

The yeas and nays were ordered.

AMENDMENT NO. 2590 TO AMENDMENT NO. 2589

Mr. REID. Mr. President, I send a second-degree amendment to the desk and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report the amendment.

The legislative clerk read as follows:

The Senator from Nevada [Mr. REID] proposes an amendment numbered 2590 to amendment No. 2589.

The amendment is as follows:

In the amendment strike 3 and insert 1.

Mr. REID. Mr. President, I ask unanimous consent that the Senate continue consideration of H.R. 976.

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

Mr. COBURN. Mr. President, the majority leader asked unanimous consent to bring the ethics bill to the floor. He filled the tree, limiting amendments. I wish to spend a minute talking about that.

I honestly believe we are never going to have the problems fixed in Washington until we have absolute and complete transparency on earmarks. Senator DEMINT and I have both, numerous times, asked for unanimous consent that what we voted on 96 to 0 in the Senate be the order of the day when it comes to transparency on earmarks. That was rejected. We had a Democratic conference, and what we actually did—and I am not saying this partisanly at all; this is not a partisan issue—but what we did is gutted the transparency portion of the earmark reform. If you think the problems are going to stop with the ethics bill that is going to be coming up, we have another thought coming.

What the leadership has done, the majority leader along with those in the other body, they have cleaned the outside of the cup to what looks like is a good deal for the American public, but when you look over the edge of the cup, what you see is filth, what you see is a lack of integrity, what you see is a planned method to skirt transparency. The only thing Americans should believe is the only way they are going to know everything is on the up and up in this body is with 100 percent transparency. Anything less than that will not get you the accountability, will not solve the ethical problems that are out there. We need to be about that.

I am going to work hard to talk about that more. I think it is unpromising what we are seeing done at this time to pull the wool over the eyes of the American people when it comes to earmarks. That is not a partisan issue. I am against earmarks, especially if they are not 100 percent transparent. But if you look at every ethical lapse that has happened in this body, it always goes back to earmarks. When they are transparent, and fully transparent to where the American people can see it, you are going to start getting good Government again. Until then, you are not.

I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota is recognized.

Ms. KLOBUCHAR. Thank you, Mr. President.

I am here today to talk about the State Children's Health Insurance Program. I, first, do wish to say I am very pleased we are advancing an ethics bill in the Senate. I am very pleased with the work the majority leader has done on this bill. As a freshman class, we came in with some energy, and we came in with a commitment that we cannot do business as usual in Washington.

This ethics bill, as many outside groups have stated, is the most sweeping ethics reform we have seen since Watergate. It is about banning gifts and free meals. It is about not allowing people to take advantage of corporate jets. It is about bringing transparency to the earmark process.

I am very glad this advanced. I did not agree with a few of our Members who tried to block this from going to conference committee. I am glad we found a way procedurally to bring this legislation to the Senate. I am very hopeful it will pass the Senate, as it passed the House today.

#### SMALL BUSINESS TAX RELIEF ACT OF 2007—Continued

Ms. KLOBUCHAR. Mr. President, I am here today to talk about health care. Today, 45 million Americans are living without access to affordable health care. In a nation of such tremendous wealth and opportunity, with such a strong belief in science and research and medical advancement—we certainly have that in our State, the State of Minnesota—one wonders how so many of our fellow citizens can be burdened with the daily worry of what to do should a health disaster strike themselves or a loved one.

Health insurance premiums have skyrocketed into orbits unreachable by an increasing number of middle-class families. We have seen this in our State, where we actually have a fairly high level of people covered. But health care premiums for the middle class are so many times out of reach. We have seen nearly a 100-percent increase in the last few years in our State.

The foundations of employer-based health insurance are buckling under enormous cost pressures. The result is that ever more Americans are squeezed by health care costs and face awful decisions about delaying or forgoing needed medical treatment and care.

I, in fact, woke up this morning trying to decide when my daughter would get her braces because of the health insurance policy we got that makes you wait 2 years to get that kind of care. Well, we are lucky to be able to even have that insurance because so many kids in this country do not have it.

In fact, nearly 9 million of the uninsured in America are children. Kids without access to health care are at an

enormous disadvantage as they grow up and start to make their life in this world. Children without health coverage are less likely to get basic preventive care, less likely to see a doctor regularly, and less likely to perform well in school. Children without health coverage are also more likely to show up at the hospital sicker and more likely to develop costly chronic diseases.

Currently covering 6 million children, the Children's Health Insurance Program succeeded in improving their lives by giving them access to the health care services they need. It is a successful program that deserves to reach even more children. This is important because, first of all, it is the decent thing to do for America's children who, through no fault of their own, are growing up in families that cannot otherwise get affordable health insurance. But this is also important because it is something that is good for all of us.

That is because insuring our children is a smart investment. It is a smart investment to make sure America's children get preventive medical care. It is a smart investment to help America's children grow up as healthy as they can be. It is a smart investment to have America's children in school focused on learning rather than distracted by a sickness or an injury that has gone untreated. It is a smart investment to have America's children get medical care through a sensible system of health insurance rather than having them end up in a hospital emergency room as their health care provider of last resort, increasing the bill for the rest of us.

I have seen the direct impact at the local level. For 8 years, I was the county attorney. As county attorney, my office represented the largest safety net hospital in Minnesota. That is the Hennepin County Medical Center in Minneapolis. It is one of the Nation's premier public teaching and research hospitals. It has a nationally recognized level 1 trauma center with the largest emergency room in our State.

The hospital serves patients regardless of their ability to pay. As a result, in 2006, the Hennepin County Medical Center's level of uncompensated care added up to \$38 million—almost double what it was in the year 2000. That is because the emergency room was these people's doctor. People say: Well, they do not have insurance. They cannot get a doctor. Well, they have a doctor. It is the emergency room. The taxpayers are paying for it, and it is the most expensive place to get health care. It is the clinic of last resort for the uninsured, whether it is for minor illnesses or for more serious conditions that went untreated or could have been prevented.

Both in the short run and over the long term, expanding health insurance coverage offers a better deal for our Nation's health and for our continued prosperity. The people of my State

have recognized this for a long time. Back in 1992, the leaders in my State voted to establish MinnesotaCare to provide children and their families with a new opportunity to secure health coverage.

The initiative was created with bipartisan support in our State legislature, and it was signed into law by Republican Governor Arne Carlson.

Within a decade—and thanks to the Children's Health Insurance Program—MinnesotaCare had grown to cover more than 150,000 Minnesotans and helped to make my State No. 1 in the Nation for the percentage of residents with health coverage.

But we are now losing the high ground we worked so hard to gain, as a growing number of Minnesotans, especially children, go without health coverage. Uncompensated health care costs for Minnesota's urban and rural hospitals have jumped substantially in recent years. Much of this increase in uncompensated care is due to a decline in health care coverage in our State.

For example, between 2001 and 2004, the proportion of Minnesotans who had health coverage through their employers declined from more than 68 percent to less than 63 percent. During the same period, the proportion of Minnesota children covered through their parents' employer also declined from roughly 77 percent to 69 percent.

Not surprisingly, the number of Minnesota children lacking health coverage increased significantly. Today, an estimated 82,000 Minnesota children are without health coverage.

At the time when thousands of Minnesotans are losing coverage from their employers, or they are being priced out of the insurance market by ever-higher premiums, MinnesotaCare's funding has also been scaled back.

In Congress, we have the opportunity to do something about this—starting with the reauthorization of the Children's Health Insurance Program.

Recently, the Senate Finance Committee approved bipartisan legislation to reauthorize the Children's Health Insurance Program. Although I believe it could be even stronger, this compromise legislation authorizes \$35 billion over 5 years to expand the Children's Health Insurance Program and extend quality health insurance to an additional 3.2 million children who currently lack coverage.

This legislation provides much needed funding for States to maintain and expand their programs and ensure that States that have suffered Federal funding shortfalls, including Minnesota, will now experience a stable level of Federal dollars.

As a State-Federal partnership, Children's Health Insurance Program has granted States the ability to tailor their programs to meet the needs of their residents. Some States increased eligibility levels for children. Other States allowed pregnant women to be covered under the program.

With MinnesotaCare, my State was an early leader in covering children

from working families who had incomes above the Federal poverty level but still could not afford health insurance. In 2001, Minnesota was granted a waiver to extend the coverage to parents with incomes up to twice the Federal poverty line.

I would like to make one point clear. In no way is Minnesota covering parents at the expense of children. When the Children's Health Insurance Program was established in 1997, Minnesota already had one of the highest levels of covering children. So why did Minnesota include low-income working parents? The reason is simple. Ample research shows that when parents have coverage, children also get coverage, and they are more likely to actually receive medical care.

I have to point out the Bush administration agrees—or at least at one time it did. Here is a quote from Health and Human Services Secretary Tommy Thompson in June of 2001, when his Department approved Minnesota's waiver. He said:

I am thrilled today to extend the promise of health care insurance to parents. We know there is a greater likelihood that kids will stay insured if their parents also have coverage.

Agreeing with Secretary Thompson was Mark McClellan, the Administrator for the Centers for Medicare and Medicaid Services. Testifying in 2006 before the Finance Committee about the virtues of parent coverage, he said:

Extending coverage to parents and caregivers may also increase the likelihood that their children remain enrolled in SCHIP.

So as recently as last year, top officials in the Bush administration were on record affirming the strong evidence of the role of parental coverage in the health care and well-being of children. Now the President and his allies have backtracked and would prefer to take coverage away from American families, including 34,000 parents in Minnesota alone.

I will tell my colleagues what seems odd to me. Both the President and the Vice President were recently in hospitals, and they were covered. That is good. But why would they want to deny millions of kids in this country the same right? Why would they want to deny 34,000 parents in Minnesota the same right?

As Congressional Budget Office Director Peter Orszag stated during a Finance Committee markup of this bill:

When you remove parents from health coverage, you end up removing kids too.

It doesn't make sense. Our goal must be to secure health care access for more—not fewer—Americans.

The White House is living in the past instead of looking to the future. Leaders at the State level, including many Republican Governors, have already moved well beyond the President's constricted position and are committed to trying to expand health coverage to their residents.

Minnesota's Republican Governor, Gov. Tim Pawlenty, currently the

chair of the National Governors Association, recently signed a letter to congressional leadership asking them to reauthorize the Children's Health Insurance Program. I have this letter in front of me and I wish to quote from it:

The Nation's governors call on Congress and the administration to reauthorize the State Children's Health Insurance Program prior to September 30, 2007.

They talk about how the authorization is critical for the safety net.

Then they go on to say:

While we have not taken a position on the actual overall funding amount or the sources of revenue used as offsets, we are encouraged by the Senate Finance Committee's efforts to move a bipartisan reauthorization bill that provides increased funding and reflects the general philosophy that State flexibility and options and incentives for States are preferable to mandates.

Not only did Gov. Tim Pawlenty sign this, I know the Governor of the Presiding Officer's home State of Ohio signed it. I also see that Governor Schwarzenegger of California signed this. There are dozens and dozens of signatures of the Nation's Governors.

I ask unanimous consent to have printed in the RECORD this letter from the National Governors Association, Gov. Tim Pawlenty, Chair.

There being no objection, the material was ordered to be printed in the Record, as follows:

*Washington, DC, July 24, 2007.*

Hon. HARRY REID,  
Majority Leader, U.S. Senate, Washington, DC  
Hon. MITCH MCCONNELL,  
Minority Leader, U.S. Senate, Washington, DC  
Hon. NANCY PELOSI,  
Speaker, U.S. House of Representatives, Washington, DC

Hon. JOHN BOEHNER,  
Minority Leader, U.S. House of Representatives, Washington, DC

DEAR SENATOR REID, SENATOR MCCONNELL, SPEAKER PELOSI AND REPRESENTATIVE BOEHNER: The nation's governors call on Congress and the Administration to reauthorize the State Children's Health Insurance Program (SCHIP) prior to September 30, 2007. The authorization for this critical safety net program will soon expire and urgent action is needed to ensure its continued success for the next five years. For many reasons, defaulting to a series of temporary extensions of the program would be untenable for states and the millions of children who rely upon the program.

While we have not taken a position on the actual overall funding amount or the sources of revenue used as offsets, we are encouraged by the Senate Finance Committee's efforts to move a bipartisan reauthorization bill that provides increased funding and reflects the general philosophy that state flexibility and options and incentives for states are preferable to mandates. Our recently enacted policy on SCHIP and a series of letters we have sent since February outline our positions on these issues in more detail.

We look forward to working with all of you to ensure that a sensible bipartisan SCHIP reauthorization can be signed into law in a timely and certain manner.

Sincerely,

Governor Tim Pawlenty; Governor James H. Douglas, Chair, Health and Human Services Committee; Governor Edward G. Rendell; Governor Jon S. Corzine, Vice Chair, Health and Human Services Committee; Governor Janet Napolitano, Arizona; Governor Ruth

Ann Minner, Delaware; Governor M. Jodi Rell, Connecticut; Governor Mike Beebe, Arkansas; Governor M. Michael Rounds, South Dakota; Governor John Baldacci, Maine; Governor Martin O'Malley, Maryland; Governor Rod Blagojevich, Illinois; Governor Christine O. Gregoire, Washington; Governor Deval Patrick, Massachusetts; Governor Jennifer M. Granholm, Michigan; Governor Brian Schweitzer, Montana; Governor Kathleen Babineaux Blanco, Louisiana; Governor Bill Ritter, Colorado; Governor Brad Henry, Oklahoma; Governor Benigno Fitial, Northern Mariana Islands; Governor Felix Perez Camacho, Guam; Governor Elliot Spitzer, New York; Governor Jim Doyle, Wisconsin; Governor Chester J. Culver, Iowa; Governor Jon M. Huntsman, Jr., Utah; Governor Kathleen Sebelius, Kansas; Governor Timothy M. Kaine, Virginia; Governor Ted Strickland, Ohio; Governor Don Carcieri, Rhode Island; Governor John Lynch, New Hampshire; Governor Ernie Fletcher, Kentucky; Governor Sony Perdue, Georgia; Governor Bill Richardson, New Mexico; Governor Arnold Schwarzenegger, California; Governor Dave Heineman, Nebraska; Governor Michael F. Easley, North Carolina; Governor Jim Gibbons, Nevada; Governor Linda Lingle, Hawaii; Governor Theodore Kulongoski, Oregon; Governor Phil Bredesen, Tennessee; Governor Sarah Palin, Alaska; Governor Dave Freudenthal, Wyoming; Governor John Hoeven, North Dakota.

Ms. KLOBUCHAR. Mr. President, here is one more indicator of broad-based support for this insurance. A few days ago, a group of law enforcement leaders in my State came together to express their support for expanding the Children's Health Insurance Program. They included Minneapolis Police Chief Tim Dolan, my former colleague Dakota County Attorney Jim Backstrom, and Hennepin County Sheriff Rich Stanek, who also happens to be a former Republican State legislator. They believe that investing in health insurance for kids and their families is one of the best things we can do to fight crime and ensure safe, prosperous communities.

The time to act is now. In a few months, the Children's Health Insurance Program will expire. If that happens, our children will suffer. The President should reconsider his threat to veto. My Senate colleagues who say they are against this bipartisan compromise legislation should reconsider their opposition.

I thank the Finance Committee for its efforts to bring this bill to the floor and to expand this important and successful initiative. It is not only good for American kids, it is good for our families and for our local communities, and it is good for all of us, because it improves our Nation's health and prosperity.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The junior Senator from Tennessee is recognized.

Mr. CORKER. Mr. President, I rise this evening at this late hour to again talk about the SCHIP bill before us,

but even talk a little further about health care for all Americans. I don't think there is anybody in this body who believes that at some point we are not going to extend children's health care coverage. I think everybody in this body realizes what we are doing right now is talking about how, in fact, that is going to be done. Even if the President were to veto this bill, I think all of us realize that again, in some form or fashion, we are going to come back together and we are going to make sure the children of America benefit from the SCHIP program that has been in place now since 1997. I think as we look at the issues we are dealing with on this SCHIP bill, as we look at the many issues we are dealing with involving Medicaid and Medicare, I know of no other moment for us to more fully be able to debate the future of health care in our country in general.

I think all of us know, as the Senator from Minnesota said and many Senators before her have said, there are 45 million Americans today who at some point in time during the year did not have health insurance. In my own State of Tennessee, we have 800,000 people in the State who do not have health insurance. The toll is enormous. I think all of us can tell a story about a friend or a neighbor or somebody we have seen in our cities as we go back into the States who does not have health care coverage and the insecurities they feel. We are having one of the most dynamic growths in markets in U.S. history, and yet so many people in America feel insecure. I am convinced one of the main reasons is because so many people feel insecure about their health care coverage.

I know that throughout the campaign, in the 95 counties of our State that I visited, I met so many Tennesseans who were concerned about the financial health of their family because they did not have health insurance, and about whether their husbands who might have had seizures would be able to get the proper care they might need. So I believe it is a moral obligation for us here in the Senate and for those in the Congress to deal with this issue in a much broader way even than as we are talking about during this SCHIP debate. I also believe as this Presidential race unfolds, almost every Presidential candidate will have to face Americans and talk about how they plan to deal with the fact that Americans today do not have the health insurance coverage they need.

That is why today I rise to join the Senator from North Carolina, Senator BURR, with Senate bill 1886, which is the Every American Insured Health Act. Americans want to control their own destiny. They don't like the fact that an employer might decide what kind of coverage they have, or if they have coverage at all. They don't like the fact that some bureaucrat in Washington may decide that they have coverage or not. Americans like to know they have their destiny in their own

hands. There is something about American psyches that is grounded in that particular issue.

So what we propose through the Every American Insured Health Act is that every individual in America—every individual in America—who is not now covered by some existing governmental program would receive a \$2,160 tax credit, and every family would receive \$5,400. This is very different than many proposals in the past where we talked about a tax deduction. One of the things I think we all know we can talk about which are niceties—things that are decent—are health savings accounts. We can talk about other things that sort of nibble at the edges, if you will, as they relate to health care, but the only thing that allows people to own their own health insurance is the money to pay for it. So we, through what is called a refundable tax credit in this bill, caused that to be the case.

Unlike the other bills that are being discussed today, and unlike so many other health care acts we discussed, this actually is revenue neutral. This is one of those things that allows every American to be covered with health insurance, yet does not pile on a deficit, if you will, for the children of our future to have to deal with. It is absolutely revenue neutral.

Let me tell my colleagues how it works. A lot of people, such as we here in the Senate, receive our health insurance through our employer—the Federal Government. A lot of people receive health insurance through the employer they work for back in our home States. Let me give a little example. For an individual in Tennessee who might make \$40,000 and receive a \$5,000 health benefit, whereas now that is not taxable, in the future, if this bill were to be enacted, they would have to actually pay tax on that and their tax bill would be about \$1,250. Under the provisions of this act, what we would propose is that every individual would receive \$2,160, so they could pay their tax bill, and then have money left over to deal with whatever other health issues they might have.

The most important aspect of this, though, is it means that so many Americans today—Tennesseans, Ohioans, Minnesotans—who don't have health insurance, through this proposal would actually have the money, the money timed in a fashion to actually allow them to purchase health insurance. This would mean that virtually everybody in America, through this plan, would have the opportunity to own their own health insurance plan and they themselves would decide who the carrier would be. This would do something that was discussed by Dr. Coburn from Oklahoma. It would do away with what we call cost shifting.

Obviously, the 45 million citizens, as the Senator from Minnesota mentioned, get health care; they just happen to get it at the emergency room. Who pays for that? Well, all of those

people who go out and buy private health plans or employers who buy those, actually pay for that, because all of those costs are shifted to the other plans. What the Every American Insured Health Act would do is do away totally with cost shifting, because everybody in America would own their own plan and those plans would be paying for their health coverage.

This obviously includes a few other attributes. It includes reforms for States so that States can set up pools, so that individuals today who don't have access to other pools of insurance at lesser expensive rates, it allows the States to set up pools so that individuals can buy their insurance through those pools. It also incentivizes States to set up high-risk pools. There are obviously many people, by the grace of God, by the genes they are created from, who have health issues that some of us don't have to deal with, so their health care costs are higher, if you will, than other Americans. This would provide incentives for States to set up high-risk pools so that those people could benefit from the opportunity of being grouped with others.

One other attribute and incentive of this is it causes States to actually set up a plan—a plan in their State—that has of the cost 6 percent of the median income of the population of that State, so that you create a basic plan that certainly almost everyone—everyone in their State certainly, by virtue of the plan we are laying out, would obviously be able to afford. This obviously, as I mentioned, would reduce the cost to people around our country who are trying to do the right thing by their employees. It obviously gives people the opportunity—every American—to determine their own destiny as it relates to health care.

I know this bill is not perfect; no bill is. I want to say in closing that the reason I have joined Senator BURR and others to offer this bill is I do believe this country continues and continues and continues to have a debate about the fringes, if you will. We talk about children. We talk about other populations. We offer in many ways what I think is empty rhetoric around the issue of health care. This is a solution. It may not be a perfect solution. But I ask my colleagues to please join the debate about health care in a way that ensures that every American has access to health care.

We are very fortunate in this body. We have health care. All of us know of people who truly are concerned about the next day and the next day and the next day, about how they are going to survive because a loved one in their family has health care issues that are not covered. So I ask my colleagues, please, don't turn away from this plan. Join the debate and let's make sure that this body puts forth an act, a bill, a solution, if you will, to make sure that every American—every American—has the same benefit we here in the Senate have.

Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. WHITEHOUSE). The Senator from Ohio is recognized.

Mr. BROWN. Mr. President, the Children's Health Insurance Program is a success story. It was created in 1996 during my second term in the House of Representatives under a Republican-controlled Congress and signed into law by President Clinton. It was exactly what voters sent people to Washington to do. It was bipartisan, with a Democratic President working with a Republican Congress, with wide support within Congress from large numbers of both Democrats and Republicans.

Since then, the program has reduced the number of uninsured children in working families by one-third; 6.6 million children are covered nationally. More than 218,000 children are covered in my State of Ohio, from Galion to Gallipolis, from Mansfield to Middletown, from Xenia to Zanesville. These children now get care in their doctors' offices but not, as the President suggests, in the emergency rooms. Their care is delivered when it is needed, not when it is too late. They go to their family physician with an ear infection, and they get an antibiotic that may cost \$50 or \$75 or \$100. The child gets sent home with his or her mother or father, and the child is cured instead of the ear ache getting so bad for a child whose parent has no insurance, and the parent waiting and hoping it gets better. The child goes to the emergency room at the cost of several hundred dollars, and the child may have a permanent hearing loss as a result, with what that does to the child's future in school and to the child's future later in getting a job.

These children under the CHIP program have good, reliable health coverage. The Children's Health Insurance Program, in short, works. It works for our Ohio children, our Ohio parents, and for Ohio communities. But it does not work as well as it could.

Today we have the opportunity to make the Children's Health Insurance Program what it should be. Sadly, we all know millions of American children—far too many children in Dayton and Columbus and Toledo and Cleveland and Akron and Canton and Youngstown and Cincinnati—remain without health insurance, even though the law states they are eligible for it.

Eleven years ago, in 1996, Congress made a promise to America's children. Right now, today, this week, in the Senate and in the House, we have the opportunity to live up to that promise. We can pass this bill to provide health insurance to 3.2 million more children, children who have missed out on our promise—not their fault, ours—so far.

This is a bipartisan effort and bill, just like the original was a decade ago. That is because this legislation is about children, not politics. This bill is about helping children.

Let me tell a story about how the Children's Health Insurance Program

has helped one family in Ohio. Seth Novak is a 3-year-old boy who lives in Lebanon, OH, in Warren County, outside Cincinnati, the southwestern part of the State. This is a picture of Seth. His dad is self-employed. He helps churches with their construction projects.

The family buys private health insurance for \$444 a month that covers the parents and Seth's two older siblings. But Seth has Down Syndrome and other health problems. In addition, in an attempt to get health insurance for her son, Seth's mom checked with six different insurance companies. She was quoted rates from \$1,200 to \$1,800 per month for private insurance—just for Seth, not for Mr. and Mrs. Novak or the two older children.

The Novaks are a hard-working family, but they simply cannot afford \$14,400 a year for a policy covering only one of their children, not to mention their own insurance, another \$444. They cannot afford a policy of \$14,000 a year for one of their children, which would cover only part of the cost, frankly, for only some of the care Seth needs.

Just this week, the Novak family learned that Seth's eligibility for Medicaid/SCHIP has been denied effective August 31. That is why we have work to do. Where will Seth go for medical care? What if something happens?

There is hope for Seth, though. In Ohio, Governor Strickland and legislative leadership—again, in Ohio, it is a bipartisan effort—by increasing eligibility for the Children's Health Insurance Program to children up to 300 percent of the Federal poverty level. As Assistant Majority Leader Durbin pointed out about an hour and a half ago, these are not people living in the lap of luxury when you say 300 percent of the poverty level. These are middle-class families with significant health problems, who simply cannot afford, on their middle-class salaries and wages, their health insurance.

In January, the legislature and the Governor, understanding the plight that families like Seth's find themselves in, when the new eligibility for the program goes into effect, the Novaks of Lebanon, OH, will be able to restore his health insurance and still pay their bills and take care of their family.

Ohio's leaders have taken care of Seth and thousands like him. They need Congress and the President this week to do the same.

I have a picture of another Ohio family—a success story—who can attest to how the Children's Health Insurance Program helped them. This is Latonya Shoulders of Kent, OH, and her son Phillip Grant, Jr.

In 1996, Latonya was a pregnant, full-time student at Kent State University, my wife's alma mater. She didn't have health insurance or the resources to afford medical care. She enrolled in Ohio's Medicaid Program about halfway through her pregnancy. Her son had Medicaid/SCHIP coverage until he

was 5 years old. That is when she finished her bachelor's degree and got a job as a nurse with insurance benefits.

The Children's Health Insurance Program was there for Phillip in the first years of his life. The program provided for him in several medical emergencies. At 2 years old, he was bitten by another child at daycare and developed acute cellulitis. He spent 2 days in the hospital. When he was about 4, he cut his arm and had a recurrence of cellulitis. This required two surgeries, both inpatient and outpatient treatment.

As any parent knows, raising children means all too many visits to the hospital. These hospital stays could have devastated this family's finances and so much that went with it, right when Latonya was working so hard to get her nursing degree and to get ahead. Latonya is proud that she no longer needs Medicaid/Children's Health Insurance Program coverage for her son.

As I said, she is now a nurse and has health insurance. The program helped Latonya when she and Phillip needed it. Today she is a productive taxpaying citizen, and he is a healthy boy. The goal now is to let other families experience the same benefit.

President Bush came to Cleveland recently—about 25, 20 miles from my home—and told an audience of Ohioans:

People have access to health care in America. After all, you just go to an emergency room.

The President doesn't seem to realize that is exactly the problem. We all know emergency care is much more expensive than a scheduled visit to a doctor or a clinic. When people go to emergency rooms and hospitals, they end up with large costs which insurance companies bear and then raise their premiums, or the hospital eats the cost. It is a huge burden on hospitals, especially hospitals in places such as rural Appalachia, in southeast Ohio, and places such as Zanesville and Morgan County and Athens and Gallia County and Lawrence County. It is a burden on hospitals such as Metro in Cleveland, which serves our community so well, or Akron General or the Summa or Lorain's community health center. These hard-working families cannot afford health insurance for children, much less if the child has a serious health issue.

I want to make sure children like Seth Novak and Phillip Grant receive the care they need. This is a picture of Seth playing on a slide. I want him to be strong and healthy so he can continue playing and getting his exercise and enjoying his childhood, with health insurance; or this picture of Phillip with his mother at her graduation. I want him to grow up healthy so he can pursue a bachelor's degree just like his mom did. I want every child in Ohio to thrive and develop to his or her full potential.

Ohio families should be able to take care of their bills without worrying

about whether they will get their most basic health care needs met. Every eligible child should be able to benefit from the Children's Health Insurance Program—every eligible child in this country. That requires the additional \$35 billion that this bill authorizes. That is about how many weeks in Iraq? We spend \$2.5 billion a week in Iraq, and here we are asking for \$35 billion over 5 years. That requires that additional \$35 billion.

I want our President to see past relying on emergency rooms, thinking that is the best option to provide the basic medical care that our low-income families need, and instead, to provide it through an insurance program so a mother can take her child to a family practitioner and get the kind of preventive care that my friend from Oklahoma, Senator COBURN, talked about. Even though he doesn't agree with this legislation, he talked about getting the care that these children need that only health insurance—not emergency room treatment—will get them.

This bill is about children, not about politics. It needs to pass.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

(Mr. BROWN assumed the Chair.)

Mr. WHITEHOUSE. 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. WHITEHOUSE. Mr. President, I speak today in support of the Children's Health Insurance Program. I want to first applaud the Finance Committee for its bipartisan 17-to-4 vote to approve this bill. I thank Senators BAUCUS, ROCKEFELLER, GRASSLEY, and HATCH, Majority Leader REID, and also the staff of the Finance Committee for all their hard work through the very difficult negotiations that made it possible to bring this critical measure so strongly to the floor.

I also recognize Rhode Island's role in this piece of legislation, going all the way back to the distinguished Senator John Chafee, one of the early bipartisan sponsors of the bill. Now on the floor today, my senior Senator, JACK REED, has been one of the most powerful and outstanding advocates for this program in this institution. I am proud to join him in supporting this bill and in this fight.

I am proud also to represent a State with one of the lowest rates of uninsured adults and children in the Nation. There is a reason. Rhode Island has worked over the past 15 years to achieve this success, beginning with the RItCare program in 1993. In 2001, the creation of this Children's Health Insurance Program allowed Rhode Island to further reduce the number of uninsured children in the State. I am proud to have been part of Gov. Bruce Sundlun's team when he started the original RItCare program in 1993.

As health care costs skyrocket, and the number of people in this country who lack health insurance approaches the staggering number of 50 million, we in Congress have an obligation to strengthen initiatives like RItCare that make health care more accessible.

For years, the Children's Health Insurance Program has given millions of uninsured American families access to health care for their kids. And pretty much everyone has thought this was a good thing. But now, setting aside reason, and driven by ideology, President Bush has threatened to lift his veto pen for only the fourth time in his Presidency to take that security and peace of mind away from these children and from their worried moms and dads, from families similar to the ones the Senator from Ohio highlighted in his eloquent remarks a moment ago.

The President claims the \$35 billion improvement over 5 years is too expensive. The President would prefer only the \$5 billion he included in his budget. But that funding level would result in 1 million American children losing their health insurance. We certainly cannot look to President Bush for leadership.

How ironic, after all we have heard from this administration praising the State Children's Health Insurance Program and even taking credit for expanding coverage, for encouraging State flexibility, and for spurring innovation at the State level.

Listen to what they used to say. In the administration's plan outlining the President's second term, their fact sheet boasted:

The year before President Bush took office, some 3.3 million low-income children were enrolled in SCHIP. By 2003, that number had risen to 5.8 million, a 75 percent increase. Over that same period, by working cooperatively with State Governors, the Department of Health and Human Services increased the number of low-income adults on Medicaid by 6.8 million.

That was then, this is now.

After that, the administration went on to lament the fact that "millions of children who are eligible for SCHIP or Medicaid coverage are not yet enrolled. Billions in Federal dollars available to the States to insure these children remain unspent because these children haven't been signed up."

Then, at the 2004 Republican National Convention, President Bush promised this:

In a new term, we will lead an aggressive effort to enroll millions of poor children who are eligible but not signed up for the Government's health insurance programs. We will not allow a lack of attention or information to stand between these children and the health care they need.

But now the same Bush administration, the same President, is aggressively planning to deny health insurance to poor children. How does this make any sense?

The President's rationale for this new parsimony was revealed before an audience in Cleveland on July 10. Here is the President's approach to health

insurance for America. You just pointed this out, Mr. President:

I mean, people have access to health care in America; after all, you just go to an emergency room.

Well, that is a thoughtful approach. Once again, we cannot look to our President for any leadership on this issue.

The administration has also expressed its opposition to the cigarette tax that will fund the increases in children's health insurance, calling it—get this—among the most regressive revenue-raising measures one could propose. That is from a letter from Secretary Leavitt to Chairman BAUCUS and Senator GRASSLEY.

The irony department is open late in the Bush administration. In evaluating their crocodile tears about regressive tax measures, consider that this Nation will spend \$233 billion in 2008 on the Bush tax cuts, 30 percent of which will go to the top 1 percent of income earners. From 2008 through 2011, the period we are talking about for children's health care, those tax cuts will cost Americans, in lost revenue and interest on the debt, nearly \$1 trillion, 22 percent of which will go to people who earn more than \$1 million a year.

This chart illustrates just how the cost of tax cuts for the top 1 percent of Americans compares to the cost of expanding health care for children in this country. We are spending vastly more each year on tax cuts for the Nation's highest income earners than we are fighting for in children's health care.

Here it is, \$2.1 billion for children's health care in 2008, \$70 billion for the richest 1 percent; \$5 billion in fiscal year 2009 for children's health care, \$72 billion for the richest 1 percent; and in 2010, gosh, we go all the way to \$7.9 billion for children's health care with only \$82 billion for the richest 1 percent.

The Congressional Budget Office estimates that in just this year alone—just this year alone—we are paying an extra \$46 billion in interest, not paying back the debt, just in interest, on the Bush tax cuts—\$46 billion just in 1 year. And the whole thing we are arguing about here is \$35 billion over 5 years for children's health care. It is truly mind-boggling.

But it doesn't end there. The President has also threatened to veto the bill based on its coverage of adults. This is a policy that the administration has previously, explicitly, repeatedly approved. This is a sudden ideological U-turn of stunning and deeply hypocritical proportions.

As recently as last summer at a Finance Committee hearing on children's health insurance, then CMS Administrator Mark McClellan said the following:

Extending coverage to parents and caretaker relatives not only serves to cover additional insured individuals, but it may also increase the likelihood that they will take the steps necessary to enroll their children. Extending coverage to parents and care-

takers may also increase the likelihood that their children remain enrolled in SCHIP.

That was then, this is now.

This administration has approved waivers to cover parents in New Mexico, Illinois, Oregon, New Jersey, Michigan, and Wisconsin. Fewer than 2 months ago, on May 30 of this year, Leslie Norwalk, who was then Acting Administrator of CMS, was "pleased to inform" Wisconsin that its extension request for what they call BadgerCare—it is equivalent to RItCare in Rhode Island—had been approved through March 31, 2010. BadgerCare covers roughly 67,000 parents. Again, this waiver was approved by the Bush administration 8 weeks ago, and now he is threatening a veto for care that covers adults.

Here is a copy of the letter that CMS Administrator Mark McClellan sent to my home State of Rhode Island on January 13, 2006. It reads:

We are pleased to inform you that your amendment to the RItCare section 1115 demonstration, as modified by the Special Terms and Conditions accompanying this award letter, has been approved.

It also notes:

Rhode Island's request to renew title XXI, section 1115, demonstration project, dated July 15, 2005, with additional information . . . has also been approved.

Finally, it notes:

Individuals who, at the time of initial application, are custodial parents or relative caretakers of children who are eligible under the title XIX State plan or the title XXI State plan . . .

Are in the demonstration population and, of course, "we look forward to continuing to work with you and your staff." Signed Mark B. McClellan, M.D., Ph.D., the Administrator of CMS. This was January of 2006. This is the Bush administration. This is them signing off on adults, custodial parents, or relative caretakers of children being in the plan.

Yet now the President is shocked—shocked—that this program may cover some adults. Who didn't send him the memo?

At the end of May, I spoke on the Senate floor about some of the major problems facing health care in this country. I talked about the lack of investment in quality improvements, the lack of a national information technology infrastructure, and a reimbursement system that pays doctors to perform procedures rather than to help patients get well. I took these issues to the Senate floor because the structure of our system is unsound, its underlying mechanism is broken, its signals are misaligned.

But there are a few shining lights in the American health care system, and the Children's Health Insurance Program is among the brightest. This program respects State flexibility, it encourages responsiveness to local needs, it fertilizes structural creativity in the health care arena, it safeguards the vulnerable, it unites families, and it invests in the future of our Nation.

The Children's Health Insurance Program means that children are more likely to receive medical care for common conditions such as asthma or ear infections. It means that children have higher school attendance rates. It means that children have higher academic achievement. It means that children have more contact with medical professionals and receive more preventive care. It means that children stay out of expensive urgent care settings, such as the emergency room.

We choose now in this bill and in this debate between providing our Nation's children with health insurance and not providing our Nation's children with health insurance. It is as simple as that. We choose now whether every individual in this Nation, regardless of age, gender, race, income, or health status deserves the stability and the safety that health insurance provides. We choose for millions of American families how much they have to worry, how much moms and dads have to worry about the health care of their children.

It is my duty as a representative of the people of Rhode Island, and it is our collective duty as representatives of a great Nation to stick up for the most vulnerable members of our society and for programs that protect those who cannot protect themselves. We must certainly not give up in the face of an administration that willingly violates its own principles in order to create an issue on which the President can deliver a veto as a desperate political stunt in the last bleak chapters of his collapsed Presidency—not at the cost of health care for children. That would be truly pathetic.

I yield the floor.

The PRESIDING OFFICER. The Senator from Montana is recognized.

Mr. TESTER. Mr. President, I rise in strong support of the reauthorization of the Children's Health Insurance Program. The reauthorization of this highly successful 10-year-old program would provide an additional \$35 billion over the next 5 years to make sure that more of America's neediest children have access to one of their most basic needs—health care.

In fact, 6.6 million of our most vulnerable children—that is an increase of 3.2 million children—will be covered by this bill. I applaud the efforts of my senior Senator, MAX BAUCUS, for leading the charge to cover more children.

Reauthorizing the Children's Health Insurance Program is the right thing to do. Because of MAX BAUCUS and the good work of the Finance Committee, almost 12,000 more children in Montana will have coverage this year. Montanans know just how well this program works. As president of the Montana Senate, I worked to increase the number of children eligible for the Children's Health Insurance Program and pushed through full State funding of the Children's Health Insurance Program for Montana's children, expanding the enrollment from 10,900 to 13,900

children annually. As of this July, Montana's Children's Health Insurance Program is providing insurance for 14,304 children per month in the State of Montana.

It just makes sense. Only children who do not have private insurance are eligible. I am going to repeat that because I have heard contrary stuff on the floor. Only children who do not have private insurance are eligible for this program. No one is double-dipping, no one who has insurance can receive this coverage.

With this reauthorization of the Children's Health Insurance Program, we as a country are investing in our most valuable resource—our children. If children have regular checkups and receive the preventive care they need, they are sick less and in school more, and they grow up to be healthy, productive members of our society with less problems in middle age and healthier in their elderly years.

Mr. President, it is tough out there. Millions of children lack health insurance despite their parents' hard work and efforts to keep their heads above water. Many families cannot afford health insurance despite the fact that they have jobs. When it comes time for parents to pay the bills, health insurance comes after rent, food, clothing, utility bills, and gas for their car. Health insurance shouldn't be treated as a luxury, and access to health care shouldn't be a fantasy.

We must be focused on improving the overall quality of health care for low-income children. We know there are more children eligible for benefits than are currently enrolled. In order to find and provide coverage for those children, States should be able to use the information from food stamp programs, free and reduced lunches, and other initiatives in place for low-income families. Up to now, these programs could not share information, so those with the greatest need would have to apply for each program separately.

This Children's Health Insurance Program before us increases funding and outreach and enrollment efforts to find these uninsured kids. This is especially critical in rural States—rural States such as Montana. Rural children are more likely to be poor and less likely to have access to employer-based health plans even though most of their parents are employed. Nearly one-third of the kids in rural America rely upon CHIP and Medicare. The need is clear: Without children's health insurance, they would be uninsured.

There have been a lot of stories shared today on the floor. I want to share another one, of a fellow Montanan. Duran "Junior" Caferro from Helena, MT, is a boxer and has been fighting for 10 years. He is ranked in the 125-pound weight class and will compete in the Olympic trials next month in Houston, TX. Duran is also an enrolled member of the Northern Cheyenne tribe. His father, who works with at-risk youth, does not have

health insurance and can't afford coverage for himself or his son. Helena has an urban Indian health clinic but not an Indian Health Service hospital, so Duran doesn't have access to emergency and hospital services with his IHS health benefits.

CHIP has allowed him to have a choice in where he receives medical care, and he recognizes the value of this coverage. When asked about CHIP, he said the following:

It is important that I have Children's Health Insurance Program because I don't have to be afraid to push myself when I'm training or fighting. It gives me one less thing to worry about.

If Duran wins this tournament in Houston this summer, he will be a member of the U.S. Olympic boxing team. He will turn 19 soon and will age-out of CHIP. He expects to become uninsured because he and his dad are still struggling and can't afford to buy private health insurance.

Some may doubt the cost-effectiveness of this program, but this bill not only helps low-income children, it also helps middle America. Why is that the case? Because the coverage made available to low-income kids lowers the number of emergency room visits of uninsured children. Emergency room doctors no longer serve as primary care physicians for the uninsured, and that lowers the cost of health care for the rest of America—the middle class—who currently cover the cost of the uninsured emergency room visits.

We all know that the middle class is feeling the pinch too. If we can lower health costs for them and provide health care to more of our kids, it is a win-win.

The way to ensure the continued strength of our country for future generations is to improve the future of our most valuable asset—our young people—and this bill which reauthorizes the Children's Health Insurance Program does just that.

Once again, I thank the senior Senator from Montana, MAX BAUCUS, and the Finance Committee for championing this bill. They did some outstanding work. Hopefully, we will continue that work on the floor here tomorrow. We must pass this bill, and I urge my colleagues and the President to support it.

Mrs. BOXER. Mr. President, I rise today to support the reauthorization of the Children's Health Insurance Program—an essential effort to ensure the health of our Nation's children.

For the past 10 years, the Children's Health Insurance Program has helped provide health care for millions of children from working families that do not qualify for Medicaid but can't afford private insurance. These are the children of working families whose companies do not offer health insurance to their employees.

As the cost of health insurance rises and an increasing number of employers are unable or unwilling to provide health insurance to their employees

and their families, the number of families who do not have health insurance has continued to rise.

While the number of the uninsured continues to rise, the percentage of low-income children without health insurance has dropped more than one-third since the creation of the Children's Health Insurance Program.

Currently the Children's Health Insurance Program provides coverage for 6.6 million children nationwide. This reauthorization would provide health care coverage for an additional 3.2 million children who are uninsured today. In California, an estimated 250,000 children will be added.

The Children's Health Insurance Program has always enjoyed the bipartisan support of our Congress, our Governors, and our President—which is why I am shocked by the inadequacy of this administration's plan to insure the children of our Nation's working families.

The President is spending \$10 billion each month in Iraq but has threatened to veto a bill that will provide 10 million children with access to health care. Under the President's proposal, he is willing to fund the Children's Health Insurance Program with an increase of \$1 billion a year—the cost of 3 days in Iraq.

Under the administration's proposal, we end up counting how many children will lose health insurance instead of how many we can enroll. In the first year, the President's plan would eliminate health care insurance for 200,000 children in California alone—and the number of uninsured children would continue to climb.

This shortfall in funding would result in 800,000 children who are currently enrolled to lose their coverage. I ask the President, what does he propose these children do when they are sick?

If we fail to renew this program or if the President vetoes this bill as he has threatened to do, it is the children who will pay the price.

There is not a man or woman in this Chamber who wouldn't do everything within their power to ensure the health of their own children—we should do no less for the children of our Nation.

The Members of this Congress have overwhelmingly expressed a commitment to children's health. Earlier this year, we passed a budget resolution which set aside \$50 billion for the Children's Health Insurance Program, reaffirming our commitment to the continued success of this program.

We can still do more and we will, but this bill is a step forward in the right direction.

I would like to thank Senators BAUCUS and ROCKEFELLER, Senators GRASSLEY and HATCH and the members of the Finance Committee who worked so tirelessly to bring this legislation forward in a bipartisan way, and keep the focus of this bill where it should be—on the children.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

#### MORNING BUSINESS

Mr. TESTER. Mr. President, 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.

#### HONORING THE LIFE OF DR. JOHN A. STROSNIDER

Mr. McCONNELL. Mr. President, I rise today to honor the life of John A. Strosnider, D.O., a respected Kentuckian who passed away on July 1, 2007, of cancer. Dr. Strosnider was the founding dean of the Pikeville College School of Osteopathic Medicine and also served as president of the American Osteopathic Association, AOA.

Dr. Strosnider accepted the challenge to create the Pikeville College School of Osteopathic Medicine in 1996. The school, located in eastern Kentucky, opened in 1997 with 60 students and has since produced more than 400 physicians. In keeping with the school's mission, many of them have stayed in the region to practice medicine. In fact, according to Pikeville College officials, 55 of the new physicians have opened offices within a 2-hour drive of the city.

Throughout his career, Dr. Strosnider was honored by several organizations for his dedication to the profession. At the time of his death, he was serving as president of the AOA, and, in 2005, he was named Kentucky Osteopathic Medical Association Physician of the Year.

After being named AOA president, Dr. Strosnider said, "I hope to raise students' awareness and remind osteopathic physicians of the history and philosophy of osteopathic medicine. The osteopathic medical profession was built on a primary care philosophy, and we need to get back to those basics so that our patients in these areas have access to the distinctive health care promised by osteopathic medicine."

When Dr. Strosnider was diagnosed with pancreatic cancer earlier this year, he gathered his students and faculty together to inform them of his illness. He told the assembly he wanted to be open with them and remain optimistic. Shortly after his passing, Pikeville College President Hal Smith wrote a letter to colleagues and friends. In it, he wrote, "John's vision and work will continue to impact the lives of thousands of individuals he never knew."

I got to know Dr. Strosnider several years ago. Every year, he would bring a

group of his students to Washington, DC, and I had the privilege of meeting with him and his students on several occasions. I was always impressed with how Dr. Strosnider encouraged the future doctors to remain close to home and provide critical health care to the underserved people of eastern Kentucky.

Mr. President, I ask you to join me in remembering this outstanding Kentuckian. He is survived by his wife Jo Ann and three children, John Adam, Alisha, and Paul. He will be missed.

#### DARFUR

Mr. DODD. Mr. President, I rise today to talk about the ongoing genocide in Darfur. As my colleagues know, the United Nations Security Council is currently hammering out the final text of a new resolution related to the expanded United Nations African Union hybrid force to protect civilians who have been victims of genocide in Darfur. This resolution represents the best hope for the international community to finally come together to put an end to the violence in that country.

This new U.N. resolution reportedly calls for a large increase in military and police personnel to be deployed to Darfur. It calls on member states to make commitments to contribute troops to the hybrid force, and for this bolstered hybrid force UNAMID to take command of the region by the end of the year. Importantly, it also calls on the Sudanese Government and all rebel groups to enter into peace negotiations to reach a political settlement which will ultimately end the conflict in Darfur.

If these reports are accurate, then we may be one step closer to ending the violence in Darfur. But in order to actually stop the violence, we must ensure that the hybrid force is large enough to effectively carry out its mission, and deployed quickly to stop the violence immediately. These increased forces are desperately needed to replace the currently under-funded and under-equipped paltry AU force of 7,000 soldiers presently in Darfur.

We simply cannot wait any longer to protect the hundreds of thousands of innocent civilians whose villages have been burned, who have been driven into refugee camps, and who have been raped and murdered.

I welcome the calls of British Prime Minister Gordon Brown and French President Nicholas Sarkozy for the United Nations to quickly adopt this new draft resolution, and I appreciate the leadership they have demonstrated in personally committing to ensure that the peace process moves forward, once the U.N. resolution has passed. Prime Minister Brown recently declared that "this is one of the great humanitarian disasters of our generation. It is incumbent on the whole world to act." I wholeheartedly agree and I urge President Bush to join with Prime Minister Brown and President Sarkozy in

personally committing to ending the conflict in Darfur.

Recent reports have also indicated that the text of the resolution relating to implementing multilateral sanctions has been softened due to the objections of some African member states, as well as China.

While I strongly believe that robust targeted sanctions should be implemented against members of rebel groups and the Sudanese Government, that we should curb the Sudanese Government's access to oil revenues, increase penalties on private companies operating in Sudan, and allow for the divestment of funds in Sudan, the sad truth is that what is most needed now from the international community is a legitimate U.N. mandate for a strengthened hybrid peacekeeping force.

But there is no reason why the United States can't move forward to implement unilateral sanctions against Sudan, even if the international community and the Bush administration refuse to do so. As chairman of the Banking Committee I have asked the majority leader to expedite Senate consideration and passage of S.831, the Sudan Divestment Authorization Act of 2007. The majority leader was prepared to do so, but the minority objected. I have also asked that the majority leader to hold H.R. 180, the Darfur Accountability and Divestment Act of 2007, at the desk and attempt to pass this bill prior to the August recess. I am also planning to ask the majority leader to expedite consideration of S. 1563, the Sudan Disclosure and Enforcement Act of 2007. These three bills represent a good step towards applying targeted economic pressure against the Sudanese Government.

The implementation of robust and targeted sanctions is long overdue. In fact, the time to implement the sanctions was 4 years ago, and it should have been among the first components of the administration's Plan A, instead of the last resort of its Plan B—a plan which it has still failed to implement, despite Special Envoy Andrew Natsios's assurances over 7 months ago, back in January of 2007, that action was imminent.

Sudan's U.N. ambassador recently asserted that the text of the new U.N. Security Council resolution is "hostile" and full of "insinuations." He further declared that the language is "ugly" and "awful." Ugly and awful? Ugly and awful is the murder of 450,000 people in Darfur and the displacement of 2.5 million civilians. Ugly and awful is the Sudanese President, Omar al-Bashir, after his recent visit to Darfur, declaring "that most of Darfur is now secure and enjoying real peace. People are living normal lives," he said. Ugly and awful is the United States and the international community waiting one day longer to protect these innocent civilians.

The time for action is now. We must not allow the Sudanese Government to