

So people say: Well, gee, the Canadian system is not perfect; The British system is not perfect; The Danish system is not perfect. True enough. Neither is our system. And we spend twice as much per person on health care as does any other system.

Tonight, and in the coming few days, we are going to be focusing on the needs of our children. In the midst of a nation with 46 million uninsured, we have over 9 million children, one in nine, who are also uninsured. Every 46 seconds another baby is born uninsured in the United States.

I have heard a lot through my career in the U.S. Congress about family values. So let me be very clear and suggest that it is not a family value to live in a country in which 9 million children have no health insurance at all.

Uninsured children are almost 12 times as likely as insured children to have an untreated medical need, are four times as likely as insured children to have an unmet dental need.

The statistics go on. An estimated two-thirds of children and adolescents with mental health needs are not getting the care they need. Only one in five children with serious emotional disturbances receives specialized treatment. Given this sorry state of affairs, I find it ironic that we are having any debate about increasing health care coverage for children under the CHIP program. It seems to me that the very least this Nation should be doing is providing health insurance to every child in America—something, by the way, this bill does not do.

If this bill, in its current form, were to pass tomorrow, it would provide health insurance to approximately one-third of the children who are uninsured—one-third. In my opinion, as we move toward a national health care program guaranteeing health care to every man, woman, and child, the very least we should be doing is making sure all of our children are covered. That is why I have recently introduced S. 1564, the All Healthy Children Act of 2007.

This bill, in fact, would provide the opportunity for every child in America to have health care coverage. In addition, since insurance coverage alone does not guarantee access—in other words, you can have health insurance, but you cannot necessarily find a doctor or a dentist who will treat you—we must also make certain there is an adequate supply of health professionals and conveniently located sites of care.

Along with Senator MURKOWSKI, I have also introduced S. 941, the Community Health Centers Investment Act, to significantly expand the number of community-based, federally qualified centers, a proven cost-effective system of primary health care that is governed by the people who use it. These health care democracies serve all regardless of ability to pay and insurance status.

The issue we are dealing with in terms of health care is not only pro-

viding health insurance but making sure there are doctors and clinics and hospitals available to treat the people who need the help. One of the crises, of the many we are facing as a nation in terms of health care, is, believe it or not, we are not producing the doctors we need for today, especially in rural areas and primarily in primary health care. We are not producing the dentists we need. We are not producing the nurses we need. As our Nation becomes older, those problems will only become more severe.

In that regard, I have done what I could and will continue to move forward to significantly increase the funding for the National Health Service Corps, to provide scholarships and loan repayment to those choosing primary care specialties and agreeing to practice in underserved areas. I am happy we are on a path to increase funding for community health centers, but clearly we have a long way to go in order to fund the national health service.

While the debate on these initiatives awaits another day, we must pass a CHIP bill that matches the House bill in funding level. Accordingly, I will be cosponsoring the Kerry amendment to provide SCHIP with a \$50 billion increased authorization over the next 5 years. At a minimum, though, I certainly hope the Senate passes the bill approved by the Senate Finance Committee.

I know some of the objections raised about expanding health care coverage for children come from people who think spending the amount of money proposed in this legislation is too much. I mention to those Members who, in many cases—certainly including the President of the United States—are supporting the repeal of the inheritance tax, the estate tax, to tell them that with the full repeal of the estate tax, one of the wealthiest families in America would receive in tax breaks almost as much money as we are attempting to spend right now to provide health care for over 3 million American children. So on the one hand, there are people—the President of the United States, among others—who say we have to repeal the inheritance tax, all of which benefits now will go to the wealthiest three-tenths of 1 percent. One family getting \$32 billion, that is a good idea. But to provide \$35 billion to provide health care for over 3 million American children, that is a bad idea. I think those priorities are a little bit backwards.

Let me conclude by saying all of us are very proud to be Americans. We want this country to be No. 1 in many respects. It should not give any of us pride to know that in every other major country on Earth virtually all of the people have health insurance as a right, have lower cost prescription drugs than we do. The idea that today and tomorrow we will be debating whether we can afford to provide another 3 million children with health in-

surance suggests to me we have a long way to go in this debate. We should not only provide health insurance to 3 million children, we should provide health insurance to the over 9 million children who are without health insurance. We should provide health insurance not just to 9 million uninsured children but to 46 million uninsured Americans.

In my view, health care is a right, not a privilege. The idea that there are people today who are scared to death about what happens when they or their children become ill because of the high cost of health insurance is something that should not take place in this country. This bill is a small but important step forward.

At the end of the day, we have to join the rest of the industrialized world and make sure all of our people, regardless of income, have high quality health care.

MORNING BUSINESS

Mr. SANDERS. I ask unanimous consent that there now be a 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.

NOMINATION OF LESLIE SOUTHWICK

Mr. HATCH. Madam President, I rise in strong support of Judge Leslie Southwick's nomination to the United States Court of Appeals for the Fifth Circuit.

The evaluations, hearings, and investigations are complete.

The American Bar Association's highest rating is in.

It is time for this body, the United States Senate, to decide whether to consent to this judicial nomination by voting up or down. That is our role and we should assert it rather than avoid it.

Vote yes or vote no, but it is time for this body to do its duty and vote on the Southwick nomination.

This Senator will proudly vote to confirm this excellent nominee.

Before looking specifically at the Southwick nomination, I must respond to some recent remarks made by my Democratic colleagues concerning the confirmation process.

Three of their claims require a response.

First, Democrats have said that the three appeals court nominees confirmed so far this year are "three more than were confirmed in this similar year in the last Clinton term."

That is a factual claim and it is either true or false.

An evaluation of this claim is simple:

We are in the third year of President Bush's second term and the Senate is controlled by the other party.

The third year of President Clinton's second term was 1999, when the Senate also was controlled by the other party.