recklessly moving forward may result in disastrous economic repercussions, with little or no benefit to the environment.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Oklahoma is recognized.

ORDER OF BUSINESS

Mr. COBURN. Mr. President, I ask unanimous consent that the pending business be set aside and amendment No. 3358 be called up.

RESERVATION OF LEADER TIME

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

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

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will resume consideration of H.R. 3043, which the clerk will report.

The assistant 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.

Dorgan amendment No. 3345 (to amendment No. 3325), to require that the Secretary of Labor report to Congress regarding jobs lost and created as a result of the North American Free Trade Agreement.

Menendez amendment No. 3347 (to amendment No. 3325), to provide funding for the activities under the Patient Navigator Outreach and Chronic Disease Prevention Act of 2005.

Ensign amendment No. 3342 (to amendment No. 3325), to prohibit the use of funds to administer Society Security benefit payments under a totalization agreement with Mexico.

Ensign amendment No. 3352 (to amendment No. 3325), to prohibit the use of funds to process claims based on illegal work for purposes of receiving Social Security benefits.

Lautenberg-Snowe amendment No. 3350 (to amendment No. 3325), to prohibit the use of funds to provide abstinence education that includes information that is medically inaccurate.

Roberts amendment No. 3365 (to amendment No. 3325), to fund the small business Child Care Grant Program.

Reed amendment No. 3360 (to amendment No. 3325), to provide funding for the trauma and emergency medical services programs administered through the Health Resources and Services Administration.

Allard amendment No. 3369 (to amendment No. 3325), to reduce the total amount appropriated to any program that is rated ineffective by the Office of Management and Budget through the Program Assessment Rating Tool (PART).

The ACTING PRESIDENT pro tempore. The Senator from Oklahoma is recognized to please state his unanimous consent request again.

AMENDMENT NO. 3358 TO AMENDMENT NO. 3325

Mr. COBURN. Mr. President, I ask unanimous consent that the pending business be set aside and that amendment No. 3358 on this bill be called up.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Oklahoma [Mr. COBURN] proposes an amendment numbered 3358 to amendment No. 3325.

Mr. COBURN. Mr. President, I ask unanimous consent that reading of the amendment be dispensed with.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

The amendment is as follows:

(Purpose: To require Congress to provide health care for all children in the U.S. before funding special interest pork projects)

At the appropriate place, insert the following:

Sec. ____. (a) This section may be cited as the ''Children's Health Care First Act of 2007''.

(b) Notwithstanding any other provision of this Act, none of the funds appropriated or otherwise made available by this Act may be used for any congressionally directed spending item, as defined by Sec. 521 of Public Law 110–81, until the Secretary of the Department of Health and Human Services certifies that all children in the U.S. under the age of 18 years are insured by a private or public health insurance plan.

Mr. COBURN. Mr. President, this amendment, for myself and my colleague Senator BURR, is about the topic of the Children's Health Care First Act of 2007.

There has been a lot of debate, a lot of politics on children's health care. The House failed to override what I think was a poor solution to take care of children in this country by expanding children's health care through the SCHIP program and spending $4,000 to get $2,300 worth of coverage for our kids.

What we do know is we do have problems with health care. We need to be debating health care. We need to figure out how we are going to do this. Myself and Senator BURR have an amendment that solves the health care problem, which has not been considered yet but which we are soliciting and for which we have received a number of cosponsors. This amendment, however, redirects us toward priorities. It is something we need to talk about. It is something the Senate doesn't talk about.

We had numerous quotes in this body about how important it is to make sure kids in this country have access to care. What we do know—and I used the number $2,300 because that is the high end if we were to buy every kid in this country a health insurance policy. It is probably more like $1,700. So if you take the $2,300 that we have as a high-end number to buy kids health insurance, and not put them in something that has a Medicaid stamp or a SCHIP stamp on their forehead but real health insurance, and you look at the earmarks in this bill, which are $398 million, you could, in fact, buy insurance for 173,000 kids, in this bill alone. So 173,000 children could be covered for health care from the earmarks alone in this bill.

Now, this amendment is real simple. If everybody in this body claims they want to take care of kids and their health care, they ought to be willing to give up their earmarks to cover kids. So what this bill says is, let's have no earmarks, no directed spending until such time as we have covered the kids in this country. We put kids ahead of us. We put kids ahead of our political interests. We put children's health care ahead of the politics and the consequential action of using politics in terms of earmark spending.

Now, $400 million is a lot of money, and $400 million is out of the priorities of what this country ought to be doing that are in this bill that is Member-directed spending. This amendment simply says: We don't direct any of that money—none of it, zero, not one earmark—until we have cared for the kids, until we are caring for the kids. So in essence, what we are doing by accepting this amendment is saying, instead of rhetoric, we are going to say kids count. We are going to start putting the priorities back. If access to care for children is important, is it less important than your favorite earmark?

I know if you total up certain of the earmarks of one certain State which has $72 million worth of earmarks, you have enough to cover all the uninsured kids in that State—all the uninsured kids in that State from the earmarks in this bill. So what are our priorities? Are our priorities children? Are our priorities the health care of kids?

This amendment is going to be a fun vote because what it is going to tell your constituency is: Kids aren't important if you vote to keep your earmarks, but if you say I am willing to abate on the earmarks, and I am going to do what is right. This amendment says none of this directed spending goes until the Secretary of HHS certifies that kids under 18 in this country have access and have care. We have had months of debate about the children's SCHIP. We are going to have more because another bill is coming. But it seems to me the American public might want to ask: Why are you earmarking special money for special projects when you have a chance to make sure it will go toward children and solving the problem?

So this is going to be a tough vote: kids versus my political career, kids

versus my political power, kids versus my political earmarks. We are going to see. We are going to begin to see what the real priorities of the Senate are. Is it our ability to direct funds without competition, without oversight to special projects all across this country, or is it to truly solve the health care needs of the kids in this country? It is real simple, real straightforward. It is either yes or no, kids are important, and directed, unaccountable, noncompetitive earmarks aren't or political power, political earmarks, noncompetitive grants, no oversight is more important than kids having access to health care.

The $400 million in earmarks will be set aside for children's health care in this bill with this amendment. So the reason it is called the Children's Health Care First Act is because children ought to come first. As parents, we put our kids first, or at least we should. Should the Senate not put the kids first? Should we not put them out in front to make sure they are our priority or are we going to play the game: Well, this isn't the way to do it, Senator COBURN.

This is going to speak volumes to the American public about our priorities. I have challenged this body on our priorities. I am going to continue to challenge the body on our priorities. As we vote on this amendment, the American people are going to see what our priorities are. It is either going to be kids or it is going to be us.

Let's talk about what is in this bill. This is the bill through which Congress can and should provide funding for health care for children. Yet it diverts $400 million away from children's health in order to pay for earmarks.

Here is a little ''smitling'' of what the earmarks are: $350,000 for an art center, $100,000 for a celebration around a lake, $500,000 for field trips, $500,000 for a virtual herbarium, $50,000 for an ice center. How can we spend money on those things when kids in this country don't have access to care?

So we are going to debate this again on Monday when we come back in, but it is going to be a test of our true priorities. You are going to see all the rhetoric in the world on the repeat SCHIP bill. You have seen it. You have seen it in television advertisements against people who didn't think that was the best way to do it, and now is the chance to put your words into action. Either kids are important or they are not. But it would seem they are going to be less important than our political power, our political expediency, and our ability to empower the select and the well-connected and the well-heeled in this country.

With that, I yield the floor and ask the cosponsor of this amendment to speak.

The ACTING PRESIDENT pro tempore. The Senator from North Carolina is recognized.

Mr. BURR. Mr. President, I thank my colleague, Senator COBURN. This is an important debate. I think some in the body have suggested this is sort of a dilatory tactic. It is not. I think the future of health care in this country is one of the single most important topics this body should talk about.

Senator COBURN went down the list of earmarks we find in the bill. The incredible thing is it didn't seem odd hearing those on this floor because we hear it all the time. But to the American people, when you hear about a field trip costing $500,000 to the Chesapeake Bay, America thinks that is probably a field trip for Members of Congress. I am not sure we could find the Chesapeake Bay. I am not sure we can get outside of the 30-square miles surrounded by a reality called Washington, DC. Therein lies a lot of the problem.

All we are asking our colleagues to do is express your view through a vote as to whether children are more important than the personal interests of the earmarks. I have some in this bill. I would give them up, as long as I know the money is going to where it can do some good. We have debated children's health, and I voted against the extension of the SCHIP bill. My Governor lobbied extremely hard for me to support that bill. Now, all of a sudden, we are talking about covering 177,000 kids in America with this bill. I haven't gotten a call from my Governor. The Governor is willing to take it if it is a lump sum with no conditions and they can use that however they want to, but when you target it on kids, what is this about? This is about prevention. This is about creating a medical home for kids versus delivery of care in the emergency room because both of them don't cost them anything.

The misunderstanding about the American health care system today is that if you can't pay and you walk into an emergency room, every emergency room is required to provide that care for you. Well, that creates a tremendous cost shift, and for those of us who pay out of our pocket or we pay because we have insurance coverage, our insurance goes up. And the rate out of pocket goes up because we are having to compensate for the people who don't pay, who don't have coverage, for the people who we have not changed our health care system to reflect what their conditions are.

We have an opportunity to begin to chip away at it. We have an opportunity to insure at least 170,000 people. If this were only North Carolina, the $2,300 Dr. COBURN talked about for the cost of a policy would be closer to $1,342. We could actually insure more children in North Carolina, and he probably could in Oklahoma.

We know people will call and question our numbers, so we take the most expensive rate it could cost. I remind my colleagues that under the SCHIP program we passed, if the Federal Government is to provide this care, it was allocated somewhere between $3,400 and $4,000 per child. There is the reason you never want the Federal Government negotiating your health care. I came here 13 years ago. My insurance was with a company of just over 50 employees, and when I became a Federal employee and accessed my care with the same plan of coverage, only one thing changed: My premium went up because the Federal Government had negotiated my plan.

I learned this last year when my oldest son turned 22. I got a notice from BlueCross BlueShield that the Federal plans drop our children at age 22 regardless of whether they are in school. My son happens to still be in school. I hope this year he will graduate. I was faced, like every Federal employee, with the fact that I had a child who was no longer going to be insured under my family plan. I thought for sure that if I called the Federal Government, they would tell me they had already negotiated a plan that I could step him right over into, and they had. It was the same BlueCross BlueShield plan he was under. What was the annual cost? It was $5,400 a year for a 22-year-old healthy bull. What did I do? I went back to North Carolina and checked with the school and said: Have you got a negotiated plan? They said: We have a negotiated plan with BlueCross BlueShield, which was identical to what he had under me—the one OPM negotiated, which was $5,400—and I paid $1,428 for that. It had the same deductible, same copay, same coverage, with one big difference: One was negotiated by the private sector, or by the university, and the other by the Federal Government.

We don't negotiate deals in the best interest of the people we are trying to cover. That is one of the reasons expansion of SCHIP is a bad thing. Actually, changing the health care system to cover 47 million Americans—children and adults who today don't have insurance—is a good thing. I would vote today for the current SCHIP to be reauthorized, for us to put in enough money to make sure nobody is dropped from the rolls, to change the formula for the States so those who were cheated were treated fairly, and I would vote for it today. But why would I expand a program that pays 30 percent too much to 50 percent too much to cover our kids when the answer to health care is to fix the system?

The reality is that we are here about this amendment. This amendment would force Congress to prioritize between children's health, rather than parochial pork projects of over 700 projects, almost $400 million, that we could redirect from this one appropriations bill and devote it fully to the 9.5 million uninsured children in this country. And 9.5 is the number in total; 3.9 of those have been without insurance for over a year. So, as you can tell, you have the majority of the children's population that is considered uninsured that at some point in the last 12 months has actually been insured.

Going back to SCHIP expansion, one of the clear facts about expanding SCHIP—not just the numbers of kids who are on it but the income level—is that I don't think Americans believe that an income at $82,000 needs to be subsidized by the Federal Government. That is where they were driving the income limits for SCHIP.

Probably more important than that is that we were actually taking kids off of their parents' insurance and putting them on the Federal Government's insurance. We were taking kids who ride for free on their parents' insurance and now paying $4,000 to put them on the Federal Government's plan. The taxpayers looked at us and thought we were crazy that we were even debating this. There wasn't an exclusion in the expansion that said we are going to take the ones who are only uninsured today; no, we are taking all of them. We will take the ones who are insured and flip them over, and clearly the only thing that achieves is growing the size of the Federal system.

Mr. President, I hope when we come back on Monday that more of our colleagues will listen and that many will express their preference that we put children's health in front of projects. I actually believe that today, if it passed, it would never come out of conference, the earmarks would show back up, and children's health would go away, and it would happen at some point in that process. Quite honestly, who would lose? The kids. The kids are losing today because we are not debating what we should be debating, which is health care reform. The uninsured are losing today because we should be debating health care reform. Every American is losing today because, for those who are insured, those who have seen their premiums rise in high single and double digits every year for the past 10 years—and they have asked why. I can tell you why. It is because we won't fix health care. It is because your premium increase is reflective of those who are not covered.

TOM COBURN and I are here today saying we should cover them and we have a plan to do it. It doesn't distinguish between adults and children. Through covering those 47 million—or whatever the number is—we will save $200 billion a year in cost shifting. That $200 billion a year will begin to bring everybody's premium in America down for the first time in the last decade. So it is not just an effect on the uninsured, an effect on children, an effect on adults; it is an effect on every American who currently has private insurance and the reality of the impact on their premium cost.

I know the occupant of the chair today is a big proponent of prevention. He is outspoken on it. You cannot have prevention without coverage. You cannot have real prevention that individuals buy into unless there are rewards on the other end. The reward of healthy decisions is that you're less risky for illness. When you are less of a risk, your premium cost goes down.

Eventually, I would like to see every American own their health insurance policy. I would like to see the ability to take an insurance policy from one employer to another because we have negotiated, not an employer. I would love to see every American in a position where they are not holding onto a job they hate in a location they dislike because they cannot afford to give up health insurance. I want to see them have ownership with health insurance, like with a 401(k) plan. They can make the decision about what is best for their family and future and occupation without health care being the pivotal piece of that decision.

We are held hostage by the employer-based system. That is not to say I am proposing we get away from it. I am only suggesting that a partnership between individuals and employers, between individuals and insurance companies, an effort by Congress to restructure health care and reform insurance products, to provide America with an unlimited basket of options for coverage, is a good thing.

We created Part D Medicare. For the first time, we extended prescription drug coverage to seniors in the country. It was not an oversight in 1965. Medications at that time weren't really used widely to treat patients. Today, it is part of every office visit—some type of medication. So we didn't know exactly where we were headed when we created Part D—something targeted just for Medicare individuals.

Today, 84 percent of the population that is eligible has signed up. What is our experience in the first year? It is important to look at outcomes. Our experience is that premiums dropped 28 percent. This year, the costs every Medicare-eligible person paid last year dropped 28 percent, on average, for Part D coverage. What about the drug cost? What about the pills they are buying every month or every quarter? The first year, the reduction in the cost of services delivered and pharmaceuticals is 33 percent. Why? One, we extended the offer to all seniors. We didn't exclude anybody. Two, we created real competition, which means that if there is a Federal piece, we had private sector plans and options that competed. We made sure there was a robust basket of competition. Third, and probably most important, for the first time we forced transparency in health care. We actually made plans and pharmacies list the price of certain drugs online so that we could do what we do best in America: shop where the price was the most advantageous for what it was we wanted to purchase. You know what. We learned that seniors are very aggressive at it. I knew that about my grandparents before they died. I am finding out that, as my parents get older, they get a little tighter and they want to make decisions that are financially to their benefit.

We have extended that opportunity to millions of Medicare-eligible individuals in this country. What are we talking about? Creating the same model, taking that positive experience we had with Part D and extending it over to the entire population that is under private insurance, giving them options—options that deal with real competition, transparency in dealing with prices, the opportunity for those covered by employers to have reductions in premiums, and over some period of time, for those Americans who want to take advantage of it, to actually have ownership in a plan they have negotiated that doesn't lock them into an employer, but they are able to use that in a portable way, to switch jobs without having to renegotiate their coverage.

Well, I think I have presented to you where we are today and where I think we need to go over some period of time in the Senate. It won't happen if Members take this opportunity to insure 177,000 children who are currently uninsured, who currently cause a cost shift in America, who currently receive emergency care and are not provided prevention, who don't have a medical home to go to, a doctor they know they can call, whether it is for a sore throat or an earache or, Heaven forbid, the current staph infection that is going around, which has killed now one out of five individuals who have been infected with it.

We live in a very dangerous world, which should take what is best about our health care system—and that is prevention and diagnosis—and make sure every American has it. You cannot have it without coverage. You have to start somewhere, and these 177,000 children is the perfect place for us to start.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Oklahoma is recognized.

AMENDMENT NO. 3399

Mr. COBURN. Mr. President, I ask unanimous consent that the pending amendment be set aside and I call up amendment No. 3399.

The ACTING PRESIDENT pro tempore. The clerk will report.

The assistant legislative clerk read as follows.

The Senator from Oklahoma [Mr. COBURN] proposes an amendment numbered 3399.

The amendment is as follows:

(Purpose: To eliminate wasteful spending by the Centers for Disease Control and Prevention)

At the appropriate place, insert the following: Section. ___. None of the funds made available in this Act may be used—

(1) for the Ombudsman Program of the Centers for Disease Control and Prevention; and

(2) by the Centers for Disease Control and Prevention to provide additional rotating paste lights, zero-gravity chairs, or dry-heat saunas for its fitness center.

Mr. DORGAN. Mr. President, has the Senator provided his amendment?

Mr. COBURN. This amendment has been cleared on both sides. I will talk with the Senator about it.

The ACTING PRESIDENT pro tempore. The Senator from North Dakota is recognized.

Mr. DORGAN. Mr. President, I ask unanimous consent to speak as in morning business for as much time as I may consume.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

CHILDREN'S HEALTH CARE

Mr. DORGAN. Mr. President, I listened to just a bit of the debate a few minutes ago by my colleagues. My colleagues are good Members of the Senate, and they offer interesting ideas on the floor of the Senate. I wish to point out, however, the issue of ''earmarks'' which they discuss and describe a lot is really legislative-directed funding, which is a very small percentage, in many cases, in bills. It is 1 or 2 or 3 percent of the funding. The rest of it goes downtown to some agency, and the folks in the agency make a decision where to spend their money.

We have changed substantially the legislative-directed funding which exists. We are reducing almost in half legislative-directed funding. We have made it all transparent.

The implication in the discussion I heard, and I have heard it many times, is there is no virtue and there is certainly no value in having any legislative-directed funding; let the agency downtown determine how every dollar is spent.

The power of the purse in the Constitution rests with the United States Congress. We are responsible and accountable for how taxpayers' dollars are spent. Let me give one example which I think is important.

We just finished in this country something called the Human Genome Project. A lot of people would not know what that means, perhaps, but it is an unbelievable success story. We unlocked the mystery of the genes. We now have for the first time in the history of the human race an owner's manual for the human body. For the first time, we have an owner's manual for the human body in the Human Genome Project.

The Human Genome Project is done. It is going to dramatically change the way we treat diseases. It will, in many cases, allow us to determine how we prevent dread diseases. Already we are seeing substantial results from it.

We had a briefing by Dr. Francis Collins recently, and he had just come from a meeting in Cambridge, England, where all the folks are using the breakdown of the genetic codes which have come from the Human Genome Project. He describes treatment for leukemia and other diseases that are breathtaking as a result of the Human Genome Project that creates the breakdown of the genetic code of the human body and provides us the first owner's manual for the human body.

Guess what. Yes, that came from an earmark on the floor of the Senate. That is how the Human Genome Project started because someone in the United States Congress decided this approach had merit and should be done. No, it didn't come from some decision by some GS–13 or GS–15 downtown in some agency. It came from the United States Senate in legislative-directed spending.

I say this only to point out that this pejorative term ''earmark'' is suggesting this is all a waste and it is all pork and so on. That is not the case. But I recognize, and we recognize, it got out of hand, so we cut it way back and made it all transparent.

The point is, there are some good ideas coming from the Congress, and have been for a long time. One of them was the Human Genome Project, which started with an earmark or legislative-directed funding in the United States Congress. That is just one, but it is one that will affect the lives of virtually every American, perhaps everybody on this Earth, who in the future has one of the dread diseases or whose health is challenged. I wanted to make that point.

I commend those who pointed out some of this legislative-directed funding ought to be cut back. We have cut it back very substantially, but that which remains, in most cases, represents good investment, and investment that complements what is done in the Federal agencies as well.

I might also observe that the proposal today to increase the health insurance coverage for children, I believe, was 170,000 children. We just had a vote on increasing health care for children who are not covered by health care at this point for 3.8 million American children, and that failed. We passed it in the Senate, and it was passed in the House. It failed because the President vetoed it.

Interestingly enough, now we have people coming to the floor of the Senate saying: Let's cover more children. We had a chance to cover 3.8 million more children, and it was fully paid for, but we couldn't get that done because the President vetoed it. It wasn't his priority, and he had sufficient support in the Congress for his position.

I suppose we will see a lot of proposals that say we should cover more children, just far fewer. I respect my colleagues. I believe we should cover children. We certainly should perhaps revisit this vote and see if those 3.8 million children who are going to be left without coverage if the President and those who support him won't rethink their position and think that represents a priority.

I don't know, as I have said often, what is in second, third, or fourth place in most people's lives. I know what is in first place, their kids. I know what is most important in people's lives—their children and their children's health. If that is not a priority, I don't understand.

I have said often, in 100 years we will all be dead. Historians can take a look at what our value system was by determining on what we spent our money. What was our priority? What was our value system? What did we think was important?

I hope they will look back at the Federal budget and how we voted on these appropriations bills and say: We are proud their priority was kids, providing health care coverage for children.

What on Earth is wrong with a political system that doesn't believe that is the No. 1 priority?

INDIAN HEALTH CARE

I wish to talk about children's health care, but I want to focus mostly on Indian children, and I am going to talk about Indian health care, generally. The reason I am doing this, I am chairman of the Indian Affairs Committee in the Senate, and Senator REID indicated we will have on the floor of the Senate, perhaps in a week or perhaps 2 weeks, for the Indian Health Care Improvement Act. It has been 15 years since that Act has been debated on the floor of the Senate, the Indian Health Care Improvement Act.

Why separate categories, Indian health care? Why separate? We have a trust responsibility. This country promised through treaty, through other obligations, this country said to the Indian people: We have a trust responsibility to provide for your health care. It is not something that the Native Americans, the first Americans, said: We want you to give this to us; we insist upon it. It was an agreement, a treaty agreement by this country to say—in many cases, a treaty, in other cases, just a solemn promise—we will provide health care coverage to American Indians as part of our trust responsibility.

The Indian Health Care Improvement Act expired in the year 2000 and has not been reauthorized. It is 7 years later. It doesn't mean there is no Indian health care. There is some, but it is horribly inadequate. In any event, we should reauthorize that Act and modernize it.

With respect to Native Americans, we have fallen tragically short of what our responsibilities insist we do.

Let me describe what we are spending and how well we are doing with respect to health care.

With Medicare, we spend $6,700 per Medicare patient; Indian health care, $2,100 per capita. We spend twice as much on health care for Federal prisoners whom we incarcerate as we do for American Indians for whom we have a trust responsibility for health care. Someone incarcerated gets twice as much spent on their health care as American Indians for whom we have a responsibility. I am talking about children, I am talking about elders, and I will talk about some of them in just a moment.

We can see ranging from Medicare to the VA to Medicaid to Federal prisons, all the way down, and here is the lowest, and the lowest is the per capita expenditure of health care for American Indians for whom we have a trust responsibility.

American Indians die at a much higher rate than other Americans from tuberculosis, a 600-percent higher rate from tuberculosis; diabetes, 189 percent, but in some parts of the country, it is 400 percent and 800 percent higher than Americans. Alcoholism, 500 percent higher.

The fact is, we have grim statistics coming from Indian reservations with respect to the health of the first Americans. The rate of sudden infant death syndrome among Native Americans is the highest of any population group in the United States and more than double of non-Indians. Indian youth suicide on the Northern Great Plains, where I am from, is 10 times the national average.

Last night, I received a letter from a constituent on an Indian reservation. This constituent has had diabetes since she was 11 years old. Earlier this year, she received a kidney and pancreas transplant. She needs an anti-rejection medication to stay alive. When she went to the reservation clinic to get her medicine yesterday, she was told by the doctor: There goes our budget. There are two other tribal members who receive this medication, and when the funding is gone, there will be no more medication.

The stories are pretty unbelievable. This is a picture of a young girl named Avis Little Wind. I have described the tragedy of this young girl previously. Avis Little Wind is 14 years old. Avis is dead. She took her own life. Mental health treatment wasn't available for Avis. She lay in her bed in a fetal position for 3 months, and no one seemed alarmed by that, before she finally took her life. She wasn't in school, though she was supposed to have been. Her sister committed suicide, her father died by his own hands, and this 14-year-old girl is gone because, I presume, she felt that she was hopeless and helpless.

Those on the Indian reservation dealing with mental health issues, including suicide. For suicide prevention, they have virtually no resources. A young lady on this Indian reservation, who testified at a hearing I held once, said she had a stack of files on the floor of her office dealing with abuse and health issues. She said: ''We don't have any resources to even investigate the files. We would have to beg to borrow a car to take one of these kids to a clinic someplace.'' Then she broke down weeping. About a month later, she resigned.

The fact is people are dying. Avis Little Wind died of suicide because mental health treatment wasn't available on that Indian reservation.

I was in Montana recently with Senator TESTER, and a grandmother held up a picture of this beautiful young girl. She is 5 years old. Her grandmother described the picture of her granddaughter, named Ta'Shon Rain Littlelight. Ta'Shon Rain Littlelight loved to dance, and she danced in this regalia at all the pow-wows from the time she was able to walk a beautiful little girl with a sparkle in her eye. Well, Ta'Shon is gone. Ta'Shon lost her battle, as well.

Between May and August of last year, she was taken many times to the Crow Indian Health Service Clinic for health services. They diagnosed the problem and they began to treat it. They said it was depression. A 5-year-old was depressed. Well, during one of the clinic visits her grandfather said: ''But there is something else going on. Take a look at the condition of her fingertips and her toes. There is something happening in this little girl's body.'' It suggests, the grandfather said, a lack of oxygen. Something is going on. But that concern was dismissed, and finally the grandmother asked a doctor to try to eliminate the possibility of cancer or leukemia, or something of that nature. But those concerns were dismissed.

In August, this young girl was rushed from the Crow clinic to St. Vincent Hospital in Billings, MT. They airlifted her to Denver Children's Hospital where she was diagnosed with incurable, untreatable cancer. She lived for another 3 months after the tumor was discovered, in unmedicated pain. She died in September. The grandmother asked at our field hearing if Ta'Shon's cancer had been detected earlier, would it have made a difference? Would this little 5-year-old girl be alive? None of us knows, but the question of the quality of health care is a life-or-death issue. It was for Ta'Shon.

Recently, on a Wednesday morning in my State, a young child on an Indian reservation was burned, severely burned, and rushed by the mother to the Indian Health Service clinic on the reservation, only to be told that the clinic was closed for the morning for administrative purposes. Even after the frantic pleas by the mother, this boy was refused care. So in her desperation, she contacted a doctor from another town outside of the reservation for assistance. They directed her to bring her young son immediately. She did. Thankfully, that young boy received treatment and has survived those severe burns. She didn't get the needed health care for him at the Indian Health Service clinic. Following the treatment she did receive off the reservation, after a frantic drive in an automobile, the Indian Health Service clinic refused to cover the costs of the young boy's treatment. So the mother is now faced with a substantial medical bill, a mother who should never have been placed in this situation and a mother who doesn't have the resources to pay it.

When we held a hearing in the Indian Affairs Committee about methamphetamine, the intersection of methamphetamine and health care was pretty obvious. It was a courageous tribal leader who came to our hearing, Kathy Wesley-Kitcheyan, the chairwoman of the San Carlos Apache Tribe in Arizona. She said she was embarrassed to talk about some of the things on her reservation, because they are not very positive and she said it was like airing her family's dirty laundry but, she said, I must. She talked about her 22-year-old son and her warning to him about the catastrophic effect of alcoholism and substance abuse. And she talked about losing her grandson. She broke down talking about her wonderful grandson, a rodeo champion who had won 26 belt buckles and 6 saddles as a rodeo rider, who made the wrong choices with drugs and drinking and lost his life. She talked about the methamphetamine problem.

That is where it intersects so quickly, in a devastating way, with health care. She said on their reservation, in 1 year, out of 256 babies born on that Indian reservation, 64 out of 256 babies were born addicted to methamphetamine. Let me say that again. Of 256 children born on that Indian reservation, 64 were born addicted to methamphetamine. At the San Carlos emergency room, in 1 year, 25 percent of the patients who came to the emergency room tested positive for methamphetamine. And on it goes.

I am describing circumstances that one would perhaps attribute to a Third World country, where health care doesn't exist. Yet these stories, in many ways, are even more heartbreaking because they happen here in this country. They happen too often to people who are living in Third World conditions on Indian reservations with inadequate health care—health care which was promised to them as a trust responsibility, but nonetheless inadequate health care.

I recently learned of a young boy named Nicholas from the Menominee Tribe of Wisconsin, who had a very rough start. He, like a high percentage of American Indian babies, was born premature—3 months premature. He weighed 2½ pounds. For the first 3 months of his life, he struggled in intensive care to stay alive. As part of a significant effort by his family, his doctors at the IHS facility and traditional health care practices, he persevered.

As a young man, he was forced to face another health care challenge: adult onset diabetes. While this type of diabetes usually strikes Americans in mid life, it is showing up now in American Indians and Alaska Native youth at an increasingly younger age. In fact, there is a 77-percent increase in diabetes in Native children and youth under 15 years of age.

Fortunately, this young man from the Menominee Tribe is receiving services from the tribal health facility and early screening at the tribal school, and has been able to control his blood sugar, which will prevent complications, one hopes.

David Whitetail, with the Three Affiliated Tribes in North Dakota, was not so fortunate. He was diagnosed with type II diabetes at 17. He didn't receive the necessary care, and now he

is 39 years old and a dialysis patient awaiting a kidney transplant, but is finally, at long last, beginning to get the care he needs.

A couple of years back, a young woman—I guess she would like me to call her a young woman; she probably is a bit above a young woman in age—whose name is Lida Bearstail, went to the clinic in Mandaree, ND, because of knee pain. The cartilage had worn away and bone was rubbing against bone, causing her great, great pain. If that were to happen in this Chamber to any one of us or our families, we would, of course, get a knee transplant or get a new knee. But Mrs. Bearstail was denied this treatment because it was not deemed ''priority 1''—life or limb. If it is not life or limb, and you have run out of contract health money, you are out of luck.

In fact, what happened to this woman, Ardel Hale Baker, is that she had chest pain that wouldn't end, and her blood pressure was very high, and so she was diagnosed at the IHS clinic as having a heart attack. She needed to be hospitalized immediately. They stuck her in an ambulance and rushed her to a hospital off the reservation, but they didn't have any contract health care money left to pay for anything, so the Indian Health Service taped an envelope to this woman's leg with a piece of tape. She was hauled in on a gurney to the hospital with an envelope taped with masking tape to her thigh, and as they unloaded her in the emergency room, the folks who unloaded her took a look at what was taped to her leg. They opened it up and it said—and I have a chart, I believe, of what it said. It said this patient is not going to be covered because there is no contract health money available.

What they were saying was this patient is having a heart attack. They were saying to the patient and to the hospital, if this patient is admitted, understand there is no money. There is no money here. So they admitted her, she survived, but it is kind of a tragic thing to tell a story about a woman who is hauled into a hospital with a piece of paper taped to her leg that says, by the way, if you admit this woman, you are on your own because Indian Health Service contract care is out of money.

I have had tribes tell me that contract health care was out of money after the first 3 months of the year. On one reservation they say: Don't get sick after June, because there is no contract health care money. If you are going to get sick, it has to be before June, otherwise this may happen to you. If you have a heart attack and go to a hospital, they might haul you in and there might be a note attached to your arm or leg that says, by the way, if you admit this patient, you might have some difficulty because there is no money available.

This last woman, Ms. Baker, survived and then received a bill for $10,000. She doesn't have $10,000. So what happens when they run out of contract health care, they warn the hospital you are on your own if you take them. Then when the patient is released from the hospital, their credit rating is ruined because they get a bill they can't pay. This is the result of our failure to meet our trust responsibility.

That is a long description of why we need to reauthorize the Indian Health Care Improvement Act. That Act will come to the floor in the next week or two, according to Senator REID. We have written that bill in the Indian Affairs Committee. The vice chair of the Committee, Senator MURKOWSKI from Alaska, and I, and many other members of the Committee have written a bill we think advances the interests of Indian health care.

My colleague from Oklahoma, Senator COBURN, who is on the Indian Affairs Committee with us, is a valuable member and a constructive member. He is a doctor, and that is extraordinarily helpful in terms of his knowledge. He will make the point that we need much broader reform, and I will agree with him when we have this discussion. We need much broader reform, and this is a step, a step in the right direction. Is it a step as broad as I would like to make? No. There is a reform step that is much broader that we need to take, and we will. And I will work for that when we move this bill, but at least we ought to move this legislation.

I will work with Senator COBURN and others for much more substantial reform, but at least we need to start. This is since 2000, and 7 years later we need at least to move this legislation, but it has been 15 years since we last debated the issue of Indian health care on the floor of the Senate. So it is long past the time for us to do what we are required and have promised to do, and that is meet our responsibilities for health care for American Indians.

I want us to do this in a way that makes us proud. After all, it is our responsibility. We made this promise long ago, and we need to keep it.

We are a good country and a good society. We spend a lot of time on the floor of the Senate talking about what doesn't work. There is a lot that works in this country. We are blessed to live here and blessed to be a part of this great place. But we continue as a country to always look to find out what we can do to fix things that are broken, to improve things that don't work quite as well as we would like. That is what we are trying to do with this issue of Indian health care.

I have described the failures. There are successes. There are folks working in Indian health care around the country who get up every day and work long hours and do a remarkable job. There are others who do not. I can tell you about a woman who has excruciating knee pain and goes to a doctor at the Indian Health Service, and she is told to wrap your knee in cabbage leaves for 4 days and it will be fine. It is unbelievable, but that sort of thing happens. I can tell you of other patients who go to an Indian Health Service doctor and get very good care.

There are not enough resources. We need to respond, as we have done, to the issue of the cluster of teen suicides that exist on Indian reservations. There are so many things we need to do.

Let me make the final point. These are the first Americans. These are not visitors. They were here first. Around the culture of Native Americans we have built quite a country. But Native Americans need to share in the great benefits bestowed upon the American people, and that includes opportunities for health care, opportunities for good jobs, opportunities for housing, and a decent education. We fall short in many of those areas. We fall short in many of them.

I have not spoken about education today or housing, but those issues themselves are pretty unbelievable when you take a look at the conditions on many American Indian reservations.

I look forward, in the next week or two, to having an opportunity to debate the Indian Health Care Improvement Act. It is long past the time for us to do this. This will advance the interests of Indian health care, and then, in addition, we will not be completed. We will need to do reform, reform in a significant way beyond this bill. But this bill is an awfully good first start in the right direction.

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

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

The bill clerk proceeded to call the roll.

Mr. BROWN. Mr. President, I ask unanimous consent the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. DORGAN). The Senator from Ohio is recognized.

Mr. BROWN. Mr. President, I ask unanimous consent to set aside the pending amendment.

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

AMENDMENT NO. 3361 TO AMENDMENT NO. 3325

Mr. BROWN. I call up amendment No. 3361, which I am offering with my colleague, Senator WEBB of Virginia.

The PRESIDING OFFICER. The clerk will report the amendment.

The bill clerk read as follows:

The Senator from Ohio [Mr. BROWN], for himself and Mr. WEBB, proposes an amendment numbered 3361 to amendment No. 3325.

Mr. BROWN. I ask unanimous consent the reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To provide information to schools relating to the prevention of violent events and other crisis situations)

At the appropriate place, insert the following:

SEC. ____. (a) The Secretary of Education shall update the 2002 Department of Education and United States Secret Service

guidance entitled ''Threat Assessment in Schools: A Guide to Managing Threatening Situations and to Creating Safe School Climates'' to reflect the recommendations contained in the report entitled ''Report to the President On Issues Raised by the Virginia Tech Tragedy'', to include the need to provide schools with guidance on how information can be shared legally under the regulations issued under section 264(c) of the Health Insurance Portability and Accountability Act and the Family Educational Rights and Privacy Act.

(b) Not later than 3 months after the date of enactment of this Act, the Secretary of Education shall disseminate the updated guidance under subsection (a) to institutions of higher education and to State departments of education for distribution to all local education agencies.

Mr. BROWN. Mr. President, our amendment does not create a new government program or require new spending. It is a modest amendment designed to achieve a major goal, to reduce school violence.

On October 10, a 14-year-old boy brought two guns to a Cleveland public school. He shot four people before turning the gun on himself.

On April 16, a student at Virginia Tech shot 49 people, 32 of them fatally, before turning the gun on himself.

The next act of school-based violence may already be taking shape in the mind of another deeply troubled child, adolescent, or adult.

Parents send their children to school every day trusting that they will be safe. It is a crucial premise. And school-based violence shatters it. It doesn't matter that violent incidents are rare. The fact that a school, any school, could become a killing field is unthinkable to a parent, to any of us. Yet we must think about it. We must think about school-based violence so we can minimize it.

There are no easy answers for a school faced with a potentially violent student who has not yet acted on that potential. Schools should and must respect the rights of each student while ensuring the safety of all students. There are no easy answers, but there are answers.

In 2002, the Department of Education and the U.S. Secret Service put together a comprehensive guidance document to help schools respond appropriately when faced with a potentially dangerous student, as well as how to prepare for and respond to acts of violence on school campuses. School administrators have confirmed that this document is very useful. Unfortunately, it is also out of date.

Following the Virginia Tech tragedy, the President asked three Members of his Cabinet: Secretary Leavitt of Health and Human Services, Secretary Spellings of the Department of Education, and Attorney General of the Department of Justice, to review the events surrounding the tragedy and recommend ways of preventing such tragedies in the future. This report, which was released June 13, gives us new information, and we should use it.

We don't have the luxury of time. It doesn't make sense to wait a minute longer than necessary to get the right information into the hands of every school administrator in this country. The Brown-Webb amendment instructs the Department of Education to use its existing authority and funding under the Safe and Drug-Free School and Communities Program, to update the 2002 guidance based on what was learned from Virginia Tech, and to distribute the updated guidance to schools within a 3-month timeframe. That is a fast turnaround, and it is completely appropriate. Updating the document will take staff time; distributing the document will take computers and some legwork. Getting this done quickly is most important because it can prevent an act of school-based violence. It is what we should do.

I ask my colleagues for their support.

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

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

The bill clerk proceeded to call the roll.

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

The PRESIDING OFFICER (Ms. KLOBUCHAR) Without objection, it is so ordered.

Mr. BROWN. Madam President, I ask unanimous consent to speak as in morning business for no more than 10 minutes.

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

AMERICA'S TRADE POLICY

Mr. BROWN. Madam President, this was a good week in this body for changing the direction of U.S. trade policy. My fellow Senators—and I think we are seeing the same in the House of Representatives—are beginning to listen to the elections of last fall, beginning to listen to what voters are saying, beginning to listen to what workers and small businesses are telling them about a failed U.S. trade policy and how we need a new direction in trade policy.

On Monday this week I offered a modest amendment, a reminder to the Bush administration that we need to vigorously enforce our trade laws. That amendment passed overwhelmingly, with fewer than a half dozen negative votes.

Few in this Chamber can disagree with that, especially when we see what the unfair trade and the absence of a vigorous trade enforcement team can do to American manufacturing. In our country, there are rules to protect the free market from anticompetitive schemes, such as monopolies and collusion and price gouging. In the global economy, there are similar rules to protect the free market from anticompetitive schemes such as Government subsidies and the dumping of underpriced foreign products on domestic markets.

Once you put domestic markets out of business, then foreign prices are free to rise unchecked. Lax labor and environmental laws also undercut the free market by creating insurmountable price differences. But when our country does not combat the anticompetitive behavior in the global marketplace, our economy suffers for it. That is why the amendment this week was important, to instruct the administration to be more aggressive, as the Justice Department needs to be more aggressive in our country, to protect the free market from anticompetitive schemes such as monopolies and collusion and price gouging; our trade representative, our trade negotiators, our trade policy enforcers need to be more aggressive in enforcing international trade laws against anticompetitive schemes such as Government subsidies and the dumping of underpriced foreign products on domestic markets.

American manufacturing fuels our economy, whether it is in Minneapolis or whether it is in Cleveland, and it supplies our national defense infrastructure. In my home State of Ohio, well over 200,000 manufacturing jobs have disappeared in the last 7 years.

We know American industry can compete with anyone in the world when it is actually a fair fight. But some foreign governments have unfairly and illegally doled out massive subsidies to their own companies. Some are encouraged through our tax system to reestablish offshore, contributing to the outmigration of manufacturing jobs from our country overseas.

As reported today in the Hill, the Bush administration is using steel from China to build a fence on the Mexican border: ''[The Department of Homeland Security] criticized for Chinese steel in U.S.-Mexico fence.'' We are using taxpayer dollars to build a fence on the U.S.-Mexican border, and much of the steel comes from China. We know what NAFTA did to Mexico's middle class. We know it has run more than 1⅓ million farmers off their land into the cities to compete for dwindling manufacturing jobs, jobs where wages continue to drop despite increased foreign investment from NAFTA.

We know that many make the dangerous trek to our country, trying to get through security, go over the desert, across the river—all they do to find work and money for their families. Yet here we are building a wall made of Chinese steel. How will history judge this Congress when we see more of the same failed trade policies that contribute to this migration and then build a wall of Chinese steel? I wish President Bush would talk to Ohioans about that. I wish he would talk to a steelworker in Lorain or a machine shop owner in Mansfield or a tool-and-die worker in Youngstown, people who are hard-working men and women who have made America the strongest Nation in the world, workers who, frankly, feel betrayed by America's trade policies.

Presidents from both parties have entered into trade agreements like

NAFTA, promising they would create millions of jobs and enrich communities. Instead, too many of these agreements have cost millions of jobs and devastated communities. It is not just the worker who suffers. It is the family, people down the street, as the valuation of houses contributes to delinquency and foreclosures. It means fewer police, fewer teachers, and fewer firefighters, as communities are devastated from layoffs and workers losing their jobs. In the cities, workers lose their jobs too. Yet the Bush administration and proponents of deals with Peru, Colombia, Panama, and South Korea want more of the same. They want the current system to keep going, to be expanded, despite evidence that the NAFTA model and the CAFTA model have not been working for Mexican workers, Central American workers, American workers, or small businesses in those countries and is not working for small manufacturers.

The number of workers filing for unemployment benefits jumped last week to its highest level since late August. Last week, 2,000 more Ohioans were seeking unemployment benefits, thousands more in Michigan, in Minnesota, in Indiana, North Carolina, all over the country—hardly the sign of a good economy, hardly the time for another trade agreement.

History will be on the side of those who want a different trade policy. The Founders gave Congress the responsibility to set the terms of trade policy. To vote up or down on a flawed agreement is in no one's best interest. It is not smart policy or politics. We need to begin by evaluating agreements such as the North American Free Trade Agreement, as Senator DORGAN proposed this week. We need to pause. Let's say no more trade agreements for a while until we fix our trade policy and learn what those agreements and our trade commitments have accomplished for workers. If I am wrong and they are working for workers, communities, consumers, and our small business owners, then let's proceed. But let's stop and look, figure this out.

We need a new model for trade agreements that requires negotiators to not just ensure better labor and environmental rules are enforced—we made some progress in the Peru trade agreement on that, and that is a small step but not enough—but also raises safety standards, doesn't allow backdoor challenges to public interest laws, doesn't give corporations the power, as NAFTA did for the first time ever in a trade agreement, to sue foreign governments, including foreign corporations to sue our Government to weaken our environmental laws, to weaken our food safety laws, to weaken our worker protection laws, to undercut our ''Buy American'' laws. That is when we end up doing stupid things like building a wall between Mexico and the United States and using Chinese steel.

Finally, we need to reward corporations. We have introduced the Patriot Corporations Act. Those corporations that play by the rules, hire Americans, provide health care, provide a pension, and take care of their communities should be rewarded with tax advantages instead of penalizing those companies and rewarding those companies that go offshore.

Ultimately, our commitment is to protect our country. That means to protect our children from foreign products that have lead. It means to protect workers, our small businesses, and our communities. That is how we provide opportunity to build a thriving middle class. That is why it is time to take a breath, stop. Before we move forward in Peru and Panama, before we move forward in Colombia and South America, we need to examine how this trade policy is working.

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

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

BIDDING ON EBAY LETTER

Mr. REID. Madam President, earlier this month, I came to the floor to discuss some comments made by Rush Limbaugh.

Following my remarks, more than 40 of my Senate colleagues and I cosigned a letter to the chairman of Clear Channel, Mark Mays, telling him that we wanted him to confer with Rush Limbaugh regarding the statements he made. I have since spoken to Mark Mays about this. Mark Mays, in fact, called me regarding this letter.

This week, Rush Limbaugh put the original copy of that letter up for auction on eBay. We did not have time or we could have gotten every Democratic Senator to sign that letter. But he put the letter up for auction on eBay and, I think very constructively, left the proceeds of that to go to the Marine Corps Law Enforcement Foundation.

What is the Marine Corps Law Enforcement Foundation? It provides scholarship assistance to children of marines and Federal law enforcement personnel whose parent dies in the line of duty, as well as health care assistance for disabled children of fallen troops.

What could be a more worthwhile cause? I think it is really good that this money on eBay is going to be raised for this purpose.

When I spoke to Mark Mays, I think he and I thought this probably would not raise much money—a letter written by Democratic Senators complaining about something.

This morning, the bid is more than $2 million. We have watched it during the week. It keeps going up and up and up, and there is only a little bit of time left. But it is certainly going to be more than $2 million. Never did we think this letter would bring money of this nature; and for the cause, it is extremely good.

Now, everyone knows that Rush Limbaugh and I do not agree on everything in life, and maybe that is kind of an understatement. But without qualification, Mark Mays, the CEO of the network that has Rush Limbaugh on it, and Rush Limbaugh, should know that this letter they are auctioning is going to be something that raises money for a worthwhile cause.

I do not know what we could do more importantly to help ensure children of our fallen soldiers and police officers who have fallen in the line of duty have the opportunity to have a good education. Think about this: More than $2 million. This is going to really help. That is, again, an understatement.

There is only a little bit of time left, so I would ask those who are wanting to do more—they can go to eBay and search for ''Harry Reid Letter'' and it will come up. I would encourage anyone who is interested, with the means to do so, to consider bidding on this letter and contributing to this worthwhile cause.

I strongly believe when we can put our differences aside—even HARRY REID and Rush Limbaugh—we should do that and try to accomplish good things for the American people. This does that—more than $2 million for a letter, signed by this Senator and my friends.

AGENDA

Mr. REID. I have indicated, Madam President, we have a lot of work to do. The chairman of the Judiciary Committee and I have stated on a number of occasions that on controversial judicial nominations we are not going to move on those until the minority tells us that is what they want to do. One of those nominations is Judge Southwick. That matter was reported out of committee sometime ago, and both Senator LEAHY and I have said that when the Republicans tell us they want to move to that nomination, we would do that. So sometime next week I am more than likely going to move to that matter. So I want everyone to know that, in fact, is the case.

I also, Madam President, have indicated that one of our priorities is to do an energy bill this year. I had a meeting yesterday with Democratic chairs and other interested people, including Senator CANTWELL and Senator DORGAN, to find out how we can move forward. We realize we can move forward. We have a number of issues that are important. The issues are somewhat limited. One is what are we going to do on CAFE, raising the fuel efficiency of vehicles? What are we going to do about a renewable portfolio standard? And what are we going to do about the tax aspect of this that will do a number of important things, not the least of which is give the great entrepreneurs