

But President Kennedy said, during his Presidency, that as a student of history it was extremely rare that any individual Member of the Senate could come up with a new idea and then see a real downpayment on that particular program. This is the case with regard to Amtrak. Claiborne Pell was the first voice in terms of rapid transportation between Boston and Washington. He struggled for that program, and during the early 1960s he was actually able to get some resources—not very great amounts—but for the study of it, for the feasibility of it, and for building a sense of inevitability about it.

He saw, long before others did, the importance of transportation, this rapid transportation for our Nation as an energy saver, for the movement of people. He anticipated our congestion and so many issues that have been talked about by two of our colleagues and friends, Senator LAUTENBERG and Senator LOTT, who deserve great commendation for their efforts and for their leadership.

We are reminded—with the explosion of the costs of gasoline, congestion, environmental issues—about the importance of this legislation. Many times over the last 40-odd years, this legislation was at risk. But now it is well established, not only for the corridors which are highly populated, but we are seeing, as has been pointed out at other times during the debate, other examples of this kind of rapid movement of individuals between various population centers and the difference it has made and contribution it has made in terms of not only passenger service but also for our economy and the environment and the use of energy.

SCHIP

Mr. KENNEDY. Mr. President, I want to comment on an issue about which I have spoken frequently over the last 10 years, but one which I feel immensely strongly about, that will be before the Senate and on the national agenda in these next several hours. I will draw attention to its importance to the future of our Nation and particularly to the children of this Nation.

I know there has been a good debate and a good discussion. I have spoken frequently about it, but I welcome the chance to once more, as Americans are beginning once again to refocus on this issue. It takes time. There are so many different issues that are before the Senate, and it does take time. We have to repeat and come back to these issues. It does not surprise me. We have seen it other times.

I was here in 1964 when we failed to pass the Medicare Program. I can remember the whole stream of our colleagues going down to the radio and television gallery issuing their press releases about their opposition to Medicare. And then, about 8 months later—I think it was about 8 months later—the Senate revisited the Medicare Program, and it passed overwhelmingly.

The one great difference, in that period of time, was the election of 1964, when American people gave focus and attention to the issue of Medicare and made the judgment and decision we ought to go and move ahead. I have heard all those arguments, “socialized medicine,” “Government-controlled program.” We heard that when this program was initially introduced.

Senator HATCH, myself, and others, we have heard those echoes time in and time out. But it was under the leadership of Senator HATCH, the judgment and decision, in terms of providing the help and assistance to these children would not be replication of the Medicaid Program but would be a program that would be basically run by the States, with an outline by the Congress about what would be included in terms of services.

It was a program that was built upon the private companies in these various States. It was a program also that did not quite match the range of different services that were in the Medicaid Program but, nonetheless, has been invaluable in terms of these children.

I come to the Senate floor today to speak about the health insurance, not the health insurance available to Senators or Members of the House or the President and his Cabinet. As I was reminded again during my recent experience, we have access to excellent insurance to pay the cost of whatever care we need. Our health coverage is never in question.

I speak of those who do not work in marbled halls or beneath vaulted ceilings but of those who work at the local bakery or the repair shop or make their living stocking shelves or cleaning offices. This debate is about our commitment to millions of American men and women who work hard every day, pay taxes, care for their children but who stay awake at night worrying because they cannot afford the costs of sudden illness.

It used to be when we debated this issue, 10, 15, 20 years ago, we would talk about the cost of an emergency room visit being \$250 and wondering whether a child was \$250 sick. That is the cost of going to an emergency room. And we used to debate about how do you measure the pain, the anxiety, the anguish that parent has, wondering whether their child is \$250 sick; whether they will get better tomorrow, whether that earache will expand or be an indicator of a more serious illness or that throat ailment may be the same or whether that child would get better.

Now it is a \$475 average across this country. That is what this children's health insurance debate is all about: Healthy lives for children, peace of mind for parents, Congress acting for the common good.

CHIP is not a Republican idea or a Democratic idea, it is not a State program or a Federal initiative, it is not public sector or private sector, it is all of those things and more. CHIP is an American success story.

Mr. President, how much time do I have remaining?

The ACTING PRESIDENT pro tempore. The Senator has 18½ minutes remaining.

Mr. KENNEDY. Over the past decade, since it was first enacted, we have seen what it can do to transform young lives. Since then the percentage of uninsured children has dropped from almost 23 percent in 1997 to 14 percent in 2005. This is a clear indication of what this program is about, from just below 25 percent uninsured for children—this is 1997—look where it is now, 13 percent.

What we see in other charts, if you talk about what has been the growth to uninsured adults, it would be the opposite. It would be going the other way. This is a success story.

There is an old saying familiar to every first-year law student:

If the law is against you, you pound the facts. If the facts are against you, pound the law. If the law and the facts are against you, you pound the table.

The President and his supporters in Congress have been pounding the table hard and often on this issue in recent months. It is time to set the record straight. They have pounded the table about all the families making \$83,000 a year who are supposedly eligible for CHIP. Let me tell you how many families making \$83,000 a year are enrolled in CHIP: None.

None in Massachusetts, none in New York, none in New Jersey, none in California, nowhere, zero, not a single child in a family making \$83,000 is eligible for CHIP.

The new bill approved by the House last Thursday goes even further than current law. It makes it illegal to cover anyone in families making over \$62,000 a year, or 300 percent of the poverty level.

There it is, in big black letters, on page 75 of the bill:

Denial of Payments for Children with Effective Family Income that Exceeds 300 Percent of the Poverty Line.

Now, according to the Congressional Research Service, 91 percent of the children covered by CHIP are in families with incomes below 200 percent of the poverty level, or \$41,000 a year for a family of four. Almost all of the 9 percent of families above this level pay premiums to defray the cost of coverage for their children. That was a key part of the CHIP program.

States will have a right to make judgments and decisions, to be able to vary the premiums, the deductibles, and the copays. We let the States do that for those who would benefit from the program at this particular level.

The need for genuine outreach to more of the low-income children is a serious problem. But it is a foolish solution to address it by denying CHIP to children who also need it.

Facts are stubborn things, and all the table pounding in the world cannot change them. The basic fact of CHIP is it began as a principled, bipartisan

compromise, and it remains so even now.

Nevertheless, the White House has called upon the supporters of CHIP to compromise and compromise and compromise. We have. But this much is clear: We will not compromise the future of a generation of American children because they come from the working poor. Surely, they are more important than multimillion-dollar tax breaks for the wealthiest individuals or the largest corporations. They are more important than the subsidies for the big oil companies. They are more important than preserving the obscene tax breaks for so-called carried interest.

These are America's deserving children and Democrats in Congress will stand up for them every time and courageous Republicans will too. We have been more than willing to work with Republicans in Congress on reasonable and realistic compromises that still meet our obligations to these children.

Many of us initially called for a much larger bill to properly serve the needs of the Nation's children, but we accepted a less costly bill in order to obtain broad bipartisan support. Year after year, the administration has granted waivers to cover adults under CHIP.

As of February of this year, the administration had granted waivers to 14 States to cover adults through CHIP. In August of 2002, they said yes to covering 40,000 adults in New Mexico. In October 2002, they said yes to over 334,000 in Oregon. In January of 2003, they said yes to 12,000 more adults in New Jersey. In May of this year, amid statements from the President that CHIP should put kids first, his administration said yes to 39,000 adults in Wisconsin.

But now they want to say no. The White House is now shocked, shocked to discover adults are covered under CHIP. It actually cites the consequences of their own decisions as a failing of our proposal.

The legislation the Senate approved last month reversed this policy by moving adults out of the program over the next 2 years. The bill now before us goes one step further. It removes childless adults from the program by the end of next year.

But that is still not enough. Still not enough. The requirement that children produce onerous documentation, listen to this, to prove their citizenship has been shown to be a barrier to care for American children because they often had great difficulty meeting the burdensome requirements of the policy.

These high barriers were imposed because of a fallacy, the myth that they prevented children in America illegally from using these services.

Now, a recent letter from the Congressional Budget Office, not the Democratic one, not the Republican office but the Congressional Budget Office, refutes that claim saying:

Available evidence, based on State reports and other information provided by State offi-

cials, suggests that virtually all of those who have been unable to provide the required documentation are U.S. citizens.

That statement could not be clearer. It was American children, eligible for CHIP or Medicaid, who were denied services by these requirements, not the undocumented.

The cost of this witch hunt has been high. According to a recent report by the Center on Budget and Policy Priorities, the six States that have examined this issue in detail spent \$17 million to administer the requirement, have denied health insurance to tens of thousands of needy children and parents as a result, and have identified a grand total of eight—eight—undocumented aliens, individuals.

The number of low-income children insured through Medicaid has dropped 11,000 in Virginia and 14,000 in Kansas due to the new requirements. Each State identified one applicant, one applicant who incorrectly claimed to be a citizen.

Even now, we accepted a compromise by requiring the Social Security Administration to verify the citizenship of any child seeking coverage under CHIP. The time has come to stand up and be counted, to see who is for children's health insurance and who is against it.

It's obvious to everyone that our bipartisan majority for an effective CHIP program has made compromise after compromise. The time has come to stand up and be counted to see who is for children's health insurance and who is against it.

We need to know who is for families like the Vega family in Greenfield, MA. CHIP helps Flor Vega, a working mother, buy an extra inhaler for her 5-year-old daughter, so she could have one at school and the other at home. CHIP also helped her afford a nebulizer, the small, portable device that pumps the asthma medicine into the lungs when an inhaler isn't effective. That means her daughter doesn't face sudden dangerous attacks of asthma that require her to go to the emergency room.

We need to know who is for families like the Lewis family in Springfield, MA. I met Dedra Lewis and her daughter Alexsiana when they came here to talk to me about the difference that CHIP has made in their lives. Alexsiana has a rare eye disease that requires expensive drops every hour of every day. To take care of her daughter, her mother had to cut back her hours at work, and she lost her insurance. Without CHIP, they would be choosing between paying the mortgage for their home or paying for medicine that Alexsiana needs to keep her vision.

Family after family from coast to coast could tell similar stories. That's why families across America are calling on Congress to renew the promise of CHIP.

The task has not been easy, but we will not be deterred or deflected.

When Medicare was first proposed in the 1960s to allow the nation's senior

citizens to live their retirement years in dignity, its supporters were attacked with much the same harsh rhetoric as we hear now about CHIP—it's "Socialized medicine." It's a "Government takeover." But Congress rejected that absurd rhetoric, and hundreds of millions of senior citizens have benefited immensely ever since.

American families face real challenges—higher mortgages, soaring gas prices, the ever-increasing cost of health care, and many other burdens. They deserve real solutions, not empty slogans.

Our opponents failed to stop Medicare, and they won't stop CHIP now. Medicare didn't pass on the first attempt, but its supporters came back again and again and again with the force of the American people behind them to ask—to demand—that Congress act. And the 1964 election made it happen.

And that's just what we'll do with CHIP, even if it takes the 2008 election to do it.

We'll keep at it until the children of America get the health care that they deserve and that the American people are demanding.

We know what the President's priorities are. He is calling yet again for more money, on top of more money, on top of yet more money to pay for the war in Iraq.

The President has made his judgment. He has decided to pour even more of our national treasure into the sands of Iraq and to burden our economy with the immense costs of the war for years to come.

Every day the war goes on, we spend what's needed to cover a quarter million children.

We have a military surge to help the people of Iraq. I say we need a health care surge to help the children of America.

This administration is quick to highlight their achievements on health care for the children of Iraq, but won't show the same commitment to the health of our own children.

In Iraq, American money has renovated 52 primary care clinics and re-equipped 600 others. But in America, children are denied essential medical services in the name of fiscal discipline.

In Iraq, our citizens have paid for 30 million doses of children's vaccine. But in America, we are told we can't afford basic preventive care for 10 million children.

The Web site of the U.S. Agency for International Development proudly notes a remarkable accomplishment, and I commend them for it. They have successfully vaccinated 98 percent of all Iraqi children against measles, mumps and rubella. If only we could do as well for our own children.

According to the CDC, only 91 percent of American children had received the same vaccine by the recommended age. The administration should be as concerned that children growing up in

Boston or Birmingham get their recommended vaccines as they are about the children of Baghdad and Basra.

That same Web site proudly notes that USAID has “improved the health of vulnerable populations in Iraq by increasing access to high quality, community-based primary healthcare.” That is just what we are trying to do for vulnerable populations in America.

In Iraq, it is an accomplishment. In America, it is a veto.

A bipartisan majority in Congress has made a judgment, too. Our judgment is that we must make room for decent health care for America's children. We must stand up to the empty rhetoric and hollow slogans of the White House, and give all children in America the healthy start in life they deserve.

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

IRAQ BENCHMARKS

Mr. NELSON of Nebraska. Mr. President, I rise today to try to bring the focus of the debate about Iraq back to Iraq, specifically the Iraqi Government's continuing failures to meet benchmarks for progress on political, military, and security matters.

For the past several weeks, the news out of Iraq has been consumed by coverage of the Blackwater security transgressions. To be sure, the allegations against Blackwater are serious and need to be addressed. Oversight needs to be tightened, actions should be taken to ensure that security needs are being met, and force is used only when necessary.

By no means do I believe we should do anything but hold Blackwater and its Government overseers responsible for their actions. But what is happening is the Iraqi Government has successfully shifted the focus of the debate from their failures in meeting benchmarks for progress to the Blackwater security matter.

We need to refocus. Everyone here remembers, and the American people remember, this past spring, during the debate on the supplemental, the U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act, that during the deliberations on that debate, Congress codified into law 18 benchmarks that were identified by the Iraqi Government and the Bush administration.

As a member of the Senate Appropriations Committee, I pushed to include benchmarks in this bill. Since returning from Iraq, having spent Thanksgiving there with the troops in Iraq, I began to call for the Iraqi Government and U.S. military leaders to establish a method of measuring progress on the stated goals of standing up the military and security forces and establish a functioning government.

During my third visit to our troops in Iraq, in April of this year, I deliv-

ered a strong message to Iraqi leaders that they needed to show progress on an oil agreement, quelling sectarian violence, and building a functioning government very quickly or the United States would continue to lose patience with the war.

This supplemental presented an opportunity to send that message and codify it into law. It was the hope of the Senate to provide measurable benchmarks that could provide an outline on progress in Iraq. As part of the benchmarks requirement, Congress asked the White House to provide an assessment in July and September. Congress also directed the GAO to provide its own assessment on the Iraqi benchmarks. In July, Congress received an assessment from the White House on the status of the 18 benchmarks. At that time the White House indicated that satisfactory progress on eight of the benchmarks had been made. On the remaining 10 benchmarks, the White House indicated that the Iraqi Government had failed to make satisfactory progress. In September, the GAO review indicated that 3 benchmarks had been met, 4 had been partially met, and 11 had not been met at all.

In September, the White House provided its final assessment of the 18 benchmarks. Of the benchmarks, satisfactory progress had been made on 10, 2 more than in July, and 8 benchmarks still received an unsatisfactory rating, 2 less than July.

Everyone remembers that this is an important issue because of the importance of making positive gains by the Iraqi Government. I visited Iraq for a fourth time in September, just after General Petraeus testified before the Senate Armed Services Committee but before the benchmark reports were issued. Little had changed. Iraq's political leaders were still entrenched. There was still very little hope for progress on the benchmarks. I delivered the message that time was running out on the blank check policy the administration seems to have implemented in Iraq. At this critical juncture of U.S. policy toward Iraq, the Iraqi policy toward the United States seems disjointed, disconnected, and disassociated. The level of progress on the benchmarks is debatable, but what is undeniable is the fact that progress is needed on some of the most urgent issues to bring peace and stability in Iraq.

The Iraqi Government has failed to enact a deBaathification law, a law on equitable distribution of hydrocarbon resources and revenues—that is essentially the oil and the revenues they have collected—and to provide three trained and ready brigades to support Baghdad operations and the disarmament of the militias. The level of progress is undebatable. The Iraqi Government has failed to deliver on these three important benchmarks. These are fundamental failures by a government that continues to expect the United States to invest in Iraq with

our soldiers and our dollars, and these failures are unacceptable. We cannot continue on this path and cycle of Iraqi dependence on the United States.

As we prepare to deal with another supplemental, bringing the total off-budget additional war spending this year to just under \$200 billion, making total off-budget spending on the war in Iraq nearly \$500 billion—off-budget spending in Iraq of nearly half a trillion dollars—we need to refocus on what is happening in Iraq. We need to reexamine these benchmarks and others. Those who called for another 6 months to allow more progress got what they wanted. The question is, when will we get what we want? When will Iraq step up and take over? When will we be able to bring most of our troops home? When will the cycle of dependence end?

The answers to these questions lie in the benchmarks we established. Progress on the benchmarks can give us a timeframe for the future. Lack of progress on the benchmarks could only extend our commitment indefinitely, if we allow it to continue.

Finally, we do need to focus on the Iraqi Government's progress on the benchmarks and the lack thereof. If they had made more rapid progress, we would not need private security outfits protecting American assets and personnel. If they continue to fail to make progress and meet the benchmarks, we will need to fundamentally reassess what our future role might be in Iraq. We can't sustain this pace forever. Our soldiers deserve better. Our taxpayers deserve better. The Iraqi people deserve better from their own Government than the failed leadership they have been shown to date.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Oklahoma.

Mr. COBURN. Has the Senate concluded morning business?

The ACTING PRESIDENT pro tempore. Not quite yet. The minority has a minute and a half; the majority has a minute and a half.

Who seeks recognition?

Mr. NELSON of Nebraska. I 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. LAUTENBERG. I ask unanimous consent that the order for the quorum call be rescinded.

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

CONCLUSION OF MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Morning business is closed.

PASSENGER RAIL INVESTMENT AND IMPROVEMENT ACT

The ACTING PRESIDENT pro tempore. Under the previous order, the