

injuries, Congress directed VA to establish specialized centers for rehabilitative care. VA's four lead Polytrauma Rehabilitation Centers are essential to meeting the needs of the most severely injured veterans and their families.

In the budget before us today, Chairman CONRAD and his colleagues have provided over \$300 million specifically for meeting the needs of these veterans and service members who are in need of the comprehensive health care and rehabilitative services VA delivers through their Polytrauma Centers.

This level of funding will enable VA to conduct assessments and screenings of troops for traumatic brain injury, provide veterans with intensive comprehensive TBI/polytrauma rehabilitation, and most importantly, support intensive case management for veterans with TBI and other injuries when they return to their communities and continue the rehabilitation process.

Recent reports by the VA inspector general and others have illustrated that case management is a key element in the process of assisting these veterans achieve the fullest possible recoveries. Funding VA so that it can provide the continuum of care needed by the most severely injured service members is imperative if we are to truly fulfill our obligation to take care of our troops and veterans.

I am also very pleased that the budget resolution before us is making a long-overdue investment in mental health care.

Studies published in some of the most prestigious journals have found that a third of those seeking VA care are coming for mental health concerns, including PTSD, anxiety, depression, and substance abuse. We do not know the full magnitude of this need, as many returning service members have yet to seek care from VA.

As chairman of the Veterans' Affairs Committee, my goal is to make sure that VA is doing everything possible to guarantee that each and every veteran who needs mental health care—whether in North Dakota, Vermont, or Hawaii—can receive that care.

I remind my colleagues that so much of the time, battle wounds manifest themselves as invisible wounds—wounds which cannot be seen but are every bit as devastating as physical wounds. PTSD affects not only a veteran's mental status, it affects his or her physical well-being as well. It impacts the veteran's relationships, his or her ability to work, and to interact in society. VA must catch readjustment issues early before they turn into full-blown PTSD, and this budget resolution would enable VA to take a serious approach towards making this happen.

When we talk about the mental health needs of veterans, we cannot deny the reality that substance abuse is prevalent among many veterans. We know that many veterans with PTSD turn to drugs or alcohol in order to self-medicate. Yet the administration does not seem to want to be in the

business of helping veterans with substance abuse problems. VA used to provide an intensive month-long program to treat substance abuse. Today, most VA substance abuse programs run for 2 weeks—not nearly enough time to put a veteran truly on the road to recovery. Again, this budget resolution provides funds for comprehensive inpatient substance abuse care. This is a very real investment in VA mental health care.

On the benefits side, the current claims inventory and the time it takes to process a claim is unacceptable. Veterans deserve a timely and accurate response to their claims. It is obvious that Chairman CONRAD agrees, as this budget resolution takes a major step toward responding to this very real problem by providing appropriate funding for VA to use to employ additional claims adjudicators.

There are 30,000 more claims pending right now than last year this time. This constitutes an 8 percent increase. As the veterans population continues to age and new veterans come home from Iraq and Afghanistan, this trend of increased claims will continue. Given that it takes nearly 2 years for a new VA employee to start fully contributing to the bottom line, now is the time for new staff to be hired and trained to help reduce this caseload.

Just 2 weeks ago, the Committee on Veterans' Affairs held a hearing on the VA claims adjudication process. During the hearing, VA witnesses testified to the nearly 400,000 ratings claims inventory and the 175 days it takes to process a claim for benefits. We must insist that VA have no more than 250,000 claims in the pipeline at once, and that it take not more than 125 days to adjudicate a claim. VA clearly needs additional resources to hire the employees needed to adjudicate claims in a timely manner, which this budget resolution certainly provides.

Mr. President, I am very pleased with the investment in veterans programs that is made in this budget resolution. I again commend Chairman CONRAD and the Budget Committee for sending the right message to our Nation's veterans—that we are honoring our commitment to them by making a real investment into their care. I urge my colleagues to support swift passage of the resolution before us today.

MORNING BUSINESS

Mr. SANDERS. Mr. President, I ask unanimous consent there now be period of morning business with Senators permitted to speak therein for up to 10 minutes each.

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

CENTENNIAL CELEBRATION

Mr. REID. Mr. President, I rise to honor the centennial celebration of the Elko Area Chamber of Commerce, which will be held April 1. Almost 100

years ago, 37 citizens and business owners gathered to form the Elko Chamber. Their motto was progress, and their goal was to advertise the many resources that Elko County had to offer. Today, the Chamber claims more than 500 members, but their values are still the same—economic diversification, continued prosperity, and forward progress into the future.

During a recent celebration of the Elko Area Chamber of Commerce, board members reminisced about the history of the chamber. They certainly have many accomplishments to celebrate. One of the most successful programs undertaken by the chamber has been their Chamber Checks Program. This effort has encouraged residents to shop at local businesses and kept more than \$4 million in the community. The chamber also took the lead in relocating the landmark Sherman Station more than 60 miles to the heart of downtown Elko. Each part of the homestead was carefully deconstructed and rebuilt by chamber members and volunteers. Today it serves as the home of the Elko Chamber.

Over the years, I have been privileged to work with the Elko Chamber and the Western Folklife Center to promote and honor cowboy poetry. This rich tradition is an important part of Nevada's western heritage. Every year, Elko hosts the National Cowboy Poetry Gathering, attracting visitors from across the country. The event would not be possible without the dedication of many volunteers and community leaders, including the Elko Chamber.

The Elko Chamber of Commerce embodies the best principles of the residents of northeastern Nevada. It is my great pleasure to honor their centennial celebration before the Senate. I am confident in the continued success of the Elko Chamber of Commerce, and I look forward to working with them for many years to come.

COMMUNITY HEALTH CENTERS INVESTMENT ACT

Mr. SANDERS. Mr. President, today in the United States of America there are 47 million people who are without health insurance and 35 million Americans who are completely without access to the most basic health care services. As a result, in the richest country in the world, 18,000 Americans die each year because their basic health care needs are not met. Despite the fact that we spend twice as much per person on health care than any other industrialized nation, Americans have a lower life expectancy and a higher infant mortality rate than Canada, Japan, and most of Europe.

We are also faced with an alarming dental care crisis in this country. The Surgeon General has reported that tooth decay has become the single most common chronic childhood disease in this country—five times more common than asthma and seven times

more common than hay fever. Surveys have also shown that dental problems cause children to miss more than 51 million hours of school and adults to miss more than 164 million hours of work each year.

This health care and dental care crisis bears down particularly hard on those who live in rural communities where there are few local health care centers and patients must travel many miles to seek the care that they need. Those living in inner-city neighborhoods also often have difficulty receiving the care they need because they lack health insurance and have no means to pay for regular doctors visits. As a result, far too many Americans do not have a primary care doctor or dentist and do not seek preventative care.

This means the only time they see a doctor is when their situation has become so advanced and so dire that they must seek treatment at a hospital emergency room. This is a result that is bad for patients, bad for doctors, and bad for American taxpayers.

Providing underserved patients with better access to primary care will allow doctors to catch problems before they become advanced and require invasive and expensive procedures. It will also, of course, benefit the patient—in many cases saving their lives. Studies have shown that patients with a primary care provider are far more likely to receive appropriate preventative care, need fewer prescription drugs, and spend less time in hospitals and emergency rooms.

The good news is that we have a program in this country that provides primary health care services to those who need it most. Forty years ago, Senator KENNEDY had the foresight to author legislation creating community-based health care centers that treat underserved patients. These centers, now called Federally Qualified Health Centers or FQHCs, provide high-quality primary health care for millions of Americans, regardless of their income.

In addition to treating those who have Medicare, Medicaid, and private insurance, FQHCs primarily serve those who have no health insurance and charge fees on a sliding scale basis. That means that whether you make \$50,000 per year or \$15,000 per year, you will be able to afford treatment. No one who walks into one of these centers is turned away because he or she lacks payment.

In addition to providing the quality care that patients expect to receive when they visit their local doctor's office, these centers also make sure that patients are able to afford the drugs they need by providing them with significant discounts on their prescriptions. The centers also provide critical dental and mental health care—often offering the only available services for those in need.

FQHCs provide primary, dental, and mental health care that is not only high quality but also tailored to meet the needs of the local community. In

order to create an FQHC, Federal law requires not only that there be substantial community input in the development of the center, but also that a majority of the members on the governing board of directors are actual users of the facility.

In other words, those who know the most about the needs of their local community are responsible for overseeing the centers. It is a model that has been highly successful throughout the country, including my own State of Vermont, which has five of these health center organizations serving more than 10 percent of Vermont's population at 18 different locations.

These community health care centers serve as the family doctor for 16 million Americans in more than 5,000 communities across the country. Their success has been well documented with studies repeatedly showing that these centers are a highly cost-effective method for ensuring that underserved patients receive quality health care. In fact the Office of Management and Budget has reported that FQHCs use Federal taxpayer dollars more efficiently than any other federally funded health care program. In addition, studies have found that FQHCs save the Medicaid Program 30 percent or more in annual spending by providing preventative treatment that reduces the need for specialty care referrals and hospital admissions.

There are not many issues on which President Bush and I agree, but the importance of community health care centers is one area where we have found some common ground. The success of this program has earned support and praise from the White House, as well as members of this body on both sides of the aisle. With congressional support, over the past 5 years, nearly 900 underserved communities were able to establish or expand a health center, bringing the number of Americans served by these centers to more than 5 million patients.

Unfortunately, during that same period more than 800 centers were denied FQHC status, and the Federal funds that go with it, not because they were not qualified but simply because there was not sufficient funding to incorporate them. That is 800 communities throughout this country that are left desperately in need of the quality, low-cost preventative care that these centers provide.

Existing centers throughout this country are also in jeopardy. Over the past 2 years, Federal grant support for these centers has been reduced, threatening their ability to serve all of those in need.

It is for that reason that I introduced a bill yesterday, along with Senator LISA MURKOWSKI of Alaska, to increase Federal support for community health centers over the next 8 years and ensure that millions of Americans living in medically underserved areas receive the care they need. This legislation would start by authorizing a funding

level commensurate with our current need—an increase of \$575 million for the upcoming year and increases between \$400 and \$600 million for the following 7 years. That will provide enough resources to fund not only the backlog of the 800 approved but unfunded health centers, but also future applicants who meet the criteria for FQHC status. It would also make sure that existing centers are able to grow with the communities that they serve by giving them annual funding increases that are commensurate with the number of patients they serve and the increased costs they incur.

This legislation would also correct the unfair and outdated system these centers are forced to contend with for Medicare reimbursements. While health centers provide care to more than 1 million medically underserved Medicare beneficiaries, their Medicare payments are subject to an arbitrary payment cap that was established in 1991 and adjusted only marginally since. The result is more than \$50 million in lost Medicare reimbursement funds that health centers now are forced to find a way to subsidize. This legislation would eliminate the inaccurate payment cap and ensure that these centers are reimbursed fairly for the care they provide to seniors and disabled patients.

Finally, this important legislation would also ensure that our Nation's community health centers have the workforce they need by expanding the National Health Service Corps. Currently, health centers rely on the National Health Service Corps for more than 20 percent of their physician workforce. Unfortunately, last year, health centers experienced a 15 percent physician vacancy rate and a 19 percent dentist vacancy rate nationally. This legislation would more than double funding for the National Health Service Corps over the next 8 years in order to train and send more primary care doctors and dentists into rural and inner-city communities.

In the richest country in the world, no American should have to go without basic primary health care. Federally Qualified Health Centers serve as a lifeline for millions of low-income Americans, and we should build on their success by expanding this program for all those in need.

IDAHO'S PROUD WARRIORS

Mr. CRAPO. Mr. President, it gives me great pleasure and is a tremendous honor to call attention to the brave and honorable soldiers of Company B, 1st Battalion, 183rd Aviation Army National Guard unit from Boise, ID. In a letter to Idaho Governor Butch Otter from Lieutenant Colonel S.G. Fosdal, stationed at Forward Operating Base Bermel in Afghanistan, Company B's highly respected and renowned reputation is made clear. The heroism displayed in support of Army special forces, Marine, and Afghan troops