves at a place where we have to regroup and

decide how to proceed in reauthorizing this very important program. It is an important program, and a program so many of America's children have benefited from, and one for which I believe we need to find a way to move forward.

I want to add my voice to those who have called for the program's reauthorization. This is a program that is working. It works in the State of Florida. It is a program that helps children. I know a lot of Florida children have been helped by it. So we have to find a way we can come together in the spirit of the program so every child who needs health care has the needed access to health care.

We should take great care, however, to avoid switching SCHIP from being a program aimed at helping poor children to a program that moves us toward a Government-sponsored, Government-run health care system. That would not serve the people in the program, and it would not serve the greater cause of reforming the bigger problem we have, and which we also have to address, which is our entire health care system.

The bill the President vetoed would have allowed coverage to the point where we would have essentially encouraged families who are today receiving coverage through private insurance to drop that insurance in favor of Government-sponsored health care coverage. I do not think that is the way to move forward with health care reform. I do not think that policy would lower health care costs or increase the access to quality health care. Both are important goals.

In talking with people in my State of Florida, they want to see SCHIP reauthorized. They want to help poor children who need health care. They understand the debate we are having, and they want a better alternative than anything that is on the table right now. So we are at an impasse. But I think we can find common ground. A real compromise needs to be reached, one that keeps the spirit of SCHIP, one that adds provisions to help find children currently eligible for assistance and signs them up for insurance.

We need a compromise that does not simply broaden the program's eligibility so people in private health insurance are forced to move to Government-sponsored health insurance because an employer sees an opportunity to save money. That is why later today I will introduce an alternative SCHIP reauthorization program composed of three elements—a full reauthorization of SCHIP, a child health care tax credit, and an aggressive outreach program to ensure all children eligible for the program have the opportunity to sign up for the insurance.

The first element enacts a full reauthorization of SCHIP, where we continue to cover children in families with incomes at or below 200 percent of the Federal poverty level.

The second element of my proposal advances tax credits to families with

incomes between 200 and 300 percent of the poverty level. If a family does not have insurance, a credit provides the resources necessary to go out and purchase health insurance. Families would have the ability to purchase health insurance, health care coverage tailored to their children's unique needs.

The third element would enhance outreach for children who are currently eligible for SCHIP coverage but who are not currently enrolled.

It is estimated between 500,000 and 1.5 million children who are today eligible for SCHIP are not enrolled simply because families do not know the program is available to them.

Make no mistake: The underlying debate is not whether we are going to provide health insurance for our Nation's children. We all agree that our society can ill afford to not take care of children in need. The dispute is how are we best to achieve that goal.

One of the major differences between the vetoed SCHIP program and my alternative is that the vetoed bill created a newly eligible population and moved them into a system of Government health insurance. My proposal is patient focused. It retains for families the choice of providers and practitioners and gives parents the resources necessary to add their children to their existing health care plan.

Where our proposals are similar is in the number of children we insure. Under my proposal, 10 million children would have access to health insurance. That is the same number who would have been covered by the vetoed bill.

It is essential we come together as Republicans and Democrats to talk about a viable alternative, about how we can get this done, about something that would ensure the reauthorization of SCHIP and that expands rather than diminishes private health care coverage for children.

I would be willing to continue to discuss this issue in a way that allows us to debate whether in the reauthorization part of this bill—the \$5 billion probably is not enough to cover all of the children who need to be insured under this program. I think a larger number than that \$5 billion is necessary, probably closer to \$10 billion.

But once we did that, then how do we go about covering that 200 percent to 300 percent of poverty—those working families who still cannot find a way to insure their children without Government assistance? We would do that through a tax credit. That tax credit would also be beneficial. It would be a way of allowing them to continue to have a private health care option, which I think is always preferable.

The insurance marketplace would adjust and continue to innovate in a way that I think would give us a much stronger, much better health care system for the children of America who so much need insurance for themselves and for us to be sure we have a healthy future for them.

I look forward to continuing to work with my colleagues in the coming days

to strike a middle ground, to strike a compromise on SCHIP, to be sure we come together to let the people of America know this Congress, Republicans and Democrats, can come together to work together on something as important as the health of our children. I look forward to the days ahead, as we continue to discuss this important topic, and I look forward to having others join this effort.

I am very gratified that quite a number of the Members of the House have adopted this as their idea and are going forward with this as a plan that may have viability, may be the answer. I hope an increasing number of Senators who are now not only looking at it but also finding favor with it will create the kind of middle way that will allow us to come together to find a solution and put this important issue back where it belongs: moving forward and taking care of the children of America.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Louisiana.

Mr. VITTER. Mr. President, I rise to join my distinguished colleague from Florida and many of my other colleagues in urging the sort of consensus building, practical problem solving Senator MARTINEZ is talking about.

It is clear we are at a current impasse on the SCHIP debate. The version that passed the Senate and passed the Congress has been vetoed by the President. It will be made even more clear in the next day or so that veto will not be overridden.

I think what the American people want us to do is not talk endlessly, debate endlessly, and simply try to score political points, but to come together around a practical compromise, a practical resolution that advances health care, particularly for poor children.

So I join my colleague from Florida in urging us to do that. My ideas about what that reasonable, practical compromise would be are very much like his. I applaud Senator MARTINEZ in terms of the ideas he has put forward to resolve this SCHIP debate.

I could not support the Senate Finance Committee version of the SCHIP bill. I could not support it for a very simple reason: I am all for the SCHIP program. I am all for covering poor children. I am not for expanding that program well beyond the boundaries of poor kids so that it is a precursor, quite frankly, to government-run, government-dominated health care. I think that is a mistake. I think expanding a program such as this and actively pushing people off private insurance, which the Finance Committee version would do, is a big mistake and moves us in the opposite direction of where we should be moving with regard to health care reform in this country.

Why do I say that about the Finance Committee bill? Well, for a simple reason: It goes well beyond the original intent of SCHIP, which is to cover poor kids. It goes beyond that in several ways. First of all, it raises the general

limit of eligibility from 200 percent of poverty to 300 percent of poverty. In the United States today, 300 percent of poverty is \$62,000, a family income of \$62,000. But, in fact, that limit is well above that in most cases. Why? Because under the Finance Committee bill, States can define family income in innovative ways. They can take out large expenditures such as tuition from family income, so we are not talking about gross family income of \$62,000. Once you take out those major components, those major sources of spending of a family, you could easily be talking about a family income of \$80,000.

In addition to that, under the bill the administration—any administration—would be urged, if not mandated, to grant waivers to States in many cases to go well above even that 300-percent-plus line. So clearly, you would dramatically expand the children and the families covered under the program, and you would go well beyond what any reasonable person would define as the truly poor.

Now, why is this bad? Well, for one thing, you are crowding out folks—pushing folks off—of private insurance. There have been several analyses done of the Finance Committee bill which passed the Congress and which the President vetoed. Under those analyses of new enrollees, it is estimated that between 45 and 51 percent would be dropping private insurance to enroll in SCHIP. Now, is that the direction we want to move in, encouraging folks who have private insurance to drop it, to flee private insurance to come under the care of the Government? I think that is the wrong direction to move in.

Beyond that, if you look at new eligibility groups—in other words, not all new enrollees, but the new groups of people who would become eligible under the bill—there is a 100-percent crowd-out effect. Everybody in those new groups would be dropping private insurance to enroll in SCHIP. Is that the direction we want to move in? I think not. We talk about the problem of the uninsured in this country. Why do we want to grow that problem versus solve it by encouraging people and helping people keep their private insurance or get onto private coverage? That is not the direction we want to move in.

I believe the direction we want to move in is to encourage coverage, to make it more available, to make it more affordable. That is the sort of solution that Senator MARTINEZ and myself and others have been talking about. That is why I support the McConnell-Lott SCHIP bill and support furthering the goal of health care for all American families with tax credits that can make private coverage available and affordable.

Step 1: A real SCHIP reauthorization focused on poor kids. That is what the legislation I support does. That bill costs \$8 billion in new costs over 5 years, but those new costs are fully offset. That bill would keep eligibility at

200 percent of the poverty line, but it would enroll many more new kids: 1.3 million by 2012 and 1.5 million new kids by 2017. It would also extend coverage to pregnant women and their children in the womb. That is important as well. That is a real reauthorization of the SCHIP program as it was originally designed and intended.

Now, is that good enough with regard to children's health care needs and families' health care needs? Absolutely not. There are other needs out there which we must address. Health care insurance isn't available, isn't affordable to enough folks. But rather than encouraging them to get on a government program and in half the cases actively pushing them off private insurance, why don't we help them stay on private insurance or obtain private insurance? That is the additional step we need to take through tax credit or other legislation.

So again, I urge us to do what the American people want, which is not to simply argue, talk, debate, and try to score political points endlessly, but to come together around a real and valid and commonsense compromise. That is what the American people want, so let's do it. That compromise is clearly within striking distance if we have the political will to come together around those ideas. Again, I believe the principle we should look at is a real reauthorization of SCHIP for poor children, supplemented with some additional help for those families that need the help to stay on or to get on private insurance. I don't believe the path of the current SCHIP bill, which actively pushes families off private insurance in so many cases, is the way to do it.

The proponents of that bill laud it because it would sign up 4.4 million new enrollees. Well, guess what: 4.4 million of that 2.4 million currently could have private insurance. Is that progress? Is that a great accomplishment, to push off of private insurance 2.4 million and get them on a government program at the expense of the taxpayer, when there is a better, cheaper alternative to help them stay on private insurance, to help them have more choice and control and autonomy of their health care future? That is what the American people want: More control, more choice, more autonomy, making good health insurance available and affordable. Let's reauthorize SCHIP for the truly poor and let's give them ways to make health care insurance available and affordable through instruments such as tax credits.

I yield the floor, and I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mrs. BOXER. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. CASEY). Without objection, it is so ordered.

Mrs. BOXER. Mr. President, I ask unanimous consent that whatever time remains for the Republicans be reserved until the Democrats have finished our time.

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

The Senator from California is recognized.

(The remarks of Mrs. BOXER, Mr. LIEBERMAN, Mr. INHOFE, Mr. WARNER, Mr. COLEMAN, Ms. COLLINS, and Mr. ALEXANDER, pertaining to the introduction of S. 2191 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

ARMENIAN RESOLUTION

Mr. WARNER. Mr. President, I am greatly concerned. I had breakfast early this morning, together with the Senator from Michigan, the chairman of our committee, and two House senior Members of the Armed Services Committee—our annual meeting to work toward conference of the authorization bill—Secretary Gates and the new Chairman of the Joint Chiefs, the Admiral. We addressed this issue of the Armenian resolution in the House. I do not in any way imply that the House has moved forward on that in an improper way. I don't want to get into the politics. I simply say I perceive that this is changing, a changing issue in the House. It may well not be brought up. But the Secretary of Defense again, and the Chairman of the Joint Chiefs, reiterated the possible impact of such a resolution, were it to be passed, upon our operating forces, both in Iraq and in Afghanistan.

ARMENIAN GENOCIDE

Mr. President, it is my intent to oppose the non-binding resolution, passed by the House Foreign Affairs Committee, that states that the deportation of nearly 2 million Armenians from the Ottoman Empire between 1915 and 1923, resulted in the deaths of 1.5 million of them, amounted to genocide. While I deplore the killings of Armenians 92 years ago by the Ottoman Empire, I urge my colleagues to consider the grave consequences this may have on United States-Turkish relations and on interests of the United States in Europe and the Middle East. Turkey has been a steadfast ally and an indispensable friend in a critical region of the world. If Turkey decides to respond negatively to our passage of this resolution, their decision could have lasting repercussions for U.S. foreign policy interests in the region and compromise our conduct of the war in Iraq and Afghanistan.

The House resolution on the Armenian genocide appears at a particularly sensitive point in United States-Turkish relations. The possibility of a Turkish incursion into northern Iraq must be an immediate concern. There is no doubt that tensions are mounting along the Iraqi-Turkish border. The

United States has urged Turkey not to send troops over the border into northern Iraq to fight Kurdish separatist rebels, who launched cross-border attacks against Turkish targets. We must all urge Turkey and Iraq to seek a diplomatic solution to this crisis and the House resolution could undermine our diplomatic leverage.

Last week, Defense Secretary Robert Gates said that relations with Turkey are vital because 70 percent of the air cargo sent to U.S. forces in Iraq and 30 percent of the fuel consumed by U.S. forces in Iraq are flown through Turkey. Secretary Gates said that U.S. commanders "believe clearly that access to airfields and roads and so on, in Turkey, would very much be put at risk if this resolution passes and the Turks react as strongly as we believe they will."

I would like to share some important facts with my colleagues about how Turkey is enabling our forces to achieve the mission we have given them. Turkey has provided over 20,000 overflight clearances to U.S. military and contracted aircraft since 2002. These flights carry critical supplies and equipment to our forces in the field, currently including 95 percent of the Mine Resistant Ambush Protected, MRAP, vehicles. These flights also include our medical evacuations from Iraq to Landstuhl, Germany. KC-135 tankers operating out of Incirlik, Turkey, have flown over 3,400 sorties and delivered 35 million gallons of fuel to U.S. fighter and transport aircraft on missions in Afghanistan and Iraq. Finally, approximately 30 percent of the fuel and 17 percent of the food used by U.S. and coalition forces enter Iraq from Turkey via the Habur Gate border crossing.

I would like to expand on these military concerns. The loss of access to critical air and ground lines of communication through Turkey to Iraq and Afghanistan may result in: (1) temporary interruptions to the flow of cargo; (2) increased aircraft requirements; (3) increased costs; and (4) longer transit times.

If these supplies need to be rerouted by ground through Kuwait, or Jordan, we must be concerned about additional force protection issues. I am very troubled about our ground convoys that already move from Kuwait to Iraq. They are high-value targets to insurgent groups. I visited with a number of the convoy drivers on my last visit to Kuwait. We have brave and experienced drivers leading these dangerous convoys, but I am concerned about the heightened risks associated with an increase in number of convoys or employing less experienced drivers on the road to meet the new mission caused by the loss of access to lines of communications through Turkey.

There is one additional point I would like to make about the impact on our operations in Iraq. I believe we should all be concerned about the potential negative impact this resolution could

have on the eventual redeployment or withdrawal of U.S. forces from Iraq. If Turkey decides to cut off our lines of communications through their country that redeployment or withdrawal would be more difficult.

I would also like to remind my colleagues that there are over 1000 Turkish soldiers in Afghanistan. Turkey remains the only Muslim country in the International Security Assistance Forces, ISAF, in Afghanistan. Their troops have significant responsibilities in ISAF which include providing security in Kabul.

I urge my colleagues to consider the consequences which may result from passing the House legislation on Armenian genocide and encourage them to reject the measure. The passage of this measure would do great harm to our relations with a key ally in NATO, our interests in the region, and our military operations in Iraq and Afghanistan.

It is the House of Representatives' business. But I do believe here in the Senate we have to address that issue.

I do not in any way disparage or denigrate the seriousness of what happened 92 years ago, at another time in history. But right now we have young men and women of the Armed Forces of the United States, and our coalition partners, risking their lives in Iraq and Afghanistan. The passage of this could have implications on nations in that region which I think could be detrimental and could put at risk the lives of our service persons.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION APPROPRIATIONS ACT, 2008—Resumed

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to the consideration of H.R. 3043, which the clerk will report.

The legislative clerk read as follows:

A bill (H.R. 3043) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2008, and for other purposes.

Pending:

Harkin/Specter amendment No. 3325, in the nature of a substitute.

Vitter amendment No. 3328 (to amendment No. 3325), to provide a limitation on funds with respect to preventing the importation by individuals of prescription drugs from Canada.

Dorgan amendment No. 3335 (to amendment No. 3325), to increase funding for the State Heart Disease and Stroke Prevention Program of the Centers for Disease Control and Prevention.

Thune amendment No. 3333 (to amendment No. 3325), to provide additional funding for the telehealth activities of the Health Resources and Services Administration.