

I am a cosponsor of legislation sponsored by Senator PRYOR that would reauthorize and strengthen the Consumer Product Safety Commission. Its budget is half what it was when it began in the 1970s in real dollars. The staff has dwindled over the years from 1,000, including inspectors, to 420. We must instead increase funding and staff at the Consumer Product Safety Commission. We must increase coordination between the CPSC and Customs officials. We must give the Commission the authority to examine and approve other nations' regulatory systems before imports from a country get onto our store shelves.

When we buy tens of billions of dollars of toys, tires, and other consumer products from a country that has weak environmental laws, weak food safety laws, weak consumer protection laws and, at the same time, when our companies that import from other countries push subcontractors in those countries to cut costs, this is what we end up with. That is why we must give the CPSC the authority to examine and approve other nations' regulatory systems.

Unfortunately, as imports from China and other trading nations rise and the recall of toxic products at home increases, the Bush administration continues to call for more Consumer Product Safety Commission cuts.

Yesterday, the Times reported that Chairwoman Nord of the CPSC plans to actively work to kill the Pryor legislation. That is unacceptable. This administration's apathy for policies that protect our families is at best shameful and at worst potentially deadly.

One thing I am sure of: It is time for Nancy Nord of the Consumer Product Safety Commission chair to step aside. She is the acting chairperson but, unfortunately, we have seen a lot more inaction than we have action. It is time to put a chairperson in place who is not satisfied with "we are doing the best we can." We need a chairperson who fights for the authority and the resources the Commission needs to do the job it is supposed to.

Her response to the wave of product recalls has been, to put it charitably, underwhelming. She is fighting efforts to make more information available to the public about product hazards. She opposes protections for whistleblowers who identify shoddy products, and, most importantly, in the face of recall after recall, she has offered no plan to equip the CPSC to fulfill its role in product safety. She spends most of her time trying to make sure her agency isn't scrutinized or held accountable for doing its job. We need a permanent chairperson dedicated to doing the most important thing the CPSC is to do—protecting families and our children, not protecting corporate interests.

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

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

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT OF 2007—MOTION TO PROCEED

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of the motion to proceed to H.R. 3963, which the clerk will report.

The legislative clerk read as follows:

A motion to proceed to the bill (H.R. 3963) to amend title XXI of the Social Security Act to extend and improve the Children's Health Insurance Program, and for other purposes.

The PRESIDING OFFICER. The Senator from North Dakota.

Mr. DORGAN. Mr. President, I ask unanimous consent that the cloture vote on the motion to proceed to the children's health insurance bill, H.R. 3963, occur at 3:45 p.m. today, and that if cloture is invoked it be considered invoked as if the vote had occurred at 6:30 p.m. today and concluded at 6:50 p.m., with the time following the conclusion of morning business prior to the vote equally divided between the two leaders or their designees.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. DORGAN. Mr. President, I wish to yield to myself 30 minutes, and I also ask unanimous consent that Senator KENNEDY be yielded 30 minutes of the majority's time.

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

The Senator from North Dakota is recognized.

Mr. DORGAN. Mr. President, I am going to talk about a couple subjects this afternoon. I am going to begin, however, talking about the issue of children's health insurance.

The Children's Health Insurance Program will be the subject of the cloture vote later this afternoon, and it is a very important issue. We have a lot of children in this country who do not have health insurance coverage. Ten years ago, we put together a piece of legislation called the Children's Health Insurance Program. It has worked. It has been very successful. Millions of children who otherwise would not have had health insurance coverage now have health insurance coverage.

The President, when he campaigned for office a couple of years ago, said he supported and wanted to expand the

Children's Health Insurance Program to cover more children. The Congress, on a bipartisan basis, has now passed the Children's Health Insurance Program reauthorization that would provide additional coverage for nearly 4 million additional children in this country—3.8 million additional children, to be exact. The President vetoed it—this after he campaigned saying he supported expanding the program. In fact, not only did he veto the expansion of the program—that was done on a bipartisan basis in the Congress, and fully paid for, I might say—but he sent Congress a budget that left 21 States without enough money to continue to cover the existing kids in the program.

So this administration has it wrong. That is not just me saying it, it is a bipartisan group of Members of Congress who believe very strongly we need to do what is right to try to get health insurance to children. We should try to make sure every American has health insurance. That is very important. But it seems to me if you do not have legislation that does that, at least start with the children.

I have said before, I do not know what is in second or third or fourth place in most people's lives in terms of what is important, but I know what is in first place in the lives of most people. It is their children and their children's health. If this is not a priority, if it is not a priority at the White House—it passed the Senate with a wide margin, passed the House with a wide margin, but we did not have 67 percent of the votes in the House to override the veto—if it is not a priority at the White House, I ask what is a priority? If providing health care for an additional 3.8 million children is not a priority, what are the priorities at the White House? What is more important?

Once again, this may be unfamiliar territory to the President because this is a piece of legislation that is fully paid for, unlike much of what we get from the White House these days. I am going to talk about that in a bit. But before us here in Congress, the President has two requests. In addition to his regular budget, the President has said to us: I want another \$196 billion for the purposes of continuing the war in Iraq and Afghanistan. And he said: I want the \$196 billion declared an emergency. I do not propose we pay for it. I propose we put it all on top of the debt. That will take us to almost two-thirds of a trillion dollars the President has asked for—none of it paid for, all of it requested by the President as an emergency.

Contrast that, by the way, a \$196 billion emergency request—none of it paid for—with a bipartisan group in the Congress that says: We believe the priority is our children. We propose to cover 3.8 million additional kids with health insurance coverage, and we fully pay for it. That is a very significant departure from what we hear at the White House these days.

Now the President gasses up Air Force One, flies all over the country, and flew

down to Arkansas not many days ago and said: I am the fiscal policy President. I am going to get tough. I am vetoing bills. Interestingly, he did not veto a bill in the 6 years his party controlled both branches of Congress. He did not veto bills in the 6 years in which, in nearly every case, the appropriations coming out of the Congress exceeded his request or at least were dramatically changed from his request.

It is now, only in the shadows, the evening hours of his Presidency he decides he wants to be a fiscal policy President, tough on fiscal policy. The problem is, it is not so much what you say that matters, it is what you do that matters, and he has before us one more demonstration of the reckless fiscal policy we have seen now for some years, turning a very significant budget surplus, when he took office—and, yes, we had a budget surplus of about \$240 billion in that year—turning that into a stream of fiscal policy budget deficits, adding \$3 trillion to the Federal debt, and asking us, once again: Please give me another \$196 billion above all the regular appropriations.

By the way, even as he asks for the additional \$196 billion, he says we cannot afford providing insurance coverage for 3.8 million kids whom we fully pay for in a bipartisan bill.

I am telling you, I think the President is wrong. I admire the fact this is a bipartisan bill. We did it the right way. The President will have a second opportunity to have a bill on his desk. My hope is he will understand the good faith and goodwill of bipartisan Members of Congress who have the right priorities, saying our children come first and children's health insurance is very important.

INDIAN HEALTH CARE IMPROVEMENT ACT

Mr. President, that leads me to talk about a health insurance issue that includes the Children's Health Insurance Program but is much more than that. It is a bill that is going to come to the floor of the Senate soon, and thanks to the commitment by Senator REID, the majority leader, it is the reauthorization of the Indian Health Care Improvement Act.

It has been 8 years since Congress should have reauthorized the Indian Health Care Improvement Act—8 years—long past due, long past the time for us to have done this. The fact is, in this country we have 2 million of the first Americans—they were here greeting the folks who came to this country—American Indians, and many of them live in Third World conditions, and many of them experience health care rationing, which I think is a scandal.

It is not written much about these days, unfortunately. But there is a full-blown scandal, in my judgment, with respect to health care that is not available to American Indians—health care that was promised, health care that was committed, and health care that is our trust responsibility as a government to American Indians. We made

that commitment, and we are not keeping it.

Indian children will benefit from children's health insurance as well. But also, Indian children live—and in some cases die—with the results of the Indian health care system.

This young lady shown in this picture is a 5-year-old beautiful young girl—sparkling eyes, with a beautiful dress, dancing in the traditional Indian dress—5 years old. Her grandmother, who testified at the Crow Indian Reservation, at a hearing I headed with Senator TESTER, held this picture up. Her name is Ta'shon Rain Littlelight—5 years old.

Ta'shon died. Her grandmother brought her photograph to the hearing and held it high. She talked about her granddaughter. She said Ta'shon lived the last 3 months of her life in unmedicated pain, and died of terminal cancer. She was taken and taken and taken again to the Indian Health Service, was diagnosed with depression, and treated for depression. Ultimately, it was discovered she had terminal cancer—not depression, terminal cancer.

She was flown to Billings, MT, and then to Denver, CO, and this young 5-year-old is gone. Her grandmother asks the question: Would better health care have saved her? Should she have been diagnosed in a different manner? I don't know the answer to that. I do know this: There are too many children like Ta'shon Rain Littlelight who do not have the same health care as others have, and Ta'shon lost her life.

It is not just this beautiful little girl. This is the photograph of a young girl whose photograph I have shown my colleagues before. Her name is Avis Littlewind. Avis Littlewind is also dead—14 years old. She took her own life. Her sister took her own life. Her father died at his own hand. She was in a fetal position in bed in her bedroom for 90 days at age 14, and somehow no one quite figured out this young lady desperately needed mental health treatment. So she took her life.

I went to that Indian reservation. I talked to the school officials. I talked to Avis Littlewind's classmates. I talked to the tribal officials to try to understand: How does a 14-year-old child fall through the cracks?

Well, there was not mental health treatment available in any significant way for this young child. The people who would get her health care would have to beg and borrow a car to drive her someplace. But she is gone. This young girl apparently felt hopeless and helpless and took her own life.

The question I ask with respect to the mental health treatment she should have gotten—with respect to so many other kinds of health care that should be available to American Indians—the question I ask is: When? When will they get the health treatment they deserve?

This is a picture of a woman from the Fort Berthold Indian Reservation. I have described her situation to my col-

leagues previously as well. Suspected of having a heart attack, she was put in an ambulance and driven to a hospital—the nearest hospital off the Indian reservation. Arriving at the hospital, as they were carrying her into the hospital, transferring her to a hospital gurney, they discovered at the hospital something taped to her thigh with an ordinary piece of tape.

Here, as shown on this chart, is what was taped to this woman's thigh, as she was taken into the hospital off of a gurney, suspected of having a heart attack. What they found taped to her thigh was a letter from the Department of Health and Human Services, and it described that this woman was not going to be eligible for contract health funding because they were out of money: So if you admit this woman to your hospital, understand, you are on your own. Financially, you are on your own. We are warning you.

That is what the letter taped to this woman's thigh said. That is health care today in modern America on Indian reservations.

Now let me describe why there is an urgency to pass Indian health care legislation, to reauthorize the Act that should have been reauthorized 8 years ago.

We spend twice as much money per person on health care for Federal prisoners incarcerated in our Federal prisons as we do for American Indians, and we have a responsibility, a trust responsibility, for health care for American Indians. This is not being generous. This is meeting a promise America made to Indians. This country made the promise over and over again that we would provide for their health care. But we have not met that promise.

If you take a look at what we spend per capita for American Indians, what you will discover is, we spend half as much per person for American Indians as we do for Federal prisoners. We have a responsibility for health care for those we incarcerate. I understand. If you stick someone in a Federal prison, you have to take care of them, provide for their health care.

Why do we spend twice as much for a Federal prisoner's health care as we did for Ta'shon Rain Littlelight's or Avis Littlewind's or, in per capita expenditures, we do for American Indians? We spend \$6,700 a year, per capita, on Medicare expenditures, veterans, \$4,600; Medicaid, \$4,300; Federal prisoners, \$3,200; Indian health program; \$2,100 per capita. We have to do better than that. We have significant responsibilities, significant problems, and regrettably, full-scale health care rationing on many of America's Indian reservations, and I think it is a scandal and an outrage and we have to fix it.

Senator MURKOWSKI and I, as chairman and ranking member of the Indian Affairs Committee, have written in our committee a piece of legislation called the Indian Health Care Improvement Act. We are ready to bring that to the

floor of the Senate at last, at long last. Lives will be saved if we can pass this piece of legislation. Senator REID has given us a commitment that we will have this piece of legislation on the floor of the Senate, and when we do, I think it will be a day of some celebration for American Indians who have been promised health care and, regrettably, have not received the benefit of the promises that were made. I am not suggesting there aren't some talented men and women who work in the Indian health care system and who work in public health. I am not suggesting there aren't some very talented people out there. But I can tell horror stories that are almost unbelievable.

A woman goes to the doctor on an Indian reservation, and she has a knee that is unbelievably painful—bone on bone. It is the kind of knee that if it belonged to a Member of the Senate or one of the Senator's families, they would go and get a knee replacement. Bone on bone, unbelievably painful.

This woman is told: Wrap your knee in cabbage leaves for 4 days, and it will be fine. Well, that is not fine, and that is not medicine. That isn't what we should expect in terms of meeting our responsibilities in this country to the first Americans.

Again, I asked the grandmother of Ta'Shon Rain Littlelight if I could use her image, and I do so respectfully and I do so understanding the delicacy of it. But when the grandmother came to the hearing and held up the picture of this beautiful young girl with the sparkling eyes, and said: My granddaughter died, and here is how she died. In 3 months of unmedicated pain after her terminal cancer had not been diagnosed for months and months and months.

I think it is important for us to ask the question: Does this matter? Do we care? I hope the answer is yes, it does matter and, yes, this Congress does care and, yes, this Congress is going to meet its responsibility. I hope in the coming weeks that certainly will be the case, starting here in the Senate.

Mr. President, I yield the floor, and I make a point of order that a quorum is not present.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

Mr. DORGAN. Mr. President, how much time remains?

The PRESIDING OFFICER. There is 13 minutes remaining.

FISCAL POLICY

Mr. DORGAN. Mr. President, I wanted to speak about the subject I referenced briefly, and that is fiscal policy and this President. It gives me no joy to come and be critical of the President's fiscal policy. But it should give the American people no joy either

to understand the consequences of a fiscal policy that turned very large budget surpluses, which took us a long time to begin to see, into very long-term Federal budget deficits and three trillion dollars of additional debt. That is a reckless fiscal policy and one that has to be fixed.

When he recently asked the Congress for an additional \$196 billion—none of it paid for, all emergency—the President said: Now we will see whether the Congress supports the troops. Well, the fact is, not all that money goes to the troops in Iraq and Afghanistan. A substantial portion of that money goes to contractors.

I wanted to go through with my colleagues some examples of what we are finding with respect to the spending of taxpayers' money for contractors. I believe I have held 17 hearings over the recent 4 years as chairman of the Policy Committee on these issues.

Let me put up a couple of charts to describe where we are headed.

This is a Congressional Budget Office estimate of October of this year. The U.S. wars in Iraq and Afghanistan could cost taxpayers a total of \$2.4 trillion by 2017 when you count the very large interest costs because this is being financed with borrowed money. Again, a President who says he is a conservative borrowing all of this money, insisting it be borrowed and not paid for, and we end up in this country paying a fortune for the war costs.

So the question is, is this money for the troops? Well, let me describe what we have. Last month, military officials said contracts worth \$6 billion to provide essential supplies to American troops in Kuwait, Iraq, and Afghanistan—including food, water, and shelter—were under review by criminal investigators. In addition, \$88 billion in contracts and programs, including those for body armor for soldiers and material for Iraqi and Afghan security forces, are being audited for financial irregularities.

Think of that: \$88 billion; \$6 billion under criminal investigation; \$88 billion, financial irregularities by these contractors.

Once again, under this President, last month the Army reported that it had 78 cases of fraud and corruption under investigation, had obtained 20 criminal indictments, and had uncovered over \$15 million in bribes.

Another \$196 billion, while those who prance around this money have a field day. It doesn't seem like conservatism to me.

Again, in August, 2 months ago, the New York Times reported:

The enormous expenditures of American and Iraqi money on the Iraq reconstruction program, at least \$40 billion over all, have been criticized for reasons that go well beyond the corruption cases that have been uncovered so far. Weak oversight, poor planning, and endless security problems have contributed to many of the program failures.

So we ante up money from the United States Congress—billions and

billions of dollars. We are going to provide health care clinics for the Iraqis. We are going to build 142 health care clinics. We hire the contractor. The money is gone, but the clinics aren't there. An Iraqi doctor—a very courageous Iraqi doctor—testified at one of my hearings. He said: I went to the Health Minister in Iraq and said: You know, we had these contracts with an American contracting company that was going to do these 142 health care clinics in Iraq. I would like to visit them. The Iraqi Health Minister said to this physician: You don't understand. Most of those are imaginary clinics.

Well, the American taxpayer got fleeced. The money is gone. The contractor got the money. The clinics don't exist.

We can't even keep track of the guns that are being sent to Iraq. We sent Iraq 185,000 AK-47s, and at this point we know where 75,000 of them are; 110,000 are gone and unaccounted for. We sent them 170,000 pistols, 90,000 of them we can't account for. Are some of these AK-47s and pistols being aimed at American troops? Of course they are. How is it that we fund with American taxpayers' money the shipment of massive quantities of weapons to Iraq and don't keep track of where they are? Again, there are 110,000 AK-47s, we don't know where they are, and 80,000 pistols, we don't know where they are. This is almost staggering incompetence, in my judgment.

Saddam Hussein is dead. He was hanged by the neck. The Iraqi people no longer have Saddam Hussein in their lives. The Iraqi people voted for their own new constitution, and they voted for a new government. All that is left for the Iraqi people is to provide for their own security. The question is, when will the Iraqi people demonstrate the will to provide for their own security?

We have trained 360,000 Iraqis in the interior forces and defense forces, soldiers and police men and women—360,000 have been trained, and they can't provide for their own defense, for their own security. Is there not a will in this country in which Saddam Hussein is gone, a new constitution, a new government exists, and they have 360,000 people trained, and that training was paid for by this country—is there not a will, then, to provide for security? If they can't, we can't. We are not going to provide security in Iraq for the next 5 or 10 years. We should not be going door to door in Baghdad in the middle of a civil war with U.S. soldiers.

But it seems to me we should reasonably ask the question: If we have trained 360,000 for security in Iraq, and they can't provide for their own security, where are they? We are now told that up to 50 percent of those we have trained are probably not on the job anymore. We don't know where they are.

I also just saw information a couple of days ago that the number of people

we are training has dropped by two-thirds. I mean, everyone talks about—including the President—the way out of Iraq is to train the Iraqis for their own security. We have trained a third of a million of them and now we have reduced the amount of training by two-thirds and now we have a surge of American soldiers going door to door in Baghdad in the middle of a civil war. I am just saying I don't think that adds up in the context of what this administration is asking of this Congress.

Between April 2003 and June of 2004, \$12 billion in U.S. currency, much of it in one-hundred-dollar bills, was dispersed by the Coalition Provisional Authority. That is us. We airlifted billions of dollars in C-130s. Some of it was shoved out the back of pickup trucks in Baghdad. You think that doesn't attract flies and people who want to cheat and steal? It does. What happened? About \$9 billion has gone missing, unaccounted for, in a frenzy of mismanagement and greed, it is said.

ADM David Oliver, who was a senior official of the Coalition Provisional Authority was asked by a reporter about what happened to the cash that was airlifted to Baghdad. Our official said:

I have no idea. I can't tell you whether the money went to the right things or didn't. Nor do I actually think it's important.

Oh, really? You don't think it is important whether billions of dollars was used for the proper purpose?

An independent oversight agency reported this month that it could not complete an audit of a \$1.2 billion contract to train Iraqi police because records kept by the State Department and by DynCorps International, the contractor, were inaccurate and in disarray, documents not sufficient to do any kind of an audit.

The State Department paid \$43.8 million for manufacturing and temporary storage of a residential camp that has never been used. They paid \$36.4 million for weapons and equipment, including body armor, armored vehicles, and communications equipment that couldn't be accounted for.

Among the problems identified before an audit—this is a New York Times story of this month—were duplicate payments, the purchase of a never-used \$1.8 million x-ray scanner, and payments of \$387,000 to house DynCorps officials in hotels rather than other available accommodations.

My colleagues get my point. I could show 100 charts which would all show in my judgment massive, staggering incompetence and lack of oversight of these contracts.

The President says: I want \$196 billion in emergency funding, none of it paid for, and by the way, if you don't support that, you are not supporting the troops. Well, a substantial amount of this money is supporting contractors, not troops, and there is substantial evidence that there is dramatic waste, fraud, and abuse of these contracts, and no one seems to care. No

one seems to be watching the store. That goes for the Defense Department, the Secretary of State, and many others, including the White House.

Finally, when we vote on the issue of whether we should provide additional emergency funding for the President, and yes, for the troops, and also for these contractors, I am going to suggest something very different. Some things are habit forming, and one of them, it seems to me, is to ask the Congress to increase spending substantially and not pay for it. This President has done this now to the tune of two-thirds of \$1 trillion for the war in Iraq and Afghanistan.

Aside from the fact that I think it is wrong because it doesn't have the country going to war with the soldiers—it seems to me if you send soldiers to war, you also ought to ask the country to be with those soldiers, not just with their thoughts and prayers but also to pay for the cost, rather than charge it to some future generation and have the soldiers fight the battle, and then come back to our country and pay the bills for those battles.

So I have said to my colleagues, and I would say to the President, when we consider this issue of additional funding, I am going to offer this time some ways to pay for a portion of it, and I am going to give some examples. I have used many of these before, but this time, we will have a chance to vote on them. Maybe I will win, maybe I will lose, I don't know. But it seems to me we ought to do some things that are thoughtful and patriotic, even as we decide that we are going to provide support to our troops.

Let me give an example.

Let me give you an example. I have used this many times. This is a five-story white building in the Cayman Islands. A very enterprising reporter from Bloomberg named David Evans went to that building. It is on Church Street. That five-story white building is home to 12,748 corporations. They are not actually there, of course; it is legal fiction that was created by smart lawyers to give corporations an address in the Cayman Islands so they can avoid paying U.S. taxes. I have legislation that says it doesn't matter if you are living in this building, you are not going to be able to avoid taxes by doing that; if your operations are not there, you cannot attempt to "move" your operations there to avoid paying U.S. taxes. I will attempt to close that.

This is one of the most egregious. Wachovia Bank in the United States is one of the most prominent companies to do this. They purchased a sewage system in Bochum, Germany. It is not because they have a special interest in sewage systems. They don't want a sewage system. They bought it and immediately leased it back to the German city, which never lost it, and the Wachovia Bank never got it. They just had a financial transaction that gave an American bank a \$175 million tax

writeoff for the sham of buying a sewer system in Germany.

Mr. President, only a portion of this practice has been shut down. I will give my colleagues a chance to shut that down and also raise revenue to begin to pay for some of the costs of the war as well.

This one is a streetcar in Dortmund, Germany. We had First Union Bank lease streetcars there—not for the purpose of running a streetcar system; they wanted to avoid paying U.S. taxes. That is a scandal.

I will also offer a piece of legislation that will shut down the tax scam that says if you fire your workers, close your plant, and move your jobs overseas, as Huffy Bicycles did, we will give you a tax cut. It is unbelievable that we provide that tax cut in this country. If you get rid of your American workers, shut down your plant, move overseas, and then ship the product back here, you get a tax deferral. Huffy is now a Chinese bike company. All the workers in Ohio got fired, and the American tax system gave a reward to this company for moving to China.

We have had a chance—four times—to vote on this, and a majority in the Senate supported that tax break. One of these days, it will get closed. We will vote on that in the context of paying for some of the costs the President is asking us to pay for.

Finally, just two more.

This is, as you know, a picture of the dancing grapes from Fruit of the Loom. We have seen the television commercials. I don't know why someone would dress up as a grape and dance, but they made an imprint for Fruit of the Loom underwear before they left America. I assume they are still dancing, but I assume those who lost their jobs when Fruit of the Loom went to Mexico and other countries are not dancing. It is not that people stopped wearing underwear, but they are not making them in the United States.

Finally, the little red wagon—Radio Flyer, a Chicago company for over a century—is now made in China. It was for the same purpose: tax cuts and low wages in China. I am going to close that loophole with respect to the description I have just given of moving your company to China and getting a tax cut.

The point is, the President wants \$196 billion in emergency funding. I don't know whether the Congress will do that. When the President asks for funding in the future, saying he wants to charge this, leave office, and then somebody else can pay the bill, we in Congress ought to say that there are easy baby steps to at least begin raising some funding. I have named three of them. We can stop American companies from benefitting from buying sewage systems or streetcars in other countries, stop paying an incentive for people to move American jobs overseas, and stop allowing companies to set up sham offices on Church Street in the Cayman Islands to avoid paying U.S. taxes.

It doesn't take a giant step or a lot of courage to decide to shut down those tax scams and those wrongheaded, perverse economic incentives. Doing that will raise money and allow us to offset some of these war costs. And I hope that perhaps—I know better than to say this. I was going to say that perhaps the President will support this. But this administration opposes most of the proposals I have described that would raise funding by shutting down some of these terrible loopholes.

This issue of if the President asks the Congress for \$196 billion—which he has now done in emergency money, with none of it paid for, and says: Now we will see whether the Congress supports the troops, I want my colleagues to understand that a substantial portion of this money is not going to troops, but it is going to contractors. I think this is the most substantial waste, fraud, and abuse that has existed in the history of this country, with respect to what is going on with the contractors. That is something we should be considering or a portion of what we should consider as well as we react to the President's proposal. Who is minding the store? Who is providing real oversight? Why have we allowed this to happen? Those represent the hard questions I believe Congress has a responsibility to ask.

We all want the right thing for this country. I think we all want to be able to extract ourselves from a war in the Middle East, to be successful in the fight against terrorism, to expand opportunities with an economy that provides jobs and expand the middle class in this country. We all want to fix the health care system and provide solutions to our energy needs so that we are not so unbelievably dependent on foreign sources of energy. We all want that. I hope in the coming weeks, particularly as we end this year, we can find ways to decide to work together. There ought to be common purpose and a common set of goals for us to advance the interests of this country.

Mr. President, I yield the floor and suggest the absence of a quorum and ask unanimous consent that the time be equally charged to both sides.

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

The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

The Chair advises the Senator—no one else is on the floor—the majority has 24 minutes remaining. Senator KENNEDY had reserved 30 minutes.

Mr. DURBIN. Mr. President, I ask unanimous consent to be recognized for 10 minutes to speak as in morning business.

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

CONGRESSIONAL APPROVAL RATINGS

Mr. DURBIN. Mr. President, there are reports in the newspaper about the approval ratings of politicians and political institutions. Certainly, the President has had some problems, has had better days. His numbers are low. The numbers for Congress, in many respects, as an institution, are even lower.

Those of us who serve in the Congress are asked from time to time: What does this all mean? Why are the American people so critical of Congress, and what is it doing?

I think it reflects several points. First, the last election, which changed control of Congress from Republicans to Democrats, many people believed would be a watershed, a real change in direction. They have looked and haven't seen it, particularly when it comes to the war in Iraq. Despite our best efforts in the Democratic majority in the Senate, with only 51 out of 100 Members, we sent the President an opportunity to change the direction of his policy and start bringing American troops home. The President used his power in the Constitution to veto that legislation.

We tried over and over, with all-night sessions, long debates, a variety of amendments and have not been able to break through and come up with a solid enough, strong enough bipartisan majority to change the policies in Iraq.

It is frustrating—frustrating, I am sure, to the American people, frustrating to us in Congress, for some who voted against the war and now believe this war has no end in sight and should be ended soon in a responsible way.

I think that is an indication of one of the reasons why the disapproval numbers for Congress are what they are today.

We tried, however, when it comes to our budget and spending in the Congress, to focus resources on the needs of America. We have a chance to do that. But, unfortunately, we face another veto threat from President Bush.

Our budget that we passed includes a lot of spending that will make a big difference—more Border Patrol agents to protect America, explosives detection machines in airports, research into cancer, diabetes, heart disease, other major killers of Americans, a much stronger food safety inspection system, an issue near and dear to me, energy efficiency and renewable energy projects and tax cuts for middle-class families.

The total difference between our spending and what the President requested is \$22 billion out of a national budget that borders on passing a trillion, depending on how one counts. That is eight-tenths of 1 percent of the Federal budget, the difference between the President's request and what we are appropriating. That is less than we spend in 2 months on the war in Iraq. The money we want to spend in America is less than 2 months of the war in Iraq. It is less than half of what the

President wants to spend next year for tax breaks for the wealthiest Americans.

We have passed a lot of appropriations bills to meet long-needed, long-neglected wants of middle-class and working families. Unfortunately, the President's priorities are different. There is no clearer contrast in our priorities and the President's priorities than the issue of children's health insurance.

Senator KENNEDY has come to the floor, and I am going to yield to him in a moment. He has been a national leader, certainly a Senate leader when it comes to the issue of children's health insurance. Think about this: A great and good and prosperous Nation, America, with 300 million people, has 15 million people without health insurance.

Ten years ago, we said: Let's move forward and do something about it. A Republican Congress passed the Children's Health Insurance Program, and we managed to find coverage for 6.6 million of those kids. Now with a Democratic Congress, we want to continue the program and expand it to cover more children. So we set a goal of 10 million children. That still leaves 5 million uninsured. But 10 million would be insured over the next 5 years. The cost? An additional \$35 billion. The way we pay for it is direct: an increase in the Federal tobacco tax with proceeds going to insure children.

We believe this is sensible, keeping in mind the kids we are talking about are not the poorest kids in America. The poorest kids in America are covered by Medicaid. They get help, and I am glad they do. It says something good about our Nation. The kids who are well off, with parents in jobs that have health insurance, have no concern. How about those kids right in the middle? Mom and Dad go to work every single day and don't have the benefit of health insurance. They may make minimum wage or a little better. They don't have any benefits and the kids have no protection.

A child without health insurance is less likely to have a regular doctor, regular checkups, regular immunizations, and less likely to have detected in their early lives medical problems which, if left untreated, become very serious and very expensive.

We wanted to help those kids. So we put a bill together with the support of 18 Republican Senators, all 51 Democrats. We had 69 Senators committed to it. We sent it to the President, and he vetoed it. He said it was socialized medicine. I am not sure what that term means today. Forty years ago, it was the suggestion of too much Government.

What the President doesn't tell us, and should, is this program is not about a government health insurance program. Overwhelmingly, the health insurance for these kids will be provided by private companies that will receive some subsidies, some incentive from the Government to provide this

care with the State governments. So it is not socialism, if that is the President's concern.

Secondly, he worried about whether it is fiscally responsible. We pay for it. The President and his war of \$169 billion a year is unpaid for. He heaps it on our children and their children by adding to the national debt. We pay for this program.

Finally, this notion that somehow we are going to discourage private insurance for these kids, if the private insurance market was so anxious to cover these kids, they would have been there long ago. These kids have gone months and years without coverage. Now is the time to change it.

The President used his veto pen four times since he was elected 7 years ago—once to veto a change in the war in Iraq, two other times to veto bipartisan-passed stem cell research, and now in vetoing the Children's Health Insurance Program.

Senator REID, the majority leader, came to the floor yesterday and said: We will give you a little more time to work out our differences with the Republicans, we will have an effort at compromise. They objected to being given a little more time to work this out.

We have tried. We have had good bipartisan support for this bill. We want to bring it across the line. We want to pass a bill either the President will sign or we override his veto, and we are trying to do that.

In closing, because I see Senator KENNEDY is here and prepared to speak, it will not be long now, maybe a matter of days, before this President asks for \$196 billion for the war in Iraq. Some of us who voted against it are troubled that we continue to see the cost of this war go up in human terms, with almost 3,900 Americans killed, with tens of thousands injured, and who knows how many innocent Iraqis lost their lives, and the war continues to go on.

The good news from Iraq? Oh, they like to tell us the administration has all sorts of good news. The good news is the death rate is down. We have seen ethnic cleansing in neighborhoods and now the vacant neighborhoods where 4 million Iraqis have become refugees. These empty neighborhoods don't have as much fighting. Is that a victory? I am not sure it is.

We need to be more honest with the American people. If the President believes he can ask with a straight face for \$196 billion for the war in Iraq, if he can ask for that kind of money to help the people of Iraq, he ought to step back and sign a bill that helps the children of America.

A strong America begins at home. It begins with strong American citizens, strong families, strong neighborhoods, strong communities, and a strong Nation. The President can move us in that direction.

I hope my colleagues in the Senate this week will join us. Let's pass this

Children's Health Insurance Program. Let's send it back to the President. Let's hope, as he considers \$196 billion unpaid for his war in Iraq, he can find \$35 billion paid for the children of America.

I yield the floor.

The PRESIDING OFFICER. The Senator from Massachusetts. The Chair advises the Senator that 15½ minutes remain.

Mr. KENNEDY. I ask if the Chair will let me know when there is 2 minutes remaining.

Mr. President, I wish to first of all thank our friend and colleague from Illinois, Senator DURBIN, for again making an excellent statement about the Nation's priorities, the priorities we have before us in terms of making a judgment about the Children's Health Insurance Program. He has spoken frequently, eloquently, and passionately about the issue. He and I are hopeful that across the country Americans are able to take a few minutes and really absorb the arguments that are made in the case that is before the Senate and also understand the judgments many of us have made on this side of the aisle—virtually all of us on this side of the aisle, and some very courageous Republicans—about what our responsibilities should be to the future of our country. It is a future that expects, that demands, and that requires us to give attention and assistance, when we can, to our children. This is the right thing to do not only from a health point of view, as has been pointed out so many times, but it also is imperative in terms of getting a handle on health care costs in the future by having a healthier generation, and, importantly, it is imperative as we are looking to the education of this generation.

We have made the case time and time again, and we are making different points this afternoon, but the fact is if a child can't see the blackboard or hear the teacher or is unable to read the assignment because they are in need of glasses, that child is not going to be able to learn, that child has a better chance of dropping out, and that child has a better chance of living a life that is not constructive, productive, or useful in so many ways. So this case has been made time and again, and it is important.

We hope, those of us who are supporting this legislation, that we will be able to garner the votes that are essential to getting this legislation into law. So I thank those who have spoken and spoken so well on this issue.

Mr. President, as I and others have mentioned, this is really an issue of priorities. Nothing points out the issue of priorities more clearly than the choice we have between investing in our children—America's children here at home, the sons and daughters of working families—and investing in the war in Iraq. This point is made frequently but can never be made enough: 41 days of conflict in Iraq at \$12 billion is 10 million children who could be in-

sured for virtually 1 year. That points to the difference in the choice. On the one hand, we have a President and administration that virtually gives open-endedness to the number of days we are going to continue to be in Iraq. Yet, when it comes to the question of these 10 million children for the year, he says: Absolutely no. There is no way. We will not permit it, we will not accept it, and we will veto any proposal that comes our way that recommends and suggests it.

The administration is quick to highlight their achievements on health care for children in Iraq, but they 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, we have provided 30 million doses of children's vaccines, but in America we are told we cannot afford basic preventive care for 10 million children.

The Web site of the U.S. Agency for International Development proudly notes the remarkable accomplishment—and I commend them for it—that they have successfully vaccinated 98 percent of all Iraqi children against measles, mumps, and rubella. If only we could do as much. If only we could do as much for our own children. According to the Centers for Disease Control, only 91 percent of American children have 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 in Baghdad and Basra.

The same Web site proudly notes that the USAID has improved the health of vulnerable populations in Iraq by increasing access to high-quality, community-based primary health care. That is just what we are trying to do in America with this bill. 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. We need to know who is for working families across America and who will stand in their way to getting quality, affordable health care.

We need to know who is for families such as the Vega family in Greenfield, MA. CHIP helps Flora Vega, a working mother, buy an extra inhaler for her 5-year-old daughter so she can 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 her 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 an emergency room.

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

Family after family, from coast to coast, can tell similar stories. That is 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 about CHIP—it is socialized medicine, it is a Government takeover. But Congress rejected that absurd rhetoric, and hundreds of millions of senior citizens have benefited immensely ever since. America's families face real challenges—higher mortgages, soaring gas prices, the ever-increasing cost of health care, and many other burdens. They deserve real solutions, but the White House offers only hollow 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 with the force of the American people behind them to ask—to demand—that Congress act. And the 1964 election made it all possible. That is just what we will do with CHIP, even if it takes the 2008 election to do it. We will keep at it until the children of America get the health care they need and deserve and that the American people are demanding.

As we have pointed out, at the time we saw this legislation developed, when it was initially proposed, it was a compromise between Republicans and Democrats. Those of us who wanted to give attention to the uninsured sons and daughters of working families recognized that we had a unique situation in America: We had resources as a result of the tobacco settlement, which provided hundreds of billions of dollars as a bonus to America, and we could decide how we were going to expend those resources. I saw in my own State of Massachusetts, the determination to use those resources to provide a health insurance program for the sons and daughters of working families.

That was a very important model that was replicated here over 10 years ago in the Senate, where we used much of the resources that were allocated to us to be able to develop the Children's Health Insurance Program. There were Republicans on that side who said: Look, we don't want to just extend

Medicaid; we want a separate program that will be resolved in the States. There were those of us on this side saying: Medicaid provides very good health assistance for children; the preventive programs are model programs, and they do an enormous amount in providing quality health care for children in a wide variety of areas and functions. No, our Republicans said, we want the States to be able to develop those; we will take guidelines, but we will let the States do it. A compromise was reached between Republicans and Democrats, and that was acceptable.

Secondly, it was determined that the States would have the ability to make judgments and decisions about deductibles and copays. We said: No, we want a standard way to make sure all working families are going to be able to acquire it. But, no, we worked out that program, and again it was a compromise. It was a judgment and decision of the sponsors of that legislation that we were going to use the private insurance companies—private insurance companies—to make sure of the delivery system. Many of us thought it would take a long time to get this program up if we went that route, but nonetheless it was a compromise. It was a compromise. Democrats and Republicans came together in this compromise program. Very important compromises were made at that time. It reflected the best judgment of the Members of the Senate and the House of Representatives, and that legislation has been an extraordinary success.

The area where it has not been successful is that we have not reached all the children out there who are eligible and should be able to receive it. If we are looking for legislation that really reflects the best of Republicans and Democrats, if we are looking for legislation that basically reflects the best in terms of our priorities, this is that legislation, and now is the time to move ahead.

We have a budget of \$2.9 trillion. The question is, Can we afford—can we afford—the few billion dollars to provide the type of health coverage in this legislation? We are not even taking the resources from the existing budget. We are saying: What is going to be the result of that, by increasing the cost per package, the 61 cents? The result of that is going to be more children are going to stop smoking. That is the result.

If you take the increase in the cost of a pack of cigarettes, we have the real opportunity to see a very important public health achievement—discouraging children, the 3,000 children who start smoking every single day, the thousand who become effectively addicted from their earliest contacts with it. We discourage them from moving down that pathway. So this is a positive health development both in terms of the resources and in terms of the outcome. Unique. Unique.

Just to finalize here, we are enacting new legislation—those of us who be-

lieve in it—to address some of the real challenges and make this a fairer and more equitable country. We have the example of the existing program in place now. It works. It works. It is successful. Parents need it, and parents want it. The only issue—the only issue, the only issue—is whether we have the willingness and the will to implement it and to make it achievable for families in this country. We are talking about those working families, those mothers who hear a sick child cry in the night and wonder whether that child is \$423 sick, because that is the average cost of going to the emergency room; those families who pray their child, who has an earache or a throat ache, will be better in the morning. How do you put a cost on that? How do you put a cost on that? Well, we recognize that as a real value, and we are not prepared to let parents make that kind of judgment call and feel that kind of pain and that kind of fear and that kind of anguish.

This legislation does the job, and it is important that we get a strong, overwhelming vote this afternoon that really reflects the good judgment of the American people, who say children should be first in this Nation. That has been a founding value of our Nation since the Pilgrims settled up in my part of the country, and I believe it is a value that is shared today. We will have an opportunity to vote on this in a short time. Hopefully, it will be accepted overwhelmingly in the Senate.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from New Jersey.

Mr. MENENDEZ. Mr. President, what is the parliamentary situation in which the Senate finds itself at this moment?

The PRESIDING OFFICER. The time of the majority has expired. The Republicans have 59½ minutes.

Mr. MENENDEZ. Mr. President, I ask unanimous consent to speak for 10 minutes. Should a Member of the Republican side of the aisle seek the floor, I will be happy to yield at that time.

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

The Senator from New Jersey is recognized.

Mr. MENENDEZ. Mr. President, I wish to talk about the reauthorization of the Children's Health Insurance Program and why those who are opposing the bill are making this a nightmare for children. When I first came to the floor in support of the bill on July 31, I knew there were those who did not share my support, but I thought they would merely be a road bump to reauthorization. Now it seems we have a roadblock to children getting critical care they need.

How many times can you veto or vote against children receiving health care and not raise a question as to your role as a representative of the people? How many times can you veto or vote against children receiving health care and then turn around and take pictures with babies and families back in your

home State? How many times can you veto or vote against children receiving health care and then still argue that you care about the well-being of children other than your own?

I don't understand how we have gotten to this point, but let me make this very simple. The bill at its core provides health care for poor children. Yet there are those in Congress and the White House who are missing that bottom line. More important, their votes are hurting our Nation's children.

There are 9 million children in America who suffer in silence because they do not have health care; 6 million of them are eligible for the Children's Health Insurance Program or Medicaid, but they are not enrolled.

That keeps me up at night. I hope it keeps up at night others who have to cast a vote soon as well.

I want to be sure we know the families and children we are talking about. The families we seek to cover work every day at some of the toughest jobs in America—some of them jobs none of us would want to do, but they work at it every day. They work at jobs that offer no health care coverage whatsoever and they do not make enough money from their employment to afford private coverage. It is the children in these families we are trying to cover. So let's talk about the reasons why there are those who continue to vote to bar children from health care.

That is strong language, but I have had enough of sugar-coating this issue. The new bill includes substantial revisions to try to reach out to colleagues who have raised issues and directly addresses a number of the concerns they have talked about. According to the Congressional Budget Office, the new bill would continue to cover nearly 4 million uninsured children by 2012, at a cost of about \$35 billion over 5 years. That is a fraction of what we spend in Iraq. That is in addition to the over 6 million children already covered by this program.

Those opposed to this bill have been shouting about how the bill needs to cover more low-income children. Good news, the new bill would further increase our focus on covering the lowest income uninsured children. The new bill would prohibit any coverage above 300 percent of the poverty line, except for some who have already been grandfathered in. Limiting new coverage to 300 percent is a harder line than the original bill, and it is a concrete ceiling for new coverage. It also changes the financial incentives States receive to enroll more children, and it ensured we are targeting the enrollment of low-income children.

The new bill only provides these incentives to States when they enroll Medicaid-eligible children and no longer includes incentives for enrolling SCHIP children, as was in the original bill.

In fact, this new bill will cover an additional 100,000 children as compared to the original bill, for a grand total of 3.9

million children gaining coverage under the bill on which we will be voting cloture. Of these children, essentially half are Medicaid eligible. These children are the low-income children many of our colleagues are talking about. This new bill brings in 200,000 more Medicaid-eligible children than the first bill.

We have listened and we have made changes. But compromising on children's health can only go so far. The second issue I have heard, and it makes my blood boil, is the argument that undocumented immigrants would gain coverage under this bill. I know it is Halloween so we are going to scare the American people as best we can, but this is a tactic that cannot stand. Let's make it clear: Undocumented immigrants are not eligible for Medicaid and CHIP, they have never been, and nothing in this bill changes that. Nothing in this bill changes that. It is a shame there are Members who still come on the floor using that argument.

In fact, the new bill tightens citizenship requirements. States will seek to verify names and Social Security numbers but also have to verify citizenship with information from the Social Security Administration. The Social Security Administration will check the information received from the States to determine that the information matches and also check to see if the database shows that the applicant is a citizen. If they can confirm—great. We have another citizen with health care. If not, the State has to require original documents to prove citizenship. This is in no way an open door, and in no way should we allow this to continue to be used as a false reason to not give health care to children in this country.

I ask my colleagues to stop tying up this issue, trying to make children's health care an immigration debate so we can have it every night on the nightly news being about immigration. Oh, it is about immigration. It is not about immigration. It is about children's health care; children who do not have it, cannot afford it, and will not have it unless this Congress acts.

Some have also raised the question about adults. The reality is we cover some parents. This administration gave us waivers to do it because they said it is a good thing: Let's cover parents who are also in these jobs, working hard, not able to afford health care, not getting it at work—because we are getting more children involved through their parents. By the way, we happen to cover more Americans—isn't that a terrible thing? We happen to cover more Americans, of the 47 million who have no health care coverage whatsoever. It is a terrible thing.

I think it is quite a good thing. I have seen it succeed in my home State of New Jersey. We have found a strong correlation between enrollment of parents and enrollment of children.

Finally, if values match our actions, this bill needs to be supported by all Members in the House and Senate and

signed into law by the president. It is time for President Bush to stop making his fiscal conservative bones on the health care of children. It is time for the President to put away the veto pen and allow doctors to take out their stethoscopes to make our children healthier. It is time to give the children of America what the President and every Member of the Senate and Congress has, health care coverage, health care for America's most precious asset but also its most vulnerable asset—our children.

I yield the floor.

The PRESIDING OFFICER (Mr. SANDERS). The Senator from Oklahoma is recognized.

Mr. COBURN. Mr. President, I wish to spend a few minutes of time speaking about the "revised" SCHIP bill and what it means to the American people. The rhetoric associated with the bill is that we want to cover children. That is a laudable goal. But that is not what this bill is about. If that were what this bill is about, what we would be doing is having a bill on the floor that expands the current payments of \$5 billion a year to \$7 billion a year, which is what is required by the CBO to truly cover the kids whose parents make \$41,000 a year or less. That is not what this bill is about.

The bill is about having the American taxpayers, and especially the poor American taxpayers, pay \$133 billion over the next 10 years to cover families presently with insurance.

What does the Congressional Budget Office say about this bill? First of all, it spends \$400,000 more than the bill the President vetoed; it covers 500,000 fewer kids. It still maintains that 10 percent of the people in 2012 on SCHIP will be adults. It gives exemptions for the State of New Jersey—a family of five earning \$89,000 a year, they will still be covered. It creates loopholes where rural hospitals get paid the same as metropolitan hospitals, as a favor or an "earmark" to certain Members of Congress.

What it does not do is solve the problem. What is going on here? There is not anybody in America who does not think we corporately should be helping poor children with their health care. But this isn't a bill about helping poor children with their health care; otherwise, we would not be taking 1.2 million middle-income kids and putting them on SCHIP, at the same time the only increase we see on the poor kids, families making under \$40,000, is \$800,000. So what is going on? What is going on is this is a political campaign. It is a political campaign that, under the guise of helping children, what we want to do is start the march toward single-payer, government-run health care. That is OK if you believe that and you want to put that out. But this idea of, we are going to wink and nod to the American public under the name of poor children when, in fact, this bill will cover not poor children and 10 percent of the people covered will be

adults 5 years from now and we are going to take kids off their parents' insurance.

One of the things people will not talk about is in 35 States, the SCHIP program is Medicaid. Of those 35 States, over 50 percent of the doctors will not see a Medicaid child. Why is that? Because Medicaid will not pay a rate at which the doctor can pay their overhead and still see the child. So what we are going to do is we are going to take the parents' right away to choose the doctor they want for their kids, and we are not going to lower their insurance premium at all by taking the kids off—the ones who have insurance, the 1.2 million who the CBO says will come off private insurance—and then we are going to take away the parents' right to pick the doctor to care for their kid.

What this is, is moving to single-payer, government-run health care. What I would say is, if that is what we want to do, let's call it that. But that is not what we are calling this. We are claiming we want to help poor children.

President Bush got it right. Before we expand to families of \$60,000 or \$80,000 a year who have insurance and put them on a Government program, shouldn't we make sure the program we have now has enough money to cover the kids whose families make under \$41,000 a year? And shouldn't we make sure that, when we say we are giving you coverage, we are giving you coverage?

The other thing we ought to ask is: Why aren't the American people going to get value out of this? The cost in this program, to buy \$2,300 worth of insurance—and that is the highest level at which the average kids cost, the average is probably around \$1,700—why would we be spending \$4,000 in this bill to buy \$2,300 worth of insurance? The American people have to look at that and say: What is wrong with this picture?

The other side of it is we are going to get all the money, we say, by taxing tobacco. Who pays tobacco taxes? Who are the majority of people in this country who pay tobacco taxes? I will tell you who they are, they are disproportionately poor. They are disproportionately the disadvantaged. They are disproportionately those people who can least afford to pay a tax. So it is no wonder the CBO, in this evaluation of this program, said: This is the most regressive tax we have seen in years. It is going to hurt the very people we say we want to cover. Does the Senator have a question?

Mrs. MCCASKILL. Will the Senator yield for a couple of questions?

Mr. COBURN. Absolutely.

Mrs. MCCASKILL. You know, the Senator from Oklahoma and I agree about an awful lot when it comes to fiscal discipline, but I am having a little trouble. I am hoping he can help me with this problem I am having. I am willing to bet the Senator from Oklahoma may have been one of the Sen-

ators who said no to Medicare Part D. I am guessing. I would have to check the vote.

Mr. COBURN. I wasn't in the Senate or the Congress.

Mrs. MCCASKILL. I forget the Senator is a newcomer. I would be curious. This is where I don't understand the Senator's concerns about political gamesmanship and trying to make this about the children, and so forth.

On the other hand, I am trying to figure out the President's position, and maybe the Senator can explain to me why no means testing. You know, \$170 billion and basically no way to pay for it was not a problem for the President of the United States with Medicare Part D. They were jumping up and taking credit for it then. There was absolutely no means testing, and it was much more expensive than this program.

The question is, what is the difference? Why is it that the President has a problem with this program, when Medicare Part D, with no means testing, no way to pay for it, was just fine?

Mr. COBURN. I would be remiss if I thought I could speak for the President. But I will tell you what this Senator thinks. Medicare Part D hung on the shoulders of our children \$8.3 trillion worth of unfunded liabilities.

So today we are giving prescription drugs to seniors, and we are taking away future opportunity from our kids. Had I been here, I would not have voted for Medicare Part D. In fact, I lobbied a lot of my former friends from the House to vote against Part D. That is not what we are talking about today.

What we are talking about today is, if we are going to have a program for poor children, which I support, we at least ought to cover up to 95 percent of the kids who are eligible before we expand the eligibility. That is where the \$7.8 billion over the next 5 years needs to be added to this program, and then with the caveat that says: States, you cannot go to the higher income until you cover the poor.

This is a typical example of what Washington does and America rejects all the time. We do not measure what we are doing to see if we are accomplishing things. What we do know about SCHIP is that in many places it has been a valuable lifesaving tool for the poor people in this country. But, in fact, the States have done a poor job of enrolling many of those kids.

What we also know about SCHIP is that 35 of the States put their kids on SCHIP into Medicare. Now, what does that mean? Since you get no choice of half the doctors who are out there who are eligible to care for the kids, what we have said is, we are going to give you care, but you get no choice. You get care, but you get no choice. You get no freedom when the Government helps you with who your child is going to see.

So I do not doubt that there are inconsistencies in any President's position. I can debate Medicare Part D all

day. I am with you. I am on your side. But the point is, this debate is not about helping kids. This debate is about changing the underlying structure of our health care and starting to build a Medicare from the ground up, and we have a Medicare here and merging them in the middle.

I am willing to debate that, too, but I want us to be honest about what we are debating; otherwise, we would not have a family of five in New Jersey making \$89,000 a year eligible under this program, someone who already has insurance.

So here is the question for the American people: Do you want to pay taxes to buy health insurance for 1.2 million kids, for parents who already have it, and give them a program that is subpar to what they already have with no decrease in the insurance cost to parents for the insurance they are covering now? That is the question.

And do we have a way of covering poor kids that would be better? I would propose to the Senator from Missouri that a refundable tax credit to poor children, allowing their parents to have enough money to buy a policy, which the average is truly \$1,700 per year, per kid, a refundable tax credit that gives them the freedom to choose any doctor they want, that does not put a Medicaid on their forehead, that automatically excludes 50 percent of the physicians in this country, is a far better way to do it and a more equitable way to do it.

If we did that, that would pay for itself without raising taxes anywhere because you would eliminate the cost shifting that goes on in the health care industry for the kids who do not have care today. And we will not raise taxes on the poorest of the poor because that is who is going to be paying for this.

Plus, we all know, 21 million new Americans are not going to start smoking. We all know that. But yet that is how we chose to meet the requirements of pay-go here, through a false claim that we will have enough revenue to pay for it by raising the tax on cigarettes.

So I am all for having a debate on national health care. Senator WYDEN and I and Senator BENNETT and Congressman CONYERS and myself and Senator BURR had that debate in New York this week at the New School. That is a good debate to have. But this is a slight. This is a slight about what we are doing. And the question to the American people has to be: Do you really think, if you are making \$45,000 a year or \$65,000 a year, that your taxes ought to go up to pay for somebody who is making 61,000 or less, and at the same time limit the availability of those same children to have the physician of their choice? That is what we are talking about. I believe we ought to cover poor children. I think that the SCHIP program now ought to be held accountable to cover the poor children. If we are going to pay for it, I am willing to

put the money and find offsets somewhere else to pay for it, if we do not do a tax credit.

Mrs. MCCASKILL. Mr. President, if the Senator would yield for a second, as he well knows, I voted with him. I voted with the Senator from Oklahoma to try to pull some of the earmarks out of the bill, to pull all of that money out of children's health insurance. I think he and I both agree on the goal.

The problem is, the question I wanted to ask—and he is not in a position to answer it because, unfortunately, he is not someone who was here who voted for Medicare Part D, but the inconsistency as to what I hear from the White House and what I think people in this Chamber are hearing from the Senators who voted for Medicare Part D is, every argument they are using for SCHIP is true but exponentially higher in Medicare Part D.

By the way, the only difference is in Medicare Part D the people who are making the money are the pharmaceutical companies and the insurance companies, and it is not funded and multimillionaires and billionaires get it. So it is so unfair to say that the President is taking a principled stand because if it were a principle, it would have been consistent for both SCHIP and Medicare Part D. That is the question that you are unable to answer, and I have yet to hear anybody answer that question.

Mr. COBURN. Mr. President, I reclaim my time to say the following: I think the Senator from Missouri makes a good point on consistency. I think they are finally awakened to what the American people want at the White House. I think they are finally starting to pay attention that being efficient in the Federal Government is important.

But having not been, maybe, efficient with Medicare Part D, I applaud the President for now taking a stand on something that is common sense that would say: If we are going to have a program for poor children, let's make sure it covers poor children. Let's make sure it covers poor children. Right now it does not. Right now it does not.

Rather than expand the program that is not meeting what it is supposed to do and raise taxes on the poorest of the poor, I think the President's response and the CBO's score, which is \$7.8 billion more over the next 5 years instead of \$35 billion more over the next 5 years, is a reasonable response to really cover poor children.

And what we know, by what CBO says, is that will do it. Now, let's talk about the difference in what we are going to be having the cloture vote on now versus the bill that the President just vetoed. This bill covers 400,000 less kids; it spends \$500 million more. So we are not at \$4,000 anymore, we are at about \$4,200 to buy \$2,300 worth of health insurance. It does not fix the fast lane for illegal immigrants as the authors claim. It does not fix adults on the SCHIP program.

CBO says in 2012, at least at a minimum, 10 percent of the enrollees will still be adults. It does not fix the crowdout issue. This bill will cause 2 million people to lose private insurance coverage and come in a government-run program, crowding them out of the private insurance market. Despite a fix for the problem of enrolling more higher income kids than currently eligible kids in SCHIP, the CBO still projects only 800,000 currently eligible, currently eligible SCHIP kids, will get enrolled.

But 1.2 million kids of families making more than \$60,000 will get enrolled. So for every two kids we enroll who are poor, we are going to take three kids out of the private sector. We have talked about what kids lose when they go to the Medicaid Program.

What are the other problems? In this bill are earmarks for specific hospitals to violate CMS payment rules to pay those hospitals more than what the rules say because some Congressman or Senator thinks they should not have to live within the rules. I would love to be able to tell that to people in a community in Oklahoma who just had to shut down their hospital because they could not make it under what CMS rules pay.

So what we have is about seven of those in here, where we are going to take care of the little hospitals of seven Members of Congress, but we are going to ignore all of the rest of the community hospitals in this country that are struggling under a payment system that does not pay for the care of people they are supposed to be caring for.

There is still an income disregard loophole, which means it does not matter what you said because we have a loophole that says if States want to, they do not have to follow the income guidelines. You can still enroll families making more than \$100,000 a year in the SCHIP program.

Well, that is in there by design because the desire and design of this bill is to move to single-payer, national health care.

I think the Presiding Officer sitting in the chair right now probably believes that is where we should go. I do not have any problem debating that. But the incrementalism and the real effort of this bill is to expand SCHIP to a point where Americans who have insurance are going to pay higher taxes so everybody can get covered. If you look at the mess that is trying to be created by these five or six hospitals in here right now, how are we going to solve that problem when everything is Medicare?

Some say we are going to take the profit motive out of medicine. We are going to take the profit motive out of the drug industry. We are going to have a 220,000-physician shortage in 15 areas in this country. The applications for enrollment at medical school are diving. Why are they diving? Because they cannot afford the education and then have an income to pay off their

student loan, let alone pay for housing and income to feed their kids.

How did that come about? It could have been Medicare creating that. It could have been that we were not willing to pay. What else is going to happen? Eighty percent of all innovation in health care in the world comes from this country. Eight out of every ten new ideas that are lifesaving, eight out of ten of every new treatments, eight out of ten new devices are developed in this country.

Why are they developed? Because we still have 48 percent of the health care system that is not run by some government program. And through there, there is enough risk taken, based on the reward that can be gained, to invest in capital and research to develop these lifesaving treatments.

We say we want to move SCHIP in the name of kids, but what we really want to do is to have national health care. Well, we better think about that hard and long because here are the statistics on cancer treatment in this country compared to everywhere else in the world. It does not matter what cancer you get in this country, you have a 50-percent greater chance of living 5 years than anywhere else in the world.

Why is that? Is it those big, bad pharmaceutical companies that have to spend a billion dollars just to get through the maze at FDA? Is that what it is? Is that why? I am a two-time cancer survivor. I am so thankful for the pharmaceutical industry. I would not be here without them. Two times they have developed, researched, and made drugs that have saved my life.

I do not disagree that we have some excesses in corporations in this country. But the pharmaceutical industry, with all the negatives that are out there, still leads one of the most positive responses we have ever seen in this country to solving real problems for real Americans. So we can beat them up and we can beat the President up and say Medicare Part D. I do regularly on Medicare Part D. I don't think we ought to steal from our children to have drugs paid for. But this bill steals from everybody. It also steals from the poorest. It steals from the poor, blue-collar, low-income worker who has the benefit of a lot of other programs. It says: We are going to raise your taxes because you happen to be addicted to nicotine. We are going to steal from you to pay for somebody who is making \$61,000 a year who already has insurance. Do we want to do that? Do we want to steal from the people who are working, barely getting by, so we can pay for people who already have insurance? Is that what we are doing? That is what we are doing.

I have listened to the debate. I offered some ways to change this. Senator BURR and I offered an amendment. We didn't get a vote on it. It solves through tax credits a way to insure, not go into a Medicaid program but insure with choice, so you take the stigma of Medicaid off patients' foreheads.

We offered a way that every kid could get covered. It is called a refundable tax credit. It can only be spent on health insurance or health care. But people don't want to do that. Why would those who are more progressive in thought not want to do that? Because they offered the original income tax credit. Why would they not want to do that? It is because the agenda is different than we say it is. The agenda is to start toward a nationalized, single-payer, government-run, no-choice health care system that will eliminate that 80 percent of innovation in the world made by American ingenuity, American capitalism, American idea that "I will invest some of mine to see if I can come up with an idea that will help somebody else and, by the way, I will profit from it."

What we are saying is, we don't want markets to work. We want the Government to run it. If you think about everything else we have today, everything with the exception of health care and primary and secondary education, we believe in markets. They have been very good to us. They have given us the highest standard of living of any society ever in the history of the world. They have advanced causes in terms of treatment of disease more than any advancement ever in the history of the world. What this bill is about is saying: We don't believe markets ought to apply.

Myself, RICHARD BURR, and five others have a bill called the Health Care Quality and Choice Act. It creates a tax credit for everybody to buy their health care. We treat everybody the same. Everybody gets the same amount. Everybody gets to buy a private health insurance plan. We create a market so the insurance industry doesn't steal 25 percent of the cost of that. We set up a way to create markets. The Every Child Insured Act, legislation offered by RICHARD BURR, creates a way where every kid is covered. Senator MARTINEZ and Senator VOINOVICH have a bill that covers up to 300 percent with tax credits of all the kids in the country who don't presently have health insurance. This bill isn't about covering kids. This bill is about putting the Government in control of the last 48 percent of health care. As P.J. O'Rourke says, if you think health care is expensive now, wait until it is free.

A couple other things the American people should know is that England is pouring billions of dollars into their national health care system now. Why? Because on average when you get cancer in England, up until 18 months ago, once you were diagnosed, you waited at least 12 months before treatment started. They have a goal by 2010 to get to 3 months to start your treatment. Do you know what the average length of time, insured or uninsured, in this country is from the time you have a diagnosis of cancer until you start getting treated? It is 3 weeks and 2 days. Why do you think we are doing better than they are on these things?

We are about to go into a system that destroys innovation, destroys quality. I agree, there is plenty wrong in health care. I have a bill that changes us toward prevention. I am all for working on the problems we have in health care. But the question the American people ought to ask is, do we want to tax ourselves to pay for care for kids who are already covered in the name of not doing a good job under the SCHIP bill now, and should we have the kids who need to be covered covered before we start reaching beyond those who already have care? They are not going to answer that question. Because the real debate is, the first step is to get away from your choice of choosing a doctor, your choice of what facility you will go to, your choice in getting to choose what drugs you will take and what options you will have, because the Government bureaucrats are going to decide all that for you.

If you believe that is not true, look at what Medicare is doing right now for women who have osteoporosis. They get diagnosed with a DEXA-scan. They get treatment. But because doctors in this country have ordered too many DEXA-scans, according to the bureaucracy in Washington known as the Center for Medicare Services, we have now limited physicians. You can't check to see if the medicine you are giving is working and maybe change the medicine to give them one that might be working, because a bureaucrat has decided we are doing too many tests. That is called rationing. That is why health care costs are lower around the world, because they let people die from cancer. They let people die with a broken hip. They let people die with congestive heart failure.

We don't. We value individual lives and we are willing to put the resources in for the best, longest, and best quality life. Don't be fooled about what this bill is about. This bill is the first step toward national health care. This bill fails to address the problems in SCHIP as they are today. This bill raises taxes on the poorest of the people in the country—all in the name of having a political issue in 2008 to say those people who oppose this don't care about kids. I have spent my whole life delivering babies, 4,000 of them now. That is a false claim. If you care about these kids, you will balance the budget, pay for the war by the expensive, duplicative, wasteful programs we could eliminate. We would have a balanced budget, and we wouldn't be charging the very thing we are getting ready to pass on to our kids, which is a \$300 billion deficit this year alone. Caring about kids means you will make the tough choices, that means you go against the interest groups to do what is right for the future, not what is best for the next election.

I yield the floor.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. CASEY. Mr. President, I believe on the Democratic side we may be out

of time. On the Republican side, there is time left. I ask unanimous consent to borrow some of the Republican time.

Mr. COBURN. There is no objection.

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

Mr. CASEY. I thank the Senator from Oklahoma.

I have a limited amount of time, but I want to highlight a couple of things about the State Children's Health Insurance Program legislation. All of America knows about it. We have been debating this for weeks, and we will continue. Obviously, there are differences of opinion about what to do about health care generally. I will focus on one argument that has been made against this, that somehow if the Federal Government continues the State Children's Health Insurance Program and adds funding—we had an overwhelming vote here in the Senate, and we will have that again today, a veto-proof endorsement of the program and the dollars to back it up by an increase in the cigarette tax—what has been debated back and forth is the coverage and who gets covered and who doesn't.

People across America have heard a lot about 200 percent of poverty, 300 percent of poverty. These numbers get thrown around. Two hundred percent of poverty means a family of four is making \$41,300. Most of the families covered by this program and that would continue to be covered or would be added to the coverage are in that range and below 200 percent of poverty. I want to put up a chart that walks through this in terms of a family. If we look at 32 States, we have about 32 States that set the income eligibility for the Children's Health Insurance Program at 200 percent of poverty, \$41,300. Of course, 201 percent would be 1 percentage point above that. So let's say a State doesn't allow and the Federal Government won't allow States to go above 200 percent of poverty. Here is what families are facing, getting by on \$41,507, for an example, in a rural county in Pennsylvania. If you look at a family of four with two children, take-home income is \$2,893; housing, \$726; childcare, \$1,129—even if you got a child credit, it would still be a big number; \$609 for food; \$446 for transportation; phone service, \$45; total \$2,955. That is their expenses. Then you add in the number from up top, the income level, the monthly income, the differential between the income and the expenses, you get a minus of \$62. Let's say that is off by a couple hundred dollars. Let's say those numbers are off by a few hundred dollars give or take. It doesn't matter. Because either way you cut it, if a family is faced with the basic necessities of life, not factoring in school supplies, not factoring in an emergency for a child hospitalization, not factoring in other things that families have to deal with every day, whether it is an extra rent payment or an increase in rent, whether it is a pair of shoes or sneakers for a child, none of that is

factored in there, this family is still behind at 201 percent of the poverty level.

I have been hearing for weeks from the President—we have all heard from him when he makes public pronouncements—that somehow this program is going to families who don't need it; their incomes are too high; it will go above that. Yet now you have Senate and House negotiators who have worked out an agreement where they put a ceiling at 300 percent because of objections that were raised. I don't know what more we can do. The President apparently thinks this program works. He says he supports it. His measly increase would actually lead to a reduction of the number of American children who are covered. But he says he supports the program. He says he wants to increase it. He said, when campaigning, that we should add millions more. Yet he is the roadblock in front of progress on this issue.

This illustration is right on target in terms of what a real family faces. One more point about this. Think about what it costs; even if you have a family who has coverage through their employer, that family may have to deal with a similar situation. We all know that the average monthly premium for family coverage is about \$300. In either scenario, they are up against a lot paying for children's health insurance, and this is at a fairly low income level for a family of four. That argument makes no sense.

I will conclude with one other argument. There were representations made over many weeks now by the President. He kept pointing to States such as New York and New Jersey as examples of how these numbers would get too high and the income levels would get too high. I can debate him on that point, but I will put that aside for a moment. What he didn't talk about and what some of his allies have not talked about is the fact that this isn't just about what happens to children in urban areas. We know from history, from 10 years of evidence, this program not only works generally, but it works particularly well for poor kids. It works particularly well for African-American children. We have cut that rate of uninsured a lot. It works particularly well for urban children who happen to be Hispanic. But what the President doesn't want to admit is that it also helps a lot for rural children.

Today in America one-third of all rural children—we have a lot in Pennsylvania, a lot of children who live in rural communities—get Medicaid or SCHIP. Thank God we have those programs for rural kids and for urban kids and all the rest.

I will give you two examples, and then I will conclude. Pennsylvania has a broad middle. We have a lot of smaller counties, many of them rural. To give you two examples: Clarion County and Huntingdon County—one is in the middle of Pennsylvania toward the southwest and one, Clarion, is up al-

most in the northwestern part of our State.

Under the Bush plan, if the President were to get his way, under his children's health insurance proposal, here is what would happen in Clarion County, PA. Between fiscal year 2008 and fiscal year 2012, it is estimated 146 children would lose coverage. OK. Go a couple counties away to Huntingdon County—a small rural county—and in that same time period of 2008 to 2012, 129 kids would lose their coverage.

Now, I think it is a tragedy for 1 kid or 5 kids or 10 kids to lose coverage, but now you are talking about hundreds of kids in two small counties in terms of population.

What is the comparison to the bipartisan children's health insurance proposal? Clarion County would gain 278 children, Huntingdon County would gain 247. So instead of losing about 130 to 150 in each of those small counties, we gain 250 children or more, maybe as high as 280 children.

So that is the difference. We can talk all we want about percents of income in all the States. I am looking at two counties in Pennsylvania that happen to be smaller in population and that happen to be largely rural, and I know hundreds of children who get coverage now will not get that coverage in those two counties; and hundreds of children would get coverage under the bipartisan children's health insurance legislation.

I do not know what more the Senate and the House can do on both sides of the aisle to plead with the President to go along with what the American people have told us overwhelmingly. There are a lot of things we disagree about in the Senate and across the country, but very few Americans now disagree that investing in children in the dawn of their lives is a good idea for that child, for his or her community, and for our economy long term.

So we will continue to make the case up until and through the vote today. But I think this is critically important for the children of America, all the children of America—urban, suburban, rural or any other way we classify where our children live. For their sake, and for the sake of the long-term economic future of the country, I believe the State children's health insurance legislation is urgently needed.

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

Mr. GRASSLEY. Mr. President, to quote Yogi Berra: It feels like *deja vu* all over again.

Here we are again debating the State children's health insurance bill, or SCHIP as we all know it by. I know

colleagues are tired of this issue and frustrated by the process.

I do think, though, we have an opportunity to move forward and to bring this issue to closure. I think my colleagues should be aware of many of the improvements that have been made to the bill that has passed the Senate twice. These improvements were negotiated in a bipartisan manner with the Senate and the House in order to help persuade Members who have indicated a willingness to support the SCHIP bill.

A lot has been said about who is or is not negotiating the bill. Some have been critical because they have not been part of those discussions. To them I would say: Stop trying to kill the bill if you want to be a part of the negotiations. It makes no sense to negotiate with Members who have said they are never going to vote for the bill.

So we have been trying to figure out a way to make the bill better. Here is where we are so far:

There is more of an emphasis upon poor kids. Everybody has been saying: We ought to emphasize getting kids under 200 percent of poverty into the program. We have rewritten the bill to make that more certain. It is probably still not satisfactory to some people so far, but we will continue to work on that.

Then there is the whole New York \$83,000 red herring issue, and that was in the President's veto address. But remember, it was not in our bill. But somehow somebody told the President it was in the bill, and then the President, in his veto message, referred to a reason for vetoing the bill was the \$83,000 issue with New York. That has been in the law for 10 years. What we did—so the President could not say that anymore—is we made clear this was not going to happen in any State.

Then we took care of the childless adult issue. In the original bill, you remember, we phased out childless adults covered by the SCHIP legislation, and we phased them out in that bill over a 2-year period of time. We now have that down to a 1-year period of time.

Premium assistance is strengthened. A technical clarification to the citizenship documentation provision in the bill has been made. That is not all. More work yet this morning—with Senator BAUCUS and me and some House Members—more work is underway trying to work with those who are sincerely wanting to vote for a children's health insurance bill.

We are working on a potential amendment to this bill that will go further to address putting kids under 200 percent of poverty first, strengthening the private coverage options, and further clarifying that no illegals can get onto the program.

Now, you understand, all these things are what our intention is. But somehow, through statutory language, we have not been able to make it clear enough. So we are going back and trying to make it more clear as a practical matter, maybe doing in a real

way what we intended to do that maybe when we wrote the language unintentionally was not accomplished.

Now, to the point of illegals, Members who are working to kill this bill have tried to make it seem like this bill opens the floodgates to people who are in our country illegally getting onto the health programs. To keep asserting this is as responsible as yelling "fire" in a crowded movie theater.

The latest assault is being leveled at the provision based on a bill authored by no other than Senator LUGAR. It is a provision called ExpressLane, which allows States the option—just the option—to establish income eligibility based on eligibility for other means-tested programs. "ExpressLane" is the new poster child now for those who scream "illegals" as a way to kill the bill.

I ask unanimous consent to speak for 1 more minute.

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

Mr. GRASSLEY. Mr. President, the "ExpressLane" option in the bill clearly requires a State to confirm the citizenship of applicants. I want to make that clear. The "ExpressLane" makes sure you have to be a citizen of the United States.

Since some Members clearly are not reading the bill, let me read from those provisions:

Verification of citizenship or Nationality status: The State shall satisfy the requirements of section 1902(a) (460)(B) or section 2105(c)(10), as applicable for verifications of citizenship or nationality status.

I don't know how much more clear it can be, and I hope it puts to rest a very sad mischaracterization of the bill.

To sum up, the bill before us now is an improvement on the bill that passed the Senate. It strengthens the number of provisions that Republicans have been concerned about. I hope with the amendment I am working on with Chairman BAUCUS, Senator HATCH, Senator ROCKEFELLER, and Members of both parties from the House of Representatives, that we will be able to increase the number of Republicans who vote to support this bill here in the Senate.

I support cloture in the vote just coming up and I ask my colleagues to do it so we can proceed on this bill. I urge my colleagues to vote the same way.

I yield the floor.

CLOTURE MOTION

The PRESIDING OFFICER. Under the previous order, and pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will state.

The legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the motion to proceed to Calendar No. 450, H.R. 3963, Children's Health Insurance Program Reauthorization Act of 2007.

Max Baucus, Harry Reid, Benjamin L. Cardin, S. Whitehouse, Robert Menendez, Daniel K. Inouye, Jack Reed, Barbara Boxer, Patrick J. Leahy, Bernard Sanders, Ken Salazar, Kent Conrad, Ron Wyden, Byron L. Dorgan, Debbie Stabenow, Bill Nelson, Robert P. Casey, Jr.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call is waived.

The question is, Is it the sense of the Senate that debate on the motion to proceed to H.R. 3963 to amend title XXII of the Social Security Act to extend and improve the Children's Health Insurance Program shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The bill clerk called the roll.

Mr. DURBIN. I announce that the Senator from Indiana (Mr. BAYH), the Senator from Delaware (Mr. BIDEN), the Senator from Illinois (Mr. OBAMA), and the Senator from Oregon (Mr. WYDEN) are necessarily absent.

I further announce that, if present and voting, the Senator from Delaware (Mr. BIDEN) would vote "yea."

Mr. LOTT. The following Senator is necessarily absent: the Senator from Virginia (Mr. WARNER).

The PRESIDING OFFICER (Mrs. MCCASKILL). Are there any other Senators in the Chamber desiring to vote?

The yeas and nays resulted—yeas 62, nays 33, as follows:

[Rollcall Vote No. 401 Leg.]

YEAS—62

Akaka	Feinstein	Murray
Alexander	Grassley	Nelson (FL)
Baucus	Harkin	Nelson (NE)
Bingaman	Hatch	Pryor
Boxer	Inouye	Reed
Brown	Johnson	Reid
Byrd	Kennedy	Roberts
Cantwell	Kerry	Rockefeller
Cardin	Klobuchar	Salazar
Carper	Kohl	Sanders
Casey	Landrieu	Schumer
Clinton	Lautenberg	Smith
Coleman	Leahy	Snowe
Collins	Levin	Specter
Conrad	Lieberman	Stabenow
Corker	Lincoln	Stevens
Dodd	Lugar	Sununu
Domenici	McCaskill	Sununu
Dorgan	Menendez	Tester
Durbin	Mikulski	Webb
Feingold	Murkowski	Whitehouse

NAYS—33

Allard	Craig	Isakson
Barrasso	Crapo	Kyl
Bennett	DeMint	Lott
Bond	Dole	Martinez
Brownback	Ensign	McCain
Bunning	Enzi	McConnell
Burr	Graham	Sessions
Chambliss	Gregg	Shelby
Coburn	Hagel	Thune
Cochran	Hutchison	Vitter
Cornyn	Inhofe	Voivovich

NOT VOTING—5

Bayh	Obama	Wyden
Biden	Warner	

The PRESIDING OFFICER. On this vote, the yeas are 62, the nays are 33. Three-fifths of the Senators duly chosen and sworn having voted in the affirmative, the motion is agreed to.

The majority leader is recognized.

Mr. REID. Madam President, while everybody is here, there will be no

more rollcall votes today. I am going to be meeting shortly with Senator MCCONNELL to find out when the next vote will be. The next vote can only come about with a unanimous consent request. I will work with Senator MCCONNELL to see if we can come up with an easier lift than what is required under the rules.

Under the rules, we will vote at approximately 1 a.m. Friday morning on the next aspect of this procedure we have on the CHIP bill. We will visit in a short time to see if we can change that time in any way. Again, that would have to be done by unanimous consent. As we know, if any one person doesn't like it, it will not happen. Otherwise, the next vote will be likely at 1 a.m. Friday morning.

As I said, I will do everything I can to see if we can make it more convenient for the Members, as I am sure Senator MCCONNELL will. We have, on this most important issue, to make sure that the necessary parties are contacted and that everybody knows exactly what they are doing. So until further notice, the next vote will be at 1 a.m. Friday morning.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

Mr. MCCONNELL. Reserving the right to object.

The PRESIDING OFFICER. The Senator cannot reserve the right to object.

Mr. MCCONNELL. I object.

The PRESIDING OFFICER. Objection is heard.

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

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

Mr. MCCONNELL. Madam President, the Senate is now considering what is essentially a do-over bill. The majority seems to believe that what didn't pass muster the first time and was vetoed by the President can now be successful. Well, it can't be, and my friends on the other side of the aisle know that.

The reason we have this do-over bill before us is because, I believe, this process has become more about scoring political points than making good policy. When the other Chamber passed this bill—and they rammed it through, in essentially 1 day—not only did they not pick up any votes, they actually lost one vote on the House side.

Then the majority in this body bypassed the committee process where both parties would have had a chance to strengthen the bill and brought it directly to the floor.

Last Friday, the majority filed cloture on the motion to proceed, forcing this vote today. It is the majority that wanted to vote on this do-over bill, not my side of the aisle.

The majority is also expected to fill the amendment tree to prevent Republican Senators from offering amendments and closing loopholes in the bill. All of that suggests to me that this is about politics, really, and not policy.

So the bill before us is almost like a sequel of the bill that was vetoed the last time. And like any sequel, it is even worse the second time around.

According to the Congressional Budget Office estimates, this bill actually covers 400,000 fewer children than the original SCHIP bill. Yet it costs more—a half billion dollars more.

Our friends on the other side argue that their do-over bill will serve low-income children first. But instead of requiring that low-income children be served first before expanding the program to cover those beyond 200 percent of the Federal poverty level, this bill expands the program to cover families making as much as 300 percent of the Federal poverty level.

This will repeal the requirement that the Secretary of Health and Human Services, Mike Leavitt, just recently put in place that States cover 95 percent of low-income kids before they expand.

This bill also contains an “income disregard loophole” that would allow States to ignore thousands of dollars of income when determining SCHIP eligibility. States could essentially define a family’s income at whatever level they see fit.

Democrats also argue this do-over bill will only serve children, not adults. Even that is not the case. While this legislation would phase childless adults out of the program within 1 year, parents would still be eligible.

Put it all together, and we have a bill born out of a process that is focused more on scoring political points than making good policy, and it is certainly not one I intend to support.

I urge my colleagues to re-engage in communication and consultation with this side of the aisle. Together, we can craft a bill that keeps its focus on low-income children and can actually receive a Presidential signature. That is the way to accomplish real results for the American people. We Republicans stand ready and willing to do just that.

Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from West Virginia.

Mr. BYRD. Madam President, what is the matter before the Senate?

The PRESIDING OFFICER. The motion to proceed to the Children’s Health Insurance Program.

Mr. BYRD. I ask unanimous consent that I may speak as in morning business, and I speak out of order.

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

IRAN

Mr. BYRD. Madam President, I commend and offer my wholehearted support for the resolution that Senator DURBIN has submitted. His resolution, which I am proud to cosponsor, is a simple, clear statement of a funda-

mental constitutional principle; namely, that the Congress and only the Congress has the power to declare war. As this resolution states:

Any offensive military action taken by the United States against Iran must be explicitly approved by Congress before such action may be initiated.

The President is the Commander in Chief of the Armed Forces. But the President of the United States, although Commander in Chief of the Armed Forces, is not a dictator. The President is not an emperor. He is President, who, like all Presidents, takes an oath of fealty to the Constitution of the United States.

It is the American people—the American people—who pay the price of war in blood and in treasure. And it is the American people, through their representatives in Congress—that means us—who must give their approval—the approval of the American people—for such a momentous decision. That is the system that George Washington recognized when he presented his resignation to the Continental Congress. That is the system that the wise Framers of the Constitution created when they drafted our most basic and sacred document. That is the system that every Senator takes an oath to defend.

Today is a fitting day to discuss the issue of Iran. Today is All Hallows Eve—Halloween—a day when people don masks and costumes to frighten others. The White House has been busy unleashing its rhetorical ghosts and goblins to scare the American people with claims of an imminent nuclear threat in Iran, as they did with Iraq. But while few people doubt the desire of some in the Iranian regime to attain a nuclear bomb, there is little evidence that Iran is close to acquiring such a weapon. Fear, panic, and chest-pounding do not work well in the conduct of foreign policy. This is a time to put diplomacy to work. There is ample opportunity to coordinate with our allies to constrain Iran’s ambitions. But instead of working with our partners, the Bush administration has unveiled new unilateral sanctions against Iran. Instead of direct diplomatic negotiations with Iran, the Bush administration continues to issue ultimatums and threats.

We have been down that path already. We know where it leads. Vice President CHENEY recently threatened “serious consequences”—serious consequences—if Tehran does not acquiesce to U.S. demands—the exact phrase that he, the Vice President, used in the runup to the invasion of Iraq. The parallels are all too chilling. President Bush warned that those who wished to avoid World War III should seek to keep Iran from obtaining nuclear weapons. Secretary of Defense Gates has admitted in the press that the Pentagon has drafted plans for a military option in Iran. The President’s \$196 billion request for emergency war funding included a request for bunker buster bombs that have no immediate use in

Iraq. Taking all of this together—the bellicose rhetoric, the needlessly confrontational unilateral sanctions, the provocative stationing of U.S. warships in the region, the operational war planning, and the request for munitions that seem designed for use in Iran—these are all reasons for deep concern that this administration is once again rushing headlong into another disastrous war in the Middle East.

The Bush administration apparently believes it has the authority to wage preemptive war. It believes it can do so without prior Congressional approval. That is why the resolution of Senator RICHARD DURBIN of Illinois is so critical—namely, the White House must be reminded of the constitutional powers entrusted to the people’s branch—that is us, the House of Representatives and the Senate. I urge my colleagues to join Senator DURBIN and me on this important resolution and halt—halt—this rush to another war. Let us not make the same disastrous mistake as we did with Iraq.

Madam President, I yield the floor.

Mr. WHITEHOUSE. Madam President, may I speak for 12 minutes as in morning business?

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

ON THE NOMINATION OF MICHAEL MUKASEY

Mr. WHITEHOUSE. Madam President, the Senate is now called upon to consider President Bush’s nominee to succeed Alberto Gonzales as Attorney General of this Nation the person we must rely on to repair what has been left broken to uphold the rule of law where political loyalties once ruled and to lead the Department of Justice forward at a time of upheaval; and of urgency.

In many ways, President Bush has made a fine appointment in Judge Michael Mukasey; far better than we have come to expect in this administration. He is not a political hack. He is not a partisan ideologue. He is not an incompetent crony. We have had our share of those. No, he is a brilliant lawyer, a distinguished jurist, and by all accounts a good man.

And no one feels more keenly than do I the need for repair and recovery of the Department of Justice. In a small way, I served this Department, as a U.S. Attorney, and I feel how important this great institution is to our country; and how important an Attorney General—such as Judge Mukasey could be—is to this great institution.

I wish it were so easy. But there are times in history that rear up, and become a swivel point on which our direction as a Nation can turn.

The discussion of torture in recent days has made this such a point. Suddenly, even unexpectedly, this time has come.

It calls us to think—What is it that makes this country great? Whence cometh our strength?