wrong way. This bill should have had its authorization offset. This bill does address a very real need, but there are a lot of very real needs out there that we need to do that we cannot do and we cannot fund because we are not doing our job.

Our country is at a crossroad. The fetal monitoring alarm is on. The baby's heartbeat is low. It is time to do what is necessary. The debt burden cannot be swallowed, the unfunded liabilities cannot be handled. It is up to us to change that. Let's lower that birth tax. Let's get rid of that. Let's work together to do the things we can do to lessen that impact on the generations to come.

I reserve the remainder of my time.

The PRESIDING OFFICER (Mr. DEMINT). The Senator from Wyoming.

Mr. ENZI. I am not aware of anyone on our side who wishes to speak.

I thank the Senator from Oklahoma, Mr. COBURN, for his concise and important comments, the warning signs he has given. I congratulate him for the times he has already constrained spending. He mentioned the preventive care doctors take. Maybe his comments have already resulted in people taking on a little bit more regarding preventive care. There is a lot more that can and should be done. I urge Members to review his words.

I thank the Senator for the cooperation on different bills as they have gone through and made changes.

I yield back the remainder of my time.

Mr. COBURN. I yield back the remainder of my time.

The PRESIDING OFFICER. All time is yielded back.

The question is on the third reading and passage of the bill.

The bill (H.R. 3248) was ordered to a third reading, was read the third time, and passed.

Mr. ENZI. I move to reconsider the vote.

Mrs. CLINTON. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

MORNING BUSINESS

Mr. ENZI. I ask unanimous consent that the Senate proceed to a period of morning business, with Senators permitted to speak for up to 10 minutes each, with the following lineup: 10 minutes for Senator DORGAN; 15 minutes, Senator DEMINT; 10 minutes, Senator LAUTENBERG; Senator DEWINE until 3:15; Senator LINCOLN at 3:15 for 45 minutes; Senator DURBIN for 15 minutes.

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

The Senator from North Dakota.

Mr. DORGAN. Mr. President, I ask unanimous consent that my 15 minutes be extended to 20 minutes.

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

INDIAN HEALTH CARE

Mr. DORGAN. Mr. President, I rise to talk about a piece of legislation that is not getting completed, and I will do that in a moment.

I thank my colleague from Wyoming and others for the work they have just completed with respect to the issue of family care and family support. It is a very important piece of legislation.

I listened to my colleague from Oklahoma talk about a number of important issues.

Regarding the issue of health care, clearly we have to deal with the health care issue. He mentioned the amount of money spent on health care. It is true, we spend more money per person than anybody in the world, by far. And by the way, we rank 48th in life expectancy. Yes, 48th—not 20th or 2nd but 48th in life expectancy, a country which spends far more than any other country per person in the world on health care. We have a lot to do on health care.

With respect to fiscal policy, my colleague raises an important point about things that come to the Senate—proposals, ideas—that are not paid for. He raises an important point. They should be paid for.

The largest area of that kind of expenditure, by the way, in recent years, has come at the request of the President. Nearly $400 billion, now, is the cost for the war in Iraq, Afghanistan, and the fight against terrorism. None of it is paid for. We have sent America's sons and daughters to war, wearing America's uniform, and essentially said to them: By the way, go fight; when you come back, you can pay the bills because the President has not asked and this Congress has not had the courage to decide we ought to pay for that which we spend. That does need to change.

I noticed this morning in the Washington Post an article by a man named Samuelson, apparently an economist. I have read some of what he has said over the years. He talks about the value of the dollar slipping, decreasing, and its consequences on our country. He described all the reasons except the real reason. The real reason our dollar has decreased in value is we have an unsustainable trade deficit of $800 billion a year, $2 billion a day, day after day after day. That is unsustainable and will, without question, jeopardize this country's future. It will have a profound influence on the value of the dollar with respect to the value of our currency. That will have an influence on virtually everything else in this country.

So we have to get our hands around this issue of international trade and start demanding and insisting on fair trade, start deciding with our trading partners—China and other countries, Japan, South Korea, Europe—that we are not going to allow these dramatic trade imbalances to occur. They will have dramatic impact on this country's economic future. I will have more to say about that at another time.

Because there was discussion about health care in the Senate, I wanted to speak about something that isn't getting done today, and it is a real tragedy. I use the word ''tragedy'' because it is the right word to use about this issue.

Senator JOHN MCCAIN and I have worked as chairman and vice chairman of the Indian Affairs Committee all of this session of the Congress to try to pass a piece of legislation called the reauthorization of the Indian Health Care Improvement Act. We come to the end of the session without progress, unfortunately.

Senator MCCAIN has done great work on this issue. My other colleagues—I notice my colleague from Wyoming, who is in the Chamber—have worked with us on this issue. The Indian Health Care Improvement Act should have been done, should have been passed. We come to the end of another session of the Congress and it is not getting done. There is a reason for that. We have written legislation that is bipartisan, and day after day after day, month after month, the agencies and the administration have objected.

Let me describe what we face with respect to Indian health care. A good many American Indians, Native Americans, live in Third World conditions. I have spoken about it many times on the floor of the Senate. They live in Third World conditions inside this country. I have spoken about the grandmother who lay down in this country on a cot in a house and froze to death. It is in this country. Read that story and then ask yourself: What backward Third World country did that occur in? It occurred in this country.

The fact is, whether it is health care or housing or education, we face a bona fide crisis on Indian reservations. We have a responsibility, what is called a trust responsibility, for Indian health care. We spend twice as much per person as a country to provide health care for Federal prisoners as we do for Native Americans for whom we have a trust responsibility. They get half the support we provide to Federal prisoners for health care.

Talk to the Indian Health Service. They will not give you this number willingly, but talk to them long enough and they will tell you, finally, that 40 percent of the health care needs of Native Americans living on Indian reservations is unmet. That is health care rationing.

Now, let me describe, if I might, just the consequences of that rationing, perhaps, by telling you of some real people. We had a tribal chairman who testified before our committee who said: On our reservation it is widely known, don't get sick after June first, because after June first, there is no more contract health money. And if you get sick after June first and show up at a hospital, and your problem is not ''life or limb,'' then you're not going to be treated, you're not going to be paid for.

So let me describe some of these things.

An 80-year-old American Indian elder, a diabetic, living on an Indian reservation, fell while tending to her garden, and she broke her leg in two places. The break was so severe there was a bone sticking out of her ankle. She went to the hospital. She was sent home with painkillers. She went to a second hospital and was told the condition was not priority 1—not priority 1: which is ''life or limb''—and therefore she was not able to get care at the second hospital. She went to the third hospital—limped in—and finally received some care at the third hospital, with a bone protruding from her leg.

Now, what is ''life or limb''? That is under what is called contract care. It means that if your life is not at stake, or the loss of an arm or leg is not at stake, you do not get the contract care. So don't get sick after June.

Another American Indian with diabetes called in for a prescription drug refill for insulin, and he was told he needed to come back in and get some blood work done before he could get the insulin. It was 2 weeks before they could get him in for his blood work, so he was without insulin for 2 full weeks. As a result, this is an American Indian who will likely require dialysis for the rest of his life because he could not get his prescription for insulin filled on time.

Or a woman named Lida Bearstail. Lida told me it was all right to use her name. She went to a clinic because of knee pain. Her condition was one in which the cartilage had worn away, so it was bone on bone, enormously painful for Lida. Bones in her knee were rubbing against each other with great discomfort and great personal pain.

When that happens to one of us, to our families, to the people who work here, what is the response? You get a knee replacement—surgery, and replace the knee.

Well, what happened to Lida Bearstail? Well, she still limps. She has trouble walking. Perhaps soon she will not be able to walk. Knee surgery is not in her future because this is not about ''life or limb,'' it is just about unbearable, agonizing pain. Again, denied, not a priority, not ''life or limb.''

Ardel Hale Baker told me I could use her story as well. A couple of months ago she had very serious chest pain and she thought she was perhaps having a heart attack. Her blood pressure was very high. Her chest pain was very intense. It wouldn't quit. So she went to the Indian Health Service clinic. She was diagnosed as having a heart attack, and she needed to be sent immediately to the nearest major hospital. And they said: You have to go in an ambulance.

Well, Ardel Hale Baker said, while she was having this heart attack: Is there a chance I could go to the hospital in something other than an ambulance, some method other than taking an ambulance?

They asked her: Why?

She said: Well, I'm going to get billed for the ambulance, and I don't have any money.

If you are not ''priority 1,'' you may end up paying the bill. Your credit rating is ruined. American Indian after American Indian discovers that: You are not a priority. Your credit rating is gone. And the credit companies come after you.

In the middle of her heart attack, she asked the question: Is there some other method besides an ambulance? Why? Because of cost.

Anyway, she arrived at the hospital. And let me tell you what happened at the hospital with Ardel Hale Baker. The nursing staff was lifting her off the gurney from the ambulance and putting her on a hospital bed, and as they lifted her off the gurney, they found something taped to her leg. This woman was having a heart attack, and they found a piece of paper taped to her leg. And here is what the paper said. It said her name: ''Hale, Ardel.''

And then it said:

> You have received outpatient medical services. This letter is to inform you your priority 1 care cannot be paid for due to funding issues.

So a woman is hauled into a hospital on a gurney with a heart attack and a paper attached to her leg saying: ''This will not be paid for.'' This kind of thing is unbelievable, and it is going on in this country with respect to American Indians for whom we have a trust responsibility for health care, and those needs are not being met.

As I indicated, Senator MCCAIN and I have worked long and hard on this legislation, only to find roadblocks every—every—part of the way. The Health and Human Services agency, the Justice Department, virtually every agency continues to raise roadblocks even today.

I have come to the floor many times in this session of the Congress to talk about a young girl named Avis Littlewind. She is also a part of this legislation. Avis Littlewind was 14 years old when she killed herself. It does not sound good to say that. That is what happened to her. She laid 90 days in a bed in a fetal position, missing school, severely depressed. Then she took her life.

Avis Littlewind was a teenager, 14 years old, who apparently felt things were so hopeless, she was so helpless, that she should take her life. Her sister had taken her life 2 years prior.

Now, I went to that reservation. I met with the tribal chairman, I met with the tribal council, I met with Avis's schoolmates, I met with the relatives, to try to understand what causes this. And it is not just Avis Littlewind. It is not just this young girl. There has been a cluster of suicides, teenage suicides, on these reservations, and none of us really want to talk about it. But if we don't, we will not be able to address it.

Senator MCCAIN and I held some hearings on this subject. The Indian Health Care Improvement Act begins to address this, as it is addressed in some other legislation that we have moved as well.

But my point is this, there are so many challenges. Do you want to go to a place where you can find 5,000 people and one dentist working in a trailer house? Do you want to see that sort of thing? Do you want to go to health clinics that are not open at key times during the day, and long lines when they are open? Do you want to go to places where the rate of diabetes is not double, triple, quadruple, but 12 times the national average, and see the people who have lost their legs as a result of diabetes, see the people on renal dialysis? Do you want to talk to the people who drive 50, 100 miles or more to get renal dialysis?

The fact is, we have a bona fide crisis in health care on Indian reservations. We are not meeting that crisis. We have legislation that should have been passed in previous Congresses. Senator MCCAIN and I have done everything humanly possible to get a piece of legislation that would get cleared to pass this Congress, and I regret to tell you, despite all the good feelings on the floor of the Senate about what is being done, frankly, I think it is a disgrace that this legislation is not being done.

People are dying. There are young children who are not getting health care who are sick and need health care. There are elders with bones sticking out of their legs who are told health care is not available to them. There are women showing up on gurneys in hospitals with paper taped to their legs saying: ''This woman is not eligible for funding for health care.''

That ought to shame every American that it is happening. And we can do something about it by passing legislation called the Indian Health Care Improvement Act. We are not asking for everything here. We are just asking for the right thing.

Senator MCCAIN and I have worked for a long while, and if I sound frustrated, it is because this is not just some other piece of legislation. This will mean that some people will die because we have not fixed the health care system, and we have not addressed these needs. We should not have to be reminded of this. It is our responsibility. This trust responsibility for the health care for Native Americans belongs to us, and we ought not have to be expected to be reminded of it. We ought to come to the floor of the Senate and insist on it. Instead, month after month after month, we have had objections, yes, in this Congress, I should say. We have had holds on the legislation. We have had committees that have insisted they could not move on it. We have had agencies downtown. And for dozens of reasons, we now come to the last day of the U.S. Congress in this session, and no action, and no capability, it appears to be, of making progress. And I am deeply disappointed.

I will, of course, not give up. We will be back in January. We will start again. But this is deeply disappointing to me and to others who have relied on the good will of not just those in Congress but those downtown in the Federal agencies to understand there is a crisis. This is about health care. It is about ''life and limb.'' And when you have this kind of crisis, you have a responsibility to the children, to the elders, to others living on Indian reservations, some of whom live in Third World conditions. We should not be putting up with that. We should reach out a hand to say there is a lot of trouble in the world—and we reach out a hand to try to see if we can help in other parts of the world—there is plenty to do right here at home as well. I support reaching out to troubled spots of this world. But I believe we also have a first responsibility to reach out in this country to say to people who are living in abject and desperate poverty without health care that we are going to solve those problems, we are going to work with them.

I got interested in and involved in these issues a long time ago when I saw a picture in a paper of a young girl named Tamara. Tamara was a 3-year-old American Indian girl living on an Indian reservation, and she was placed in a foster care home. The woman who placed her in the foster care home was handling 150 cases—150 cases. She did not have the time or the capability to check what kind of home they were putting this 3-year-old girl in. The result was, they put that girl in an unsafe home.

On a Saturday night, in a drunken party, a 3-year-old girl named Tamara had her nose broken, her arm broken, and her hair pulled out by the roots—at a drunken party in a foster home that no one had checked. This 3-year-old girl suffered scars that will be with her the rest of her life.

The fact is, we understand that some of these things are happening, and we have a responsibility to do something about it. I did something about that. There is nobody on that reservation handling that many cases anymore. No social worker can do that. What that child suffered was our responsibility.

So I got involved because I saw what was going on some long while ago. And the more I have worked on these issues, the greater I see the need for us to do the right thing. Senator MCCAIN feels exactly the same way, and we have worked as hard as we can work on a bipartisan basis in the Indian Affairs Committee, with the Republicans and Democrats on that committee, believing that health care is a priority, and that our responsibility to reauthorize the Indian Health Care Improvement Act is a primary responsibility.

And, again, I regret that we come to the last day of the session and find a circumstance where it is not going to be passed.

It takes no skill to oppose. I think it was Mark Twain who was once asked if he would engage in a debate, and he said: Of course, I would be happy to engage in the debate, as long as I can take the opposing view.

They said: We haven't told you the subject of the debate.

He said: It doesn't matter what the subject is. Taking the opposing view will require no preparation.

That is how it is in this Chamber. It is how it is downtown in the agencies. It is the easiest thing in the world to oppose. It takes no preparation at all.

We come to the end of this session with enough having opposed progress on the Indian Health Care Improvement Act that this will not be done in this session of Congress. There will still be hope because we will turn to it again in January. My hope is those who have borne the responsibility of stopping this important piece of legislation will understand the consequences and decide to help us rather than hinder us as we try again in the next session of Congress.

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

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

UNANIMOUS CONSENT REQUEST—S. 4047

Mr. DEMINT. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 664, S. 4047. I ask unanimous consent that the bill be read a third time and passed, the motion to reconsider be laid on the table, and that any statements relating to the bill be printed in the RECORD.

The PRESIDING OFFICER. Is there objection?

Mr. DORGAN. Mr. President, reserving the right to object, we have a number of objections on our side. On behalf of at least five Members in this caucus, I will be constrained to object, and I do object.

The PRESIDING OFFICER. Objection is heard.

The Senator from South Carolina.

Mr. DEMINT. Mr. President, I would like to speak a moment on the bill, if I may.

The Maritime Transportation Security Act requires the Transportation Security Agency to develop a biometric security card for port workers that would be used to limit access to sensitive areas within a seaport. To satisfy this law, TSA is developing a transportation worker identification credential—we call it TWIC—card. The law requires that the Secretary issue this card to an individual requesting it, unless he determines that the individual poses a terrorism security risk or if they have been convicted of treason, terrorism, sedition, or espionage.

To fulfill this requirement of the Maritime Transportation Security Act, the Department of Homeland Security has drafted regulations that bar certain criminals from receiving these transportation worker identification credentials. Specifically, the Department of Homeland Security proposed regulations that would permanently bar from our ports criminals convicted of espionage, sedition, treason, terrorism, crimes involving transportation security, improper transport of hazardous material, unlawful use of an explosive device, murder, violations of the RICO Act where one of the above crimes is a predicate act, and conspiracy to commit any of these crimes.

It would also bar recent felons, those convicted within the last 7 years, or incarcerated in the last 5 years, from working in secure areas of U.S. ports, if they have been convicted of any of these felonies: assault with intent to murder, kidnaping or hostage taking, rape or aggravated sexual abuse, unlawful use of a firearm, extortion, fraud, bribery, smuggling, immigration violations, racketeering, robbery, drug dealing, arson, or conspiracy to commit any of these crimes.

These proposed regulations were developed in consultation and coordination with the Departments of Justice and Transportation to identify individuals who have a propensity to engage in unlawful activity, activity that places our ports at risk. Further, these regulations are nearly identical to the regulations that govern those who have access to our airports and who are involved with transporting hazardous material in the United States. These prohibitions are crucial because individuals who engage in the type of unlawful activity described in the proposed regulations have a greater likelihood to engage in activity that puts American ports at risk.

Our law enforcement officials understand this risk. They understand the threat our ports face with traditional crimes, particularly organized crimes, when they work with terrorists. For example, just recently the FBI apprehended a member of the Russian mafia attempting to sell missiles to an FBI agent he thought was acting as a middleman for terrorists. Joseph Billy, Jr., the FBI's top counterterrorism official, recently commented that the FBI ''is continuing to look at a nexus'' between organized crime and terrorists, and that they ''are looking at this very aggressively.''

The threat is not only criminals working directly with terrorists, it is criminals looking the other way when a suspect container comes through the port. Joseph King, a former Customs Service agent and now a professor at the John Jay College of Criminal Justice, outlined the concern very clearly:

> It's an invitation to smuggling of all kinds. Instead of bringing in 50 kilograms of heroin, what would stop them from bringing in five kilograms of plutonium?