against it. Do you want to throw more into the Iraqi war? Do you want to put more sons and daughters there or do you want them to start coming home and reuniting them with their families? That is the question. Instead, it is dressed up here. If we voted to adjourn, it would be a sign that we are not supporting the troops. Baloney. We support the troops fully. Each and every one of them over there now is a hero to us, each and every one, because many of them disagree with the policy that got them there, the falsification of whether there were weapons of mass destruction.

The PRESIDING OFFICER. The Senator's 10 minutes in morning business has expired.

Mr. LAUTENBERG. I ask unanimous consent for 5 more minutes.

The PRESIDING OFFICER. Is there objection?

Mr. COLEMAN. Reserving the right to object.

The PRESIDING OFFICER. The Senator from Minnesota.

Mr. COLEMAN. I ask further unanimous consent that the additional time of the Senator not be charged against the minority. It was our time. I want to be sure his time is not charged against the minority so we can finish morning business.

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

Mr. LAUTENBERG. I thank our colleague from Minnesota.

What we see is a deliberate attempt to avoid the question: Yes or no, how do you stand on the escalation of this war? How do you stand on sending more sons and daughters into that hell on Earth?

It is time to stand up and be counted and not to permit the public, across this land of ours, to be fooled by debate structures, by delaying tactics. It is time to stand up and be counted, but we cannot do that. The other side will not permit us to do it, and we know how to count votes so we know we do not have enough to do what we would like to.

But the House has taken the bull by the horns. The House is considering it, and it is very favorably being considered there—not yet voted—legislation that says we are against this escalation. Republicans as well as Democrats there are going to join. What we are saying here is let us simply vote on that. That is what has been asked for by our leadership.

I hope we will be able to conclude this debate, find out and let the American people know where we stand, each one of us. When we raise our hand, each one of us will be making a declaration: Do we think it is necessary to put more of our troops out there, to run them through there at the risk of their limbs, or lives, and disrupt family life, leaving children without a guiding parent on one side, to let the bills accumulate, worry about the mortgages? These are people, for the most part, who were reservists. They have served once, served twice—a year each—and now a third callup is being talked about because the President has decided—against the will of many outstanding military experts, those who have served at the highest rank. They say no, it will not help. But the President of the United States is very stubborn on this issue, despite all of the opposition—opposition here, opposition across this country. The numbers are around 70 percent of the people do not want us to continue to do this, or send in any more troops. I hope we can resolve the truth here in short order.

I yield the floor with thanks again to my colleague from Minnesota.

The PRESIDING OFFICER. The Senator from Minnesota.

Mr. COLEMAN. Mr. President, I intend to speak in morning business and to talk about an issue of great importance in Minnesota, access to health care in rural communities, but I have to make one comment in response to my colleague from New Jersey.

Iraq is the most important issue facing America today. There is no question about it. I want to raise some concerns about the surge in Baghdad. I understand we are fighting a war against insurgency and foreign fighters in Anbar Province. If those commanders on the ground need more, I am going to give it to them. I have great concerns about the surge. We need to debate this. It is absolutely mind boggling to watch what is going on with this playing around with rules. The bottom line is Senators should have the right to debate. Senators should have the right to offer amendments and we should be voting on whether you support a surge, we should be voting on whether you support continued funding, we should be voting on whether there should be benchmarks. We should do what the Senate does, which is debate, have discussion, and then vote. What the majority is attempting to do is to forestall that, offering something that they know is something the Senate does not do, offering something they know the American public—the public wants us to debate this and vote on it. So instead they offer a resolution which, they know, will gather objection, a resolution on which they will allow no amendments, no discussion about other things other than a proposal that comes out from them. That is absurd. That is not the Senate. It is not the greatest deliberative body in the world. We should do better. The American public deserves better, and I hope our leaders can come together and figure out a way to structure a debate so opinions can be laid out and they can be discussed and then we can vote—not on one thing that a 51-person majority says, but the way the Senate does it: We put it on the table and vote.

I may disagree with some of my colleagues on this side of the aisle on some of that, but everyone has a right to lay out their amendments and their proposal, and we should do so on Iraq.

HEALTH CARE

Mr. COLEMAN. Let me focus on an issue of concern to me. I represent the State of Minnesota. They call it the ''flyover country.'' They may say the same thing about Colorado on occasion. I saw a New Yorker's view of the world. No offense to my colleagues from New York. It is New York, Florida, L.A., maybe Chicago was in between. I didn't see Denver or St. Paul. There are smaller towns on there, but they are on the map and they are important.

William Jennings Bryan once said:

> Burn down our cities and leave our farmland and the cities will rise up again like magic, but burn down our farms and grass will grow up in the streets of every city in America.

The Presiding Officer understands that. He comes from a family which has worked the land. He gets that. Like many great orators, there is some hyperbole there, but it still rings true, whether it is food, values, or leadership—all of America depends on what our rural communities produce

So what happens in America's small towns is a big deal. I would like to take this time to speak on behalf of Minnesotans and other folks living in rural communities. These families face some daunting challenges when it comes to accessing health care.

The urgency of this issue is brought home to me by the upcoming closure of a rural hospital in Ivanhoe, MN. The town in southwestern Minnesota, county seat of Lincoln County, got its name from Sir Walter Scott's novel. Ivanhoe is filled with hard-working people who have survived generations of drought, grass hoppers, blizzards, and unreliable farm prices and policies. This is yet another difficult blow. As a result, this community will lose jobs, access to health care and part of their community identity.

There is an array of issues facing hospitals like Ivanhoe. For them, it was the declining number of admissions at the hospital and declining reimbursement payments that put them at a severe competitive disadvantage in the health care market—and ultimately led to the decision. Unfortunately, their story is not unique.

About 21 percent of the population lives in rural areas, but only about 9 percent of doctors work there. Only 2.4 percent of specialists work in rural areas.

Nearly half of all rural residents have at least one major chronic illness. Yet they average fewer physician contacts per year than those in urban communities.

I believe that access to health care should not be dependent on where you live. Every person in America deserves the same quality care.

Unfortunately, as it stands right now, many rural communities in Minnesota and across the country don't have the personnel capabilities, technology or money to provide their residents with the health care they need—

they are getting squeezed at every angle. For the stability of rural communities and the health of the Americans that live there, we need to find solutions.

That is why I am taking this opportunity to introduce a package of bills which seek to give rural areas access to some tools they can use to promote the health of their communities.

The burden of chronic illness is heavier in rural areas. Rural areas report higher rates of chronic diseases, including heart disease and cancer.

Mental health issues are also significant. For example, a national study that 41 percent of rural women were depressed or anxious compared to less than 20 percent of urban women and that 40 percent of all visits to rural practitioners are due to stress.

Providing adequate mental health care in rural communities has become a national problem.

In rural areas, where specialized mental health services are scarce, accessing the proper mental health care is difficult. Primary care is often the only system for delivering mental health services and providers are seeing an increase in mental health issues in their clinics. Today I introduced the Working Together for Rural Access to Mental Health and Wellness for Children and Seniors Act.

This legislation would allow Federal grants to be given to States to provide assistance to rural communities to conduct collaborative efforts to improve access to mental health care for youth, seniors, and families. Grants could go toward operation of mobile mental health services vans or telemental health.

Rural residents face serious health care issues not only in terms of illness but also in terms of lack of easily accessible services. One in 5 Americans lives in rural areas but only 1 in 10 physicians practice in rural areas. Forty percent of the rural population lives in a medically underserved area.

Critical access hospitals are the foundation on which is built the health of our Nation's rural communities. I don't have the time right now—we are kind of pushing the envelope on morning business—but it is important that my colleagues understand.

The critical access hospital program was enacted as part of the Balanced Budget Act of 1997 in order to preserve access to health care services in rural communities. Critical Access Hospitals represent a separate provider type with its own conditions of participation as well as a separate reimbursement method for Medicare.

With 80 Critical Access Hospitals in Minnesota, the third largest number of Critical Access Hospitals in the Nation, this program is of crucial importance to the health care infrastructure of my State. Minnesota's Critical Access Hospitals provide care to 1.6 million patients a year. They are there to provide health care to their communities 24 hours a day, 7 days a week, 365 days a year.

I have visited these hospitals throughout my State and have been impressed time and time again by their commitment to the health of their communities and their stewardship of the resources that they have been given. I appreciate the work of the Minnesota Hospital Association in representing their Critical Access Hospital members and for being a great resource in protecting this important program.

The Critical Access Hospital program continues to make an important investment in the safety net of our rural communities.

This program has been the single most important factor in helping our Nation's rural hospitals not only survive also provide new quality health care services and resources.

Without the Critical Access Program, rural communities had been having a difficult time supporting a local hospital. People were driving hours just to receive basic health care. Just talk to Al Vogt, CEO of Cook Hospital & C&NC. He will tell you that the Critical Access Hospital program has preserved care in Cook and many other small communities across Minnesota. As his community ages, Al has seen many seniors have to choose between gas or food money. If leaving town to get the very basics of health care was the only option, there are a number of folks who would forego the needed care. Seniors and others living in rural areas deserve better. Critical Access Hospitals provide for them.

Despite the growing disparities in access to health care for Americans in rural areas, support for Critical Access Hospitals has not been what it should be.

Critical Access Hospitals are not being reimbursed in a way that allows them to fully account for their costs of offering services. These health providers, already stretched thin, are being asked to absorb the difference.

With that in mind, today I introduced the Rural Health Services Preservation Act, which ensures that Critical Access Hospitals get reimbursed the same amount under Medicare Advantage Programs as they would under Medicare.

Right now, interim Critical Access Hospital payments reflect the previous year's costs—not the current year's costs. Factoring in inflation and the rapid growth of the medical economy, rural hospitals are being left to pay a bill that is much larger than their share.

Specifically, my Rural Health Services Preservation Act ensures Critical Access Hospitals receive not less than 101 percent of cost for inpatient, swing-bed, and outpatient hospital services provided to Medicare patients covered under a Medicare Advantage plan.

This bill would create certainty in terms of payments, and accurately reflect the true cost of health care in our Critical Access Hospitals.

Critical Access Hospitals are important regional hubs in rural areas. These hospitals serve as medical homes to the folks that live nearby, but also provide patient care to visitors who are in town to do some fishing, camping or hunting. When a critical medical event occurs, it is crucial that the physicians who care for a patient have information about their medical history in order to avoid medical errors.

Let me tell you a story I heard recently from Lori Wightman, president of the New Ulm Medical Center. Recently, a 55-year-old arrived in the New Ulm Medical Center emergency room with chest pain. He was having a heart attack. Within 82 minutes this same patient was assessed, transported, and had his heart vessel opened at a tertiary hospital 100 miles away.

This situation was a success because New Ulm Medical Center had the ability to transmit information about the patient quickly and easily. Not all hospitals are fortunate enough to have this vital service.

That's why I introduced the Critical Access to Health Information Technology Act to help Critical Access Hospitals compete for Federal health technology grants. Essentially, this bill would give smaller rural hospitals a competitive edge for H–I–T grants.

Even when a situation is not immediately life-threatening, technology can play an important role in disease management in rural communities. As I mentioned earlier, rural areas are facing serious personnel shortages. They have around 20 percent of the population, and only 10 percent of the docs and only 2.4 percent of the specialists.

Remote monitoring technologies collect, analyze, and transmit clinical health information. These technologies are emerging to extend the provision of health care services to areas where there is a shortage of physicians or where patients are homebound. Essentially, these technologies allow physicians to monitor and treat patients without a face-to-face office visit, thereby increasing access to physicians for patients living in rural areas. We have the ability today, if you simply lift up the phone the doctor can tell what your blood pressure is and how you are feeling. Minnesota prides itself as being the center of medical technology. We have the Medronics, Boston Scientific, St. Jude's cardiac pacemakers—we can do a lot with remote access technology. We have to make sure it is in our rural communities.

For that reason, I also introduced the Remote Monitoring Access Act, which would allow Medicare to cover physician services involved with the remote management of specific medical conditions, such as congestive heart failure and diabetes.

Specifically, my bill would create a new benefit category for remote patient management services in the Medicare physician fee schedule. Under this category, Medicare would cover physician services involved with the remote management of specific medical conditions.

Not only are physicians in short supply in many of rural communities, but other health professionals are as well. That is why I introduced today a bill that focuses specifically on issues related to increasing nursing faculty. I am told by my friends in nursing that the problem is not that people don't want to go into nursing, but that it is difficult to get nurses to leave the clinic to spend time in the classroom.

Personnel is one piece of the puzzle and building up our health care institutions in rural area is another.

The Critical Access Hospital program has provided financial stability to many struggling rural hospitals that are the cornerstones of their communities. It is essential that Congress protects this program now and into the future. Prior to this program, hospital closures were common and the rural health care system was fragile.

Without the Critical Access Hospital program and support for rural providers, there would be a floodgate of small community care systems closing and potentially converting many small towns into ghost towns.

Debra Boardman, president and CEO of the Riverview Healthcare Association in Crookston has shared her story with me:

The Critical Access Hospital program has afforded many rural hospitals the opportunity to modernize their facilities and helps assure they will remain viable and accessible to the residents of rural America. Prior to receiving Critical Access Hospital designation in 2001, RiverView Healthcare Association had not done a major building project since 1976. With this designation we were able to afford to physically restructure our building and update our infrastructure to accommodate the way health care is provided in the 21st Century.

Since that time we have also been able to add new physicians, vital new health care services and programs. As the largest employer in the county, a secondary benefit of the program is that it has made RiverView Healthcare Association a more secure economic engine for our local rural community.

Because of the important role that Critical Access Hospitals play in community stability, I have introduced a bill to provide direct and guaranteed loans to complete the reconstruction and rehabilitation of the Nation's Rural Critical Access Hospitals within the 5 years covered by the new farm bill.

In more ways than we can possibly measure, rural communities are the heart of America. They provide us with food, energy and more importantly the values and leadership that keep our Nation on track. Just as we care for our bodily heart, we need to care for our spiritual heart in rural America or the whole Nation will suffer.

That is why my legislation attempts to raise the needs of our small town neighbors to become a national priority. I encourage all of my colleagues to consider joining me in ensuring that every American has access to the care that they need to lead healthy and productive lives. I invite you to cosponsor one of my seven bills aimed at doing just that.

From birth, through chronic disease management, to end-of-life care Critical Access Hospitals meet the healthcare needs of our communities. And our communities trust that we will continue to do so far into the future.

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

IRAQ

Mr. BROWNBACK. Mr. President, I rise to speak on the issue that is presently before this body—whether it will be here formally or not we will see—the issue of Iraq. I think it is critically important we discuss it. I am glad to see we are having private discussions about it, but I think it is time to engage.

I want to say, as one who does not support the troop surge, I think it is important we have a full process. I think it is important we have a full process where amendments are allowed and where people are allowed to bring forward different ideas and thoughts. It is the key issue of our day. It is an important issue of our day. It is something that shouldn't be drug out, but I don't think asking for three, or four even, amendments to this resolution is something that would drag it out because that is what allows full discussion, and we certainly need a full discussion on the record on the ways forward.

I think it is also appropriate for us to do that in light of the division of powers between the executive and legislative branches. The President is the Commander in Chief, and he or she must move forward in that capacity. We are the funding arm, the legislative body. We are entitled to put forward our ideas, but there is one Commander in Chief. I think it is important we have this discussion to put forward our ideas, but it needs to be a full discussion of the ideas.

I would urge the Democratic leader, the majority leader, to bring this issue forward in a way that we could debate various options. I have been in this body certainly during debate on contentious issues wherein we are given different viewpoints to allow people to vote, and on one that is so important and so critical, I think it is important for us to have multiple viewpoints put forward. So even as one who does not support the troop surge, which I don't believe is the wise route to go, I believe this body should have options.

I would not support a cloture motion that says we will only have one option to vote on. I don't think that is a fair or an appropriate process for this body to follow. I think it is important that we have a full debate on the full range of issues.

My goodness, for us to take a couple of weeks to discuss this would not be inappropriate, given the importance and the magnitude and the seriousness of the moment.

I support the troops. We all support the troops, and we need to support the troops in the field. That doesn't mean we can't have a debate, but it also doesn't mean we should be limited to just one thought that we can have to vote on. We should have a multiple set of ideas, fully vetted and fully discussed.

As I have traveled across this country and in my home State, this is one subject about which people have a lot of different viewpoints and a lot of different ideas. Everybody supports the troops, but they may not agree with how the war is proceeding. They think there ought to be other tactics employed, and they want viewpoints expressed. I think that is fully appropriate. I think the President invites us to, in responsible ways, bring these ideas and viewpoints forward. But you don't do that with having just one viewpoint and that is it; one vote and you can't have an option; one proposal without amendments, when there is a full debate and discussion that is needed on this topic.

So I want to voice my opinion on this issue; that is, I think the way forward is for us to engage in the full process that the Senate is fully capable of doing and desirous of doing. I think it would be important as well to our troops in the field to have a full debate on this topic. I hope that we do that, and we could start engaging in it now rather than putting it off and delaying it further.

TRIBUTE TO CHARLIE NORWOOD

Mr. BROWNBACK. Mr. President, I want to speak briefly on one other issue aside from the war effort, as that is the one that really needs to, and does, occupy our time. But a good friend of mine has just recently passed away, Congressman Charlie Norwood. Charlie and I came in together in the House of Representatives in the 1994 election cycle. He recently passed away due to complications in his liver from a long battle that he had with pulmonary fibrosis and the difficulties that he had.

His legislative accomplishments are significant, and those are in the RECORD and well known. What I want to talk about is the person because he was a beautiful man. He served in Vietnam as a dentist. He had this beautiful, folksy way of presenting a tough topic. He would boil down the essence of a difficult topic in a folksy sentence or two, and you would listen to it and you would say: You know, I think that is about accurate.

He could take difficult things and boil them down. He cared a lot about health care issues, and he worked a lot