Mr. KERRY. I think both sides have now agreed to this amendment. The PRESIDING OFFICER. Is there further debate?

Mr. HARKIN. Mr. President, can we withhold for a second? The amendment by the Senator from Massachusetts is accepted on both sides.

The PRESIDING OFFICER. Without objection, the amendment (No. 3398) was agreed to.

Mr. KERRY. Mr. President, I move to reconsider the vote.

Mr. HARKIN. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

Mr. KERRY. I thank the Chair and the distinguished manager.

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION APPROPRIATIONS ACT, 2008—Continued

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 2:15 p.m. Thereupon, the Senate, at 12:41 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Mr. CARPER).

Mr. KERRY. Sincerely,

HAROLD A. SCHAITBERGER,
General President, International Association of Fire Fighters.

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Most importantly, this help has to be spread throughout the 14 different fire areas. It is not going to be enough to simply put it in one place.

Last night, the Secretary of the Interior informed me that the fires have crossed state lines and are entering Baja California, Mexico, and urged Mexican authorities to begin to speak out.

These fires are fast moving. You see them at a distance on a hill, and you do not believe you will be affected because the winds are contrary to what you expect. Then, suddenly, within a short period of time, 2 hours, the fire is upon you.

So people must be alert, and they must evacuate these fire areas. The military is pitching in. Fifteen hundred National Guard personnel are actively engaged in or directly supporting firefighting efforts. We have 550 Active Duty marines, 17,000 California National Guard personnel are available. I believe we have more than 5,900 State of California firefighters on the line, and from local jurisdictions.

Today, a combination of National Guard, Navy and Marine Corps aircraft, are either supporting firefighter efforts or are prepared to pitch in.

The problem is, with the wind and dense smoke, it is difficult for a plane or helicopter to know where they are going. Simply put, this is a disaster of huge proportions. It is catastrophic in terms of property loss and environmental damage.

Hopefully, it is not going to be a huge catastrophe in terms of loss of life. I do not think there is anything other than a catastrophic health incident that is more serious to a person or family than losing their home by flood or fire.

I know Californians will respond in their traditional stalwart and generous manner to help their neighbors. Both Senator BOXER’s and my heart go out to all Californians today.

I ask unanimous consent that the specific statistical roundup of these larger fires be printed in the RECORD.

There being no objection, the matter was ordered to be printed in the RECORD, as follows:

Here is a roundup of the larger fires:

San Diego: Witch Fire (NE S.D. County, near Santa Ysabel, burning toward Ramona and Julian)—Acres burned: 145,000; containment: 0%; residents evacuated: 1,000; structures destroyed: 600 homes, 200 commercial properties; structures threatened: 2,000 homes, 400 commercial properties; firefighters: 450; injuries: none reported.

San Diego: Honey Fire (NE S.D. County, 75 miles east of downtown San Diego near the Mexico border)—Acres burned: 22,000; containment: 5%; residents evacuated: 1,000; firefighters: 400; deaths—injuries: 0; residents killed: 5; fires department and 20 civilians injured. Malibu Fire (Buried under heavy smoke; Pepperdine University and Pacific Ocean)—Acres burned: 3,800; containment: 10%; residents evacuated: 1,500; structures destroyed: 6 homes; structures threatened: 600; firefighters: 1,500; injuries: none.

Agua Dulce—Santa Clarita: Buckweat Fire (Mint Canyon, burning toward Agua Dulce Mountain)—Acres burned: 35,550; containment: 20%; residents evacuated: 15,000; structures destroyed: 15 homes, 17 outbuildings; structures threatened: 3,800; firefighters: 1,200; injuries: 1 firefighter and 3 residents.

Orange County (Silverado Canyon, burning toward Portola Springs and Northwood village of Irvine)—Acres burned: 15,000 acres; containment: 30%; structures destroyed: 15 homes; structures threatened: 2,000; residents evacuated: unkn.; firefighters: 492.

Lake Arrowhead: Slide and Grass Valley Fires (Green Valley Lake and Lake Gregory)—Acres burned: 1,800; containment: 0%; structures lost: at least 450 homes; structures threatened: 1,800; firefighters: 82 engines, 7 hand crews.

Mrs. FEINSTEIN. 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. HARKIN. For the benefit of Senators, I understand a number of Republicans are at the White House for a White House meeting until 3:30, so there will not be any votes between now and 3:30. However, we want to get our business done. Hopefully at around 3:30 or shortly thereafter we can start a series of votes. Right now we have four amendments pending and three more amendments that are not pending but will be called up shortly. One of those could be offered by the Senator from New Mexico. That is the lay of the land. It looks as if we are down to about seven votes, possibly, starting at or around 3:30 or shortly thereafter. I yield the floor and 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. BINGAMAN. I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. HARKIN. Mr. President, I understand there are thousands of individuals with disabilities who currently have cases pending with the Social Security Administration and have had those cases pending for 3 years or more. The Finance Committee received testimony regarding the extreme hardships individuals with severe disabilities must endure while awaiting a final decision on their disability claims. We heard instance after instance where individuals with severe disabilities were unable to work and were forced to accept poverty. They lost their homes, suffered deterioration in their medical conditions, and some even died while their claims lingered in the Social Security Administration offices.

According to the Social Security Administration, staffing levels are at their lowest since 1972. Thirty years ago, the Social Security Administration had more than 82,000 employees. In 2005 the Social Security Administration had 66,000 employees. In a few months, the expected employment at the Social Security Administration will drop below 60,000.

Thousands of employees are leaving the Social Security Administration’s field and hearing offices without being replaced. As many of us know, the field offices around the country are reducing their hours.

In Carlsbad, NM—which I visited 2 weeks ago—due to a reduction in hours of service, seniors and people with disabilities are forced to line up around...
the building, often waiting hours to get served. Even worse, some field offices are shutting their doors permanently.

Meanwhile, since 1990, the number of disabled workers drawing disability benefits has more than doubled. That number was 3 million in 1990 and has increased to 6.8 million today. Field offices are averaging over 850,000 visitors a week during this current year.

As we know from the press, the first baby boomer officially filed for Social Security last week. So the demands on Social Security are only going to increase. In addition, Congress has significantly increased the Social Security Administration’s responsibilities as part of the Medicare Part D legislation.

So the Social Security Administration finds itself in a very dire circumstance. The Social Security Administration has over 1,400 field and hearing offices in cities and towns across the country. Mandatory costs, such as program integrity, rent, guards, postage, employees’ salaries, and benefits are continuing to rise. Unfortunately, Congress appropriated on average each year for the last 7 years about $150 million less than the administration requested. The current budget situation has simply been compounded by years of sustained underfunding by the Congress.

According to the Social Security Administration, the present cost of processing the backlog would be $794 million. The difference between the amount of funding requested for administrative expenses and the amount appropriated for fiscal years 2001 through 2007 is $962 million—more than enough to address the backlog. So if we had actually appropriated what the administration asked for during fiscal years 2001 through 2007, we would largely have this backlog problem solved. Unfortunately, we did not do that.

I thank the chairman and the ranking member of this subcommittee on the Appropriations Committee for their significant efforts to address the backlog. As you know, the chairman of the subcommittee has been a tireless leader on issues affecting individuals with disabilities. For decades, he has led the way in the Senate on reducing barriers for individuals with disabilities and ensuring full community participation.

Fortunately, the chairman and the ranking member recognized the current challenges individuals with disabilities are facing in accessing disability benefits, and they have worked hard to increase administrative funds for the Social Security Administration by $125 million over the amount that was requested by the President. I believe we all recognize how important that infusion of funds will be.

In the committee report accompanying the bill that we are considering, the chairman requested the Commissioner of Social Security to set forth a plan to reduce the backlog. As submitted, the Commissioner’s plan would include: accelerating review of cases that are likely or certain to be approved; improving hearing procedures; increasing adjudicatory capacity; and increasing efficiency through automation and improved business processes.

Unfortunately, the amount of funding in the bill does not go far enough, in my view, to substantially reduce the backlog. According to the Commissioner, this amount of funding will merely “stem the tide.” It will not address the backlog in a significant way.

The fiscal year 2008 budget resolution—which we all considered on the floor, and many of us voted for—recommends an increase of $430 million above the President’s request for the Social Security Administration’s administrative budget in order to reduce this backlog. The amendment I am intending to offer later today would get us to half of the amount by increasing the Social Security Administration’s administrative budget by an additional $160 million. The amendment would give the Social Security Administration the resources it needs to reduce this backlog to help get rid of these long lines.

The amendment is paid for. The amendment would shift excess Medicare funds to pay for this critical increase in funding to the Social Security Administration in this 1 year. These offsetting funds have been identified in close collaboration with Finance Committee staff and, of course, Senator Baucus is a cosponsor of the amendment.

Importantly, these funds would be immediately replaced at the beginning of fiscal year 2009 with generally available funding that was passed as part of the Transitional Medical Assistance extenders package.

Finally, the amendment would also permit the U.S. Treasury Department to invest its excess operating capital. So this represents responsible oversight of the Department. This policy has been recommended by the Government Accountability Office and others. It is estimated this policy will generate tens of millions of dollars for the Federal Government over the next 10 years.

The bottom line is millions of American workers and their families—people whom we represent—rely on Social Security to protect them against poverty in their old age. It is not possible to hold them to work. This incredible insurance program is breaking down because of our failure to fund the administration of the program.

So I urge my colleagues to support my amendment. It is being offered on behalf of myself, Senator Snowe from Maine, and Senator Baucus from Montana.

Mr. President, I do not believe we have yet gotten to a point procedurally where I am able to offer the amendment, so I yield the floor.

The PRESIDING OFFICER. The Senator yields the floor.

Who seeks recognition?

Mr. W. WEBB. Mr. President, I ask unanimous consent to speak as in morning business.

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

Mr. W. WEBB. Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator yields back.

Who seeks recognition?

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

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

The remarks of Mr. CASEY are printed in today’s RECORD under “Morning Business.”

Mr. CASEY. Madam President, I yield the floor.

The PRESIDING OFFICER (Mrs. McCaskill). The Senator from Vermont is recognized.

Mr. SANDERS. Madam President, let me take this opportunity to thank Senator Harkin and Senator Specter, and the Ranking Member, Senator Specter, and his staff as well. The reality is that the needs facing the people of our country who are impacted by this bill are enormous. There is, unfortunately, not enough funding available to accommodate those needs, and within that context, Senator Harkin and Senator Specter have done their very best.

I wish to say a few words about one particular program that is important to me, which is important to the people of Vermont, and which is vitally important to this whole country as we try to deal with the health care crisis our country is now facing, a crisis in which 47 million Americans have no health insurance, even more are underinsured, and the cost of health care is soaring every day. What this legislation deals with and I think deals with quite well is understanding that it is important for us to grow the number of community health centers in this country.

The community health center program is a wonderful success story, and it is widely recognized as one of the most cost-effective programs in the entire Federal Government. Community health centers are community-run. They are run by the people in the community themselves. They are run on a nonprofit basis. They provide not only affordable health care to their people but affordable dental care, which is a great need in this country and in the State of Vermont. They provide mental health counseling—an other serious issue. They provide low-
cost prescription drugs—in fact, the lowest cost prescription drugs available in America.

These federally qualified health centers serve people from all walks of life and all incomes. Whether you have private insurance, whether you have Medicare, whether you have Medicaid, or whether you have no health insurance, you are welcome into these community health centers. For those with no health insurance, payment is based on a sliding scale. If you don’t have a whole lot of money, you don’t have to pay a lot for your health or dental care.

Today, over 16 million Americans—16 million—benefit from the services health centers provide in every State and in almost every congressional district in our country. For an average Federal grant expenditure of only $124 per patient per year, these centers offer primary health care, low-cost prescription drugs, and mental health counseling in some 23 different locations around the State of Vermont. In recent years, we have expanded the number of federally qualified health centers from two to six, and my hope is that we can add an additional three or four more centers in the next 3 years. These centers now serve over 86,000 Vermonters and provide quality health care, quality dental care, low-cost prescription drugs, and mental health counseling in some 23 different locations around the State of Vermont. The centers are the medical home for 24 percent of Vermont’s Medicaid beneficiaries and serve 19 percent of our uninsured.

Nationally, health centers are not only providing quality, efficient care in underserved communities, they are filling a major gap in our Nation’s health care system where primary care is hard to secure. For an average of $124 per patient per year, these centers offer primary health care, low-cost prescription drugs, and mental health counseling in some 23 different locations around the State of Vermont.

I have been approached by police officers, community leaders, health advocates, school administrators, and criminal justice leaders about the severity of the problem that this drug takes on our citizens, particularly teens and young adults. They have witnessed destroyed relationships and families torn apart, all suffering from the demand and presence of this lethal drug, creating major challenges for law enforcement, health and welfare, and environmental protection agencies, not to mention our families and school systems.

I am encouraged to see a different stance from both sides of the aisle. In 1999, Idaho implemented an initiative to fight meth production, coordinating regional and State level law enforcement efforts. These efforts have proven highly successful. In 2000, 186 meth labs were seized. In 2004, the number had dropped to 38 thanks to this enhanced coordination strategy. According to Idaho law enforcement agencies, meth lab seizures are now at an all-time low, which has resulted in less danger to neighborhoods and communities, as well as to environmental protection workers who are responsible for doing clean up of these sites after they are seized.

At the Finance Committee hearing last month, Gary Bresnahan, Director of the State of Iowa Governor’s Office of Drug Control Policy, testified that Iowa had also seen success with “State and local prevention efforts” and “multijurisdictional task forces.”

At the national and international level, according to the State Department Bureau for International Narcotics and Law Enforcement, since the passage last year of the Combat Meth Act, methamphetamine abuse has been trending slightly downward in the United States. Unfortunately, worldwide consumption is growing. This is due in large part to the fact that, compared to organic illegal drugs such as...
increased as it becomes the drug of choice for 15 to 16 million people worldwide.

Our work to combat meth is a multifaceted process and, as I said earlier, rural areas and States have been hit particularly hard by this trend. In Montana, Wyoming, and other States remain under siege by the meth epidemic. These are not communities with substantial numbers of law enforcement personnel and resources, massive revenue bases, or specialized departments and offices to fight back.

Recently, an Idahoan with over 20 years’ experience working with drug-endangered children shared an idea with me on how to best fight the meth problem in rural communities. His recommendation was that the Federal Government should assist local communities in forming multi-organization, school, parent, and agency task forces to educate children and adults about the perils of meth addiction. He reminded me that task forces can exert community and peer pressure to report the presence of labs and those selling and using meth in the community. In Idaho, this approach has proven to be the most effective way to combat meth in rural communities. Educating people before they try meth like the Montana Meth Project has done, enabling and energizing local collaborative task forces to spread the word that their communities are meth-free communities.

Integral to fighting methamphetamine in our communities is educating our children. To that end in Idaho, I have partnered with the Idaho State Department of Education Safe and Drug Free Schools program and issued a call for high schools across my State to create public service announcements that seek to educate other students about the dangers of methamphetamine abuse, on the model of the highly successful Montana Meth Project. Getting our youth involved directly in this outreach and education effort will reduce the potential for methamphetamine use.

Considering the growing international methamphetamine epidemic, it is in our Nation’s interest to remain very involved in the very important efforts such as those in which the State Department, the U.S. Drug Enforcement Agency, and the Department of Homeland Security are currently involved. These successful programs deserve continued funding in order to stop the supply of meth coming into our neighborhoods.

It is time for our Nation to mobilize to fight this deadly drug. It is time to let foreign drug traffickers know that the United States is closed to meth business. We have witnessed enough children with ruined bodies, minds, and lives. We have seen enough adults abandon their parental and societal responsibilities for the lie that is a meth high. We have seen the tragedy of newborn babies taken away from mothers unable to care for them, and the infants themselves suffering the same terrible addiction.

The time has come to ravage America’s communities, large and small. This will require an increased effort from the Federal Government to bring an end to meth use and production in these places. It is especially important to focus Federal dollars where they are truly needed—in rural communities nationwide that don’t have the manpower or other resources to fight this battle alone. I call on my colleagues to support critical effective efforts in their respective States to work toward meth-free communities, and to continue to support U.S. leadership and involvement in international drug trafficking interdiction and suppression efforts.

There are many things we can do from the Federal level to the State level to the local community and, frankly, the family and individual levels to fight meth in this country.

One of the most important findings is simply educating people about the dangers involved in the use of methamphetamines. It is critical to our ability to reduce the demand and to be able to get a handle on fighting the supply. I yield back the remainder of my time.

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

The PRESIDING OFFICER. Without objection, it is so ordered. The gentleman from Wyoming, Mr. ENSIGN, I want to talk about two amendments I have offered that hopefully will be voted on very shortly. Is there any kind of unanimous consent agreement?

The PRESIDING OFFICER. There is not.

Mr. ENSIGN. Just to alert the managers of the bill, I probably will not talk for more than about 10 minutes total.

AMENDMENT NO. 2312

The first amendment I want to talk about is the amendment that deals with the totalization agreement between the United States and Mexico, the latest attempt to drain the Social Security trust fund.

In 2004, the Commissioner of Social Security signed a totalization agreement with the Director General of the Mexican Social Security Institute. While the President has not yet submitted the United States-Mexico totalization agreement to Congress, I am concerned that the agreement can severely impact the Social Security trust fund and threaten the retirement benefits of hard-working Americans.
The proposed totalization agreement with Mexico does not contain protections against fraud, and there are too many unanswered questions about its cost to American taxpayers. The Government Accountability Office has already warned us that the proposed totalization agreement with Mexico will likely increase the number of unauthorized workers and make their family members eligible for Social Security benefits.

Mexican workers, who ordinarily would not receive benefits because they lack the required 10 years of legally documented employment in the United States, could qualify for partial Social Security benefits with as little as 1½ years of work history.

More family members living in Mexico would also qualify for United States Social Security benefits, because the proposed agreement waives rules that prevent payments to non-citizens such as children and spouses living outside the United States. Because the Mexican Government does not keep sufficient records of births, deaths, and marriages, it would be nearly impossible to determine whether someone died so that the Social Security Administration could discontinue sending benefits. The Social Security Administration estimates that 50,000 additional Mexican workers would qualify for these benefits in the first 5 years, for a total estimated cost of over $500 million. During that same time period, the agreement would save U.S. workers a little over $100 million. If you do the math, it appears the cost of the agreement could be almost four times the savings.

Before we send scarce Social Security dollars to a foreign country, Congress must first determine whether a totalization agreement is in the best interests of our country. To protect Social Security benefits to U.S. citizens, and to preserve the program for future generations, I am offering this amendment today. My amendment would bar funding for the administration of benefit payments under a totalization agreement with Mexico.

AMENDMENT NO. 3352
I am also offering a second amendment. There have been many media reports recently about those who are here illegally stealing American Social Security numbers. Every year employers are advised that nearly 800,000 employees do not have valid matching Social Security numbers. In too many of those cases, the numbers that are used belong to someone else in America.

Today, I am going to take a few moments to share with my colleagues a few of the stories of victims of identity theft. I have shared some of these stories in the past. Last year I spoke about Audra, who had been a stay-at-home mom since 2000. Her Social Security number was being used by at least 218 different illegal immigrants, mostly in Texas, to obtain jobs. The IRS accused her of owing back taxes of over $1 million on other people’s illegal work.

There was also Caleb, who lives in Nevada with his wife and two young children. In December of 2003 Caleb was unable to work and he applied for unemployment benefits. So he was denied benefits that were rightfully his and was told that it was because he was already working as a landscaper in Las Vegas. Las Vegas and Reno are about 500 miles apart. It would have been very difficult for this unemployed worker in Nevada.

Stories such as this are all too common. States have experienced a crime spree involving illegal immigrants using the stolen identities of children. In one case in Utah, a child apparently owns a cleaning company and works as a prep cook at two restaurants in Salt Lake City. That is a lot of responsibility, especially for a little 8-year-old boy.

A little boy in Salt Lake City supposedly works for an express air freight company; quite an important job for an 11-year-old. These stories are quite shocking. Americans are being denied unemployment benefits and are being unfairly targeted for failure to pay taxes on the money they did not earn. My amendment prohibits the Social Security Administration from using funds to process claims for work performed under a stolen or fraudulent Social Security number.

We should not reward individuals who have knowingly engaged in illegal behavior. My amendment will ensure that the 218 illegal immigrants who stole Audra’s Social Security number will not receive benefits from the Social Security trust fund. The landscaper who stole Caleb’s Social Security number will not get credit for his work using one of my constituent’s numbers, and the prep cook who stole an 8-year-old’s Social Security number will not get credit for victimizing a child either.

We should value hard work and reward those who play by the rules. Therefore, I urge my colleagues to support both of these important amendments.

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

The PRESIDING OFFICER. The clerk will call the roll.

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

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

Mr. REID. Madam President, it is never really easy. We have a lot of procedural steps we have tried to be as patient as I can be. I have acknowledged publicly that the two managers have done everything within their power to move this bill; 12:30 has passed but the good faith is still here. We are going to work through the night and finish this bill. We have lost a few hours, but I think with this agreement we will accomplish everything we need to do, even if we had completed this bill earlier today.

Mr. President, I ask unanimous consent that the following be the only amendments or motions remaining in order to the bill; that there be 2 minutes of debate prior to each vote, equally divided and controlled in the usual form, and that there be 20 minutes of debate equally divided and controlled for a vote on the motion to commit; that no second-degree amendments be in order other than as specified in this agreement; that upon disposition of all amendments and motions, if the motion to commit is defeated, then the substitute amendment, as amended, be agreed to, the bill be read a third time, and the Senate proceed to vote on passage of the bill with the vote sequence as noted below.

I will talk specifically about the listing of the amendments and the order in which they will be voted upon because this has been negotiated for the last several hours. After the first vote, the time for each vote will be 10 minutes.

They will be voted on in the following order: No. 1, Cardin, No. 3400; No. 2, Ensign, No. 3342; No. 3, Ensign, No. 3352; No. 4, Vitter, No. 3328; and that it be in order for the amendment to be modified if agreed upon by the managers or the Senator, Senator Dorgan, pending amendment, No. 3345, will be withdrawn—that will be done by either Senator Dorgan or the Chairman, Senator...
Mr. REID. Mr. President, I ask unanimous consent that upon the passage of H.R. 3043 the Senate insist on its amendment, request a conference with the House on the disagreeing votes of the two Houses, and the Chair be authorized to appoint conferees, and that the Senate then proceed to executive session to consider the nomination of Leslie Southwick to be U.S. Circuit judge; that the nomination on the nomination be filed at that time; that there be 4 hours for debate on the motion with the time to be divided between Senators LEAHY and SPECTER or their designees, and that 2 hours of that time be used today with the remaining time to be used tomorrow; following the Senator's convening at 9 a.m., that the Senate vote on cloture on the nomination to occur at 11 a.m. tomorrow; that if cloture is invoked, the Senate then vote immediately on confirmation of the nominee with cloture not invoked, the nomination be returned to the calendar and the Senate return to legislative session; if the nomination is confirmed, the motion to reconsider be laid on the table, the President be immediately notified of the Senate's action, and the Senate return to legislative session; that regardless of the outcome, once the Senate returns to legislative session there be 20 minutes equally divided for debate between the two leaders or their designees prior to the cloture on the same motion to proceed to S. 2205, the DREAM Act.

The PRESIDING OFFICER. Is there objection?

The minority leader is recognized.

Mr. MCCONNELL. Regrettably, retaining the right to object, after the majority leader began to read this agreement, I have one potential snag over here, and I think it will be cleared shortly. I would like to suggest we have some time call briefly and let me check out one more thing. We should be able to go forward.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. REID. 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. REID. It is my understanding there is a unanimous consent pending; is that right?

The PRESIDING OFFICER. The majority leader is correct. Without objection, it is so ordered.

AMENDMENT NO. 3445 WITHDRAWN

Under the previous order, the Dorgan amendment No. 3445 is withdrawn.

The Senator from Iowa.

Mr. HARKIN. Mr. President, before we start, I send a modification to the desk and ask for its immediate consideration on amendment No. 3443 for Senator HATCH.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Iowa [Mr. HARKIN], for Mr. Hatch, proposes an amendment numbered 3443, as modified.

Mr. HARKIN. Mr. President, the amendment has been agreed to on both sides.

The PRESIDING OFFICER. Without objection, the amendment is agreed to.

The amendment (No. 3443), as modified, was agreed to, as follows:

AMENDMENT NO. 3443, AS MODIFIED

At the appropriate place in title II, insert the following:

SEC. . (a) The amount appropriated under the heading "DISEASE CONTROL, RESEARCH, AND TRAINING" under the heading "CENTERS FOR DISEASE CONTROL AND PREVENTION" in this title is increased by $1,000,000.

(b) The amount appropriated under the heading "GENERAL DEPARTMENTAL MANAGEMENT" under the heading "OFFICE OF THE SECRETARY" in this title is decreased by $1,000,000.

(3)(A) The Secretary of Health and Human Services (acting through the Director of the National Institute for Occupational Safety and Health) shall conduct, and shall invite the University of Utah and West Virginia University to participate in conducting, a study of the recovery of coal pillars through retreat room and pillar mining practices in areas that are subject to pillar mining at depths greater than 1500 feet.

(3)(B) The study shall consider, among other things

(I) the conditions under which retreat mining is used, including conditions relating to—

(1) seam thickness;

(2) depth of cover;

(III) strength of the mine roof, pillars, and floor; and

(IV) the susceptibility of the mine to seismic activity;

(ii) the procedures used to ensure miner safety during retreat mining.

(2)(A) Not later than 1 year after beginning the study described in paragraph (1), the Secretary shall submit a report containing the results of the study to the Committee on Education and Labor of the House of Representatives, the Committee on Health, Education, Labor, and Pensions of the Senate, the Committee on Appropriations of the House of Representatives, and the Committee on Appropriations of the Senate.

(B) The report shall include recommendations to enhance the safety of miners working in underground coal mines where retreat mining practices are utilized. Among other things, the recommendations shall identify means of adapting any practical technology to the mining environment to improve miner protections during mining at depths greater than 1500 feet, and research needed to develop improved technology to improve miner protections during mining at such depths.

(3) Not later than 30 days after the submission of the report described in paragraph (2), the Secretary of Health and Human Services shall publish a notice in the Federal Register describing the actions, if any, that the Secretary intends to take based on the report.

AMENDMENT NO. 3430, AS MODIFIED, TO AMENDMENT NO. 3325

Mr. HARKIN. Mr. President, I ask unanimous consent to strike the previous vote on amendments No. 3430, the Feingold amendment. I now send to the desk a modification of that amendment and ask for its immediate consideration.

The PRESIDING OFFICER. Without objection, it is so ordered. Amendment 3430, as modified, is agreed to.

The amendment (No. 3430), as modified, was agreed to, as follows:

AMENDMENT NO. 3430, AS MODIFIED

At the end of title II, add the following:

SEC. . (a) Not later than May 31, 2009, the Comptroller General of the United States shall submit a report to Congress on the strategies utilized to assist students in meeting State student academic achievement standards, including achieving proficiency on State academic assessments.

(b) The report required under subsection (a) shall include data collected from a representative sample of schools across the Nation to determine the strategies utilized by schools preparing students to meet State student academic achievement standards and achieve proficiency on State academic assessments, including the following categories of strategies:

(1) Adjusting the structure of the school day, which may include the expansion of the school day, or modifications in the time spent on instruction in core academic subjects.

(2) The professional development provided to teachers or additional school personnel to assist low-performing students.

(3) Changes in the provision of instruction to students, including targeting low-performing students for specialized instruction on an individual basis.

(4) Utilizing types of instructional materials to prepare students.

(5) Instituting other State or local assessments.

(6) Using other strategies to prepare students to meet State student academic achievement standards and achieve proficiency on State academic assessments.

(7) Not later than 90 days after the submission of the report under subsection (a), the Secretary shall submit a report to Congress describing the actions, if any, that the Secretary intends to take based on the report.

(8) The report shall be required to be substantially similar to the report submitted under section 1116 of the Elementary School Lunch Act (42 U.S.C. 1751 et seq.).

(d) The representative sample described in subsection (b) shall be designed in such a manner as to provide valid, reliable, and accurate information as well as sufficient sample sizes for each type of school described in subsection (c).

(e) The data collected under subsection (b) shall be reported separately for the most common types of strategies, in each of the categories listed in paragraphs (1) through (6) of amendment (b) (used by schools to prepare students to meet State student academic achievement standards, including achieving proficiency on State academic assessments.

AMENDMENT NO. 3433, AS MODIFIED, TO
AMENDMENT NO. 3320

Mr. HARKIN. Mr. President, under the previous unanimous consent agreement, I call up Kennedy amendment No. 3433, and I send a modification to the desk and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Iowa (Mr. HARKIN), for Mr. KENNEDY, proposes an amendment numbered 3433, as modified.

The PRESIDING OFFICER. Under the previous order the amendment is agreed to.

The amendment (No. 3433) as modified, was agreed to, as follows:

AMENDMENT NO. 3320, AS MODIFIED

At the end of title III, insert the following:

SEC. 3320.
Prior to January 1, 2008, the Secretary of Education may not terminate any voluntary flexible agreement under section 428A of the Higher Education Act of 1965 (20 U.S.C. 1078–1) that exists on the date of enactment of this Act. With respect to any entity with which the Secretary of Education has a voluntary flexible agreement under section 428A of the Higher Education Act of 1965 (20 U.S.C. 1078–1) on the date of enactment of this Act that is not cost neutral, if the Secretary terminates such agreement after January 1, 2008, the Secretary of Education shall, not later than December 31, 2008—

(1) negotiate to enter, and enter, into a new voluntary flexible agreement with such entity so that the agreement is cost neutral, unless such entity does not want to enter into such agreement.

AMENDMENT NO. 3400

Mr. HARKIN. Mr. President, Parliamentary inquiry: What is the amendment now before the Senate?

The PRESIDING OFFICER. Under the previous order, there will now be 2 minutes of debate equally divided on the Cardin amendment No. 3400.

The Senator from Maryland is recognized.

Mr. CARDIN. Mr. President, I urge my colleagues to support the amendment. This benefits those who qualify for Special Immigrant Visas. These are Iraqi and Afghan translators who have helped us, and now, in risk of their lives, are allowed to come to a safe haven, the United States.

This amendment extends a helping hand to those who have helped us under very difficult and dangerous circumstances. As I indicated, refugees are entitled to this benefit for up to 7 years. This amendment extends benefits for only up to 6 months for the SIV holders.

It is carefully crafted. It has been scored at not adding additional costs to the budget. I think this is a matter of basic fairness. I urge my colleagues to support the Cardin-Smith amendment.

The PRESIDING OFFICER. Who yields time in opposition?

Mr. HARKIN. Mr. President, since no one is here to speak in opposition, I yield back all time.

The PRESIDING OFFICER. Without objection, it is so ordered. The question is on agreeing to the amendment.

Mr. CARDIN. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

The clerk will call the roll.

The legislative clerk called the roll.

The result was announced—yeas 92, nays 0, as follows:

[Rollcall Vote No. 366 Leg.]

YEAS—92

Akaka
Alaska
Alexander
Alabama
Allard
Alaska
Barrasso
Wyoming
Baucus
Montana
Bayh
Indiana
Bennett
Georgia
Bingaman
New Mexico
Bond
Virginia
Boxer
California
Brown
Rhode Island
Brownback
Kansas
Bunning
Kentucky
Burke
Wyoming
Byrd
West Virginia
Campbell
Ohio
Cardin
Maryland
Carper
Delaware
Chambliss
Georgia
Coburn
Oklahoma
Cochrane
Arkansas
Cullen
Montana
Corzine
New Jersey
Cornyn
Texas
Craig
Colorado
Crapo
Idaho
DeMint
South Carolina
Alaska
Dole
Alabama
Domenici
New Mexico
Dorgan
North Dakota
Durbin
Illinois
Ensign
New Mexico
Enzi
Wyoming
Feinstein
California
Bingaman
New Mexico
Fiorina
California
Franken
Minnesota
Frelinghuysen
New Jersey
Gingrich
Georgia
Bingaman
New Mexico
Gregg
Kentucky
Graham
North Carolina
Hagel
Nebraska
Harkin
Iowa
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Hatch
Utah
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Utah
Keating
Rhode Island
Kerry
Massachusetts
Klobuchar
Minnesota
Kohl
Wisconsin
Kyl
Arizona
Landrieu
Louisiana
Leahy
Vermont
Levy
New York
Lieberman
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Lugar
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Mark Kirk
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Kentucky
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Illinois
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Arkansas
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Wyoming
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Roberts
North Dakota
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West Virginia
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Smith
South Carolina
Souder
Indiana
Specter
Pennsylvania
Stabenow
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Given this, I believe it is important that President Bush not be given uni-
lateral power to negotiate and implement agreements without significant congres-
sional involvement. Current law allows Congress to reject an agree-
ment, but this mechanism probably is unworkable given the Supreme Court’s Chadha decision, which invalid-
ated so-called legislative vetoes. We need to develop a new mechanism, and I am pleased that Senator Baucus and Senator Grassley have been working in a bipartisan manner to develop one.

While those efforts are ongoing, I be-
lieve it is appropriate to take interim steps to ensure that the Bush admin-
istration is not allowed to implement a totalization agreement unilaterally. That is what the Ensign amendment does. While not making a final deter-
mination about whether an agreement should be approved, the amendment ef-
fectively would ensure that, for the next fiscal year, an agreement with Mexico will not be implemented with-
out congressional approval. I think that makes sense.

In my view, the Ensign amendment would have been stronger had it ap-
piled to all totalization agreements, not just the agreement with Mexico. Nor would it have helped en-
sure that all agreements serve our na-
tional interests, but it would have elimi-
nated any perception that we are unfairly singling out Mexico for special treat-
ment. Having said that, I do un-
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ttional interests, but it would have
applied to all totalization agreements,
would have been stronger had it ap-
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piled to all totalization agreements, not just the agreement with Mexico.
preventing individuals from bringing back a prescribed medication for themselves from Canada. I have agreed to make two modifications to my amendment. My amendment, as modified, would add explicit restrictions on controlled substances and biological products from my amendment.

Therefore, as modified, my amendment prohibits funds from preventing individuals, not wholesalers, from importing prescriptions for themselves, and that there is no restriction in my language as to how they may import these prescriptions, it is understood that mail order and Internet importation is not prohibited along with carrying on the person over the border. All controlled substances and biological products are prohibited.

It is my understanding that my amendment will be accepted by voice vote today on the agreement that the chairman and ranking member of the subcommittee Senator HARKIN and Senator SPECKER, will work hard for its inclusion in the final conference report for the final legislative vehicle for this bill.

Mr. HARKIN. Mr. President, I appreciate the sentiments by the Senator from Louisiana and accept this modification on this amended amendment and will ask that it be adopted by unanimous consent. I agree to work hard for inclusion of this amendment in the conference report of the final legislation.

Mr. SPECTER. Mr. President, I concur with my colleague and confirm this agreement with my colleague from Louisiana, Mr. Vitter.

Mr. HARKIN. Mr. President, we are ready to vote on the Vitter amendment.

The PRESIDING OFFICER. All time is yielded back.

The question is on agreeing to the amendment.

The amendment (No. 3328), as modified, was agreed to.

Mr. HARKIN. Mr. President, I move to reconsider the vote. Mr. DORGAN. I move to lay that motion on the table. The motion to lay on the table was agreed to.

The PRESIDING OFFICER. Under the previous order, the Senator from New Mexico is to be recognized.

AMENDMENT NO. 3440, AS MODIFIED, TO AMENDMENT NO. 325

Mr. BINGAMAN. Mr. President, this is an amendment to add $150 million to the Social Security Administration account so that they can deal with the enormous backlog of cases that are pending there in people applying for disability benefits. The average wait is 229 days now. If a person filed today for a hearing in Social Security, they would expect to get that hearing in June of 2009. That is unacceptable. We need to do better. This amendment will help us do that.

I yield the remainder of my time to Senator DOMENICI.

Mr. DOMENICI. Mr. President, I suggest that this is absolutely imperative. For citizens who are on disability to have to wait 2 years on an appeal, as the Senator said, is unacceptable. The money this is providing will take care of that. He asked the administrator, and that is what is needed, and we ought to do it. We have Social Security and disability, and then they make them wait 2 years, and all of the offices are being cut back because they don’t have enough operating money. We should pass this amendment.

Mr. BINGAMAN. Mr. President, I call up amendment No. 3440, as modified.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:
The Senator from New Mexico [Mr. BINGAMAN] proposes an amendment numbered 3440, as modified.

The amendment is as follows:

At the appropriate place, insert the following:

GENERAL PROVISIONS
SEC. 401. (a) Notwithstanding any other provision of this Act, the amount appropriated under the heading “LIMITATION ON ADMINISTRATIVE EXPENSES” under the heading “SOCIAL SECURITY ADMINISTRATION” shall be increased by $150,000,000.

(b) Section 1848(l)(2)(A) of the Social Security Act (42 U.S.C. 1395w-1848(l)(2)(A)), as amended by section 6 of the TMA, Abstinence Education, and QI Programs Extension Act of 2007 (Public Law 110-43), is amended by striking “$1,200,000,000” and inserting “$1,350,000,000,” and inserting “$1,200,000,000, but in no case shall expenditures from the Fund in fiscal year 2008 exceed $650,000,000 in the first sentence.

(c) Section 225 of title 31, United States Code, is amended to read as follows:

Mr. GRASSLEY. Mr. President, do we have an opportunity to address it?

The PRESIDING OFFICER. There is 2 minutes on each side.

The Senator from Iowa is recognized. Mr. GRASSLEY. Mr. President, I rise in support of the goals of this amendment. I want to speak about process so that nobody gets the understanding that the Committee on Finance has given up jurisdiction over this area. We also want to explain that the offset is coming from the Medicare physician assistance and quality initiative fund, which we have set aside to make sure doctors don’t get a 10-percent cut this year in their formula. That is something which is going to come out of the Finance Committee in the next few weeks.

The reason we are going along with this offset is we have found another offset that will fill the void in this fund I just referred to, so that we will be able to keep this whole. I advise people that just because we are allowing this fund to be tapped, we are not going to tap this fund again because we are going to save this to make sure we can help doctors not get cut in their reimbursement on Medicare.

The PRESIDING OFFICER. Who yields time?

Mr. BINGAMAN. Mr. President, I yield back the remaining time and ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second? There is a sufficient second.
Mr. GRASSLEY. Mr. President, I wish to speak to what this bill does or does not do for our most promising students.

In his best selling book, “The World Is Flat,” Thomas Friedman discusses the challenges of globalism using the metaphor of the world getting flatter. What he means is that international barriers to the movement of goods, services, people, and ideas are breaking down. That means that American businesses are facing competition from different sources, and the competition will only get fiercer.

If Americans want us to remain an economic leader and keep high paying jobs, we will need to stay one step ahead of others around the world in coming up with new ideas and innovative educational opportunities they need in science, engineering, health care, and other professional fields.

This amendment also expands the Jacob Javits Gifted and Talented Educational Program, long supported by Senator GRASSLEY.

This amendment will accomplish these goals by adding a $3,500 surcharge on companies that utilize the H-1B program, the same surcharge that 59 Senators supported last May.

The PRESIDING OFFICER. Who yields time?

Mr. GRASSLEY. Mr. President, I thank Senator GRASSLEY for work on the immigration reform bill which passed the Senate with a bipartisan vote of 59 to 35.

This amendment is motivated by one major concern. We want to make sure that our young Americans receive the educational opportunities they need in order to obtain the professional, good-paying jobs that are coming about in this country. To do that, we need to make sure they have the college education they need in math, science, engineering, health care, and other professional fields.

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If Americans want us to remain an economic leader and keep high paying jobs, we will need to stay one step ahead of others around the world in coming up with new ideas and innovative educational opportunities they need in science, engineering, health care, and other professional fields.

This amendment also expands the Jacob Javits Gifted and Talented Educational Program, long supported by Senator GRASSLEY.

This amendment will accomplish these goals by adding a $3,500 surcharge on companies that utilize the H-1B program, the same surcharge that 59 Senators supported last May.

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funds currently focused on helping meet the unique learning needs of gifted and talented students. The Javits Gifted and Talented Students Education Act has suffered a series of cuts in recent years due to across-the-board rescissions.

For the current fiscal year, Congress passed an unusual type of modified continuing resolution. While the continuing resolution contained no specific language further cutting funding for gifted education, the program mysteriously suffered a significant 21 percent cut.

In total, gifted and talented education has taken a 33 percent cut since 1996, resulting in a 21 percent cut. If we are serious about maintaining America’s competitive edge internationally, our most promising students must be challenged and supported to reach their full potential.

We need these talented young people to go to college, graduate, or continue their advanced degrees and make the technological innovations that drive our economy.

Make no mistake, that will not happen by itself. Gifted students learn faster and to a greater depth than other students and often look at the world differently than other students. As a result, it takes a great deal more to keep them challenged and stimulated.

If gifted students are not sufficiently challenged, they often learn to get by with minimum effort and adopt poor learning habits that can prevent them from achieving their potential.

In fact, many gifted and talented students underachieve or even drop out of school.

The book “Genius Denied,” by Jan and Bob Davidson from the majority leader’s home, the State of Nevada, chronicles how we are letting gifted students throughout the Nation fall through the cracks, wasting their potential.

The Belin-Blank Center in my home State of Iowa produced a report titled, “A Nation Deceived: How Schools Hold Back America’s Brightest Students.”

We must do a better job of developing American talent if America is to remain competitive in the global economy.

Twice now, on the competitiveness bill and the immigration bill, I have proposed amendments to provide an appropriate funding source for gifted and talented education.

My proposal would increase the fee employers pay for H-1B visas for highly skilled foreign workers to come to the United States and use that additional funding for the Jacob Javits Gifted and Talented Students Education Act.

H-1B visas are temporary visas. Highly skilled foreign workers come to the United States, often working for less than Americans, and garner useful experience with American companies.

Then, by the nature of the H-1B program, they go home to use their talent in their native country.

That is hardly a permanent solution to our need for talented workers. Doesn’t it make sense to charge a fee to those investing in temporary talent from abroad and use it to invest in permanent talent for the future here at home?

The modified amendment at the desk is a compromise that I worked out with the Senator from Vermont, Mr. SANDERS.

The modification includes language that was agreed to during the immigration debate.

In fact, a similar amendment passed the Senate with a 59-vote majority. It would increase the fee for H-1B visas and use the revenue to support gifted and talented education as well as an American Competitiveness Scholarship Program that the Senator from Vermont has authored.

I support his goal of creating a scholarship program for students pursuing a degree in math, engineering, health care, or computer science.

I appreciate Senator SANDERS’s willingness to help me and to provide needed funding for gifted and talented students.

We cannot continue to shortchange our best and brightest students and still expect excellence from them.

Gifted students are the innovators of tomorrow that will keep our economic pump primed.

For their sake and ours, we cannot afford to squander this vital national resource.

I urge the adoption of my amendment.

Mr. HARKIN. If there is no one else to speak, I yield back the remaining time.

The PRESIDING OFFICER. The question is on agreeing to the amendment. Without objection, the amendment is agreed to.

The amendment (No. 3396), as modified, was agreed to.

Mr. SANDERS. Mr. President, I move to reconsider the vote.

Mr. HARKIN. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

AMENDMENT NO. 3404 TO AMENDMENT NO. 3325

Mr. HARKIN. Mr. President, I understand the next amendment is the Schumer amendment No. 3404.

The PRESIDING OFFICER. That is correct.

Mr. HARKIN. As amended by the Durbin amendment No. 3449.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Iowa (Mr. HARKIN), for Mr. SCHUMER, for himself and Mrs. HUTCHISON, proposes an amendment numbered 3404 to amendment No. 3325.

The amendment is as follows:

(Purpose: To increase the domestic supply of nurses and physical therapists, and for other purposes)

On page 126, between lines 7 and 8, add the following:

S 521. Section 106(d) of the American Competitiveness in the Twenty-first Century Act of 2000 (Public Law 106–313; 8 U.S.C. 1153 note) is amended—

(1) in paragraph (1)—

(A) by inserting “1996, 1997,” after “available in fiscal year”;

(B) by inserting “group I,” after “schedule A,”;

(2) in paragraph (2)(A), by inserting “1996, 1997, and” after “available in fiscal years;” and

(3) by adding at the end the following:

“(4) PETITIONS.—The Secretary of Homeland Security shall provide a process for reviewing and acting upon petitions with respect to immigrants described in subchapter A not later than 30 days after the date on which a completed petition has been filed.”

AMENDMENT NO. 3449 TO AMENDMENT NO. 3325

(Purpose: To increase the number of nursing faculty and students in the United States, to encourage global health care cooperation, and for other purposes)

Mr. HARKIN. Mr. President, I call up the Durbin amendment.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Iowa (Mr. HARKIN), for Mr. DURBIN, proposes an amendment numbered 3449 to amendment No. 3325.

(The amendment is printed in today’s RECORD under “Text of Amendments.”)

Mr. DURBIN. Mr. President, my second degree amendment reflects my belief that we cannot continue to import the numbers of nurses we need by one million nurses.

Why do we have this looming shortage? Certainly it is due in part to our growing and aging population. But there are also structural problems with the domestic nursing system that limit the numbers of nurses we educate and train in this country. The main structural problems are an insufficient number of nurse educators and a shortage of clinical space for training. An American Association of Colleges of Nursing survey showed that nursing colleges denied admission to nearly 43,000 qualified applicants in 2006 academic year.

The top reasons these applications were not accepted were insufficient faculty and not enough admissions capacity. This is a bottleneck that is stifling the supply of nurses in this country. And we need to fix it.

We need to devote resources to training and hiring new nursing faculty and expanding clinical space for nursing schools so they can accept more qualified students. These investments will exponentially increase the number of trained American nurses. The Schumer–Hutchison amendment’s approach to fixing our nursing shortage is to allow up to 61,000 foreign nurses to enter the country as permanent holders. Importing these thousands of foreign nurses is only a band-aid solution to our projected nursing shortage of 1
million. But it is also a step that de-
flates any momentum towards finding real solutions for our domestic nursing crisis. We have done these nursing visa recaptures before. In fact, 2 years ago in 2005, the President signed into law a recapture of 50,000 nursing visas as part of that year’s Emergency Supplemental Appropriations Act. Did this 2005 visa recapture stop the nursing shortage? Of course not. It was a band-
aid solution. But it did undermine mo-
toments for efforts to understand the real reform that we know we need. And so here we are again, 2 years later, with hospitals desperate for more nurses.

My second degree amendment is a rea-
sonable compromise that will help both the hospitals in the short term and the domestic nursing supply in the long term. My amendment would re-
quire employers who successfully peti-
tion for a recaptured nursing green card to pay a $1,500 fee. This fee would be used to fund a grant program that would provide grants to U.S. nursing schools for hiring nurse faculty, expanding training capacity, and recruiting more students. $1,500 is not a large fee—hospitals can spend many times that amount for the services of foreign nurse recruiting companies. However, under my amend-
ment, hospitals that are in dire financial straits, like Health Professional Shortage Areas and Louisiana hospitals still recovering from Hurri-
canes Katrina and Rita, would receive a waiver from paying this fee. Neither does my amendment also impose the fee on the dependents of any nurses who receive a recaptured green card.

Again, the Durbin 2nd degree amend-
ment is a reasonable compromise that will help both the hospitals in the short term and the domestic nursing supply in the long term. It will allow for the international nursing green card to address immediate needs, but it will also take steps that will put the Amer-
ican nursing profession on a path to sustainability. My amendment also contains two measured steps to en-
hance global healthcare cooperation and to safeguard against a crippling brain drain of foreign healthcare work-
ners from countries where they are criti-
cally needed. The first provision would allow a healthcare worker who is a legal permanent resident in the U.S. to temporary return to their home country for medical training in return for a commitment to work in that country for a period of years. The goal of this second provision is to ensure that foreign countries do not invest money in healthcare work-
ners who then reneg on commitments to work in their country without satisfying their commitment in some way, such as by a new voluntary agreement. There is a waiver available in case of coercion by the home country govern-
ment. My amendment is strongly sup-
ported by the American Nurses Asso-
ciation and the American Association of Nursing Colleges.

I urge my colleagues to support the domestic nursing profession and support global healthcare cooperation. I urge passage of my amendment.

Mr. HARKIN. All time is yielded back.

The PRESIDING OFFICER. If all time is yielded back, without objection the second-degree amendment is agreed to.

The amendment (No. 3449) was agreed to.

The PRESIDING OFFICER. Without objection, the amendment, No. 3404, as amended, is agreed to.

The amendment (No. 3404), as amend-
ed, was agreed to.

Mr. HARKIN. Mr. President, I move to reconsider the vote.

Mr. DURBIN. I move to lay that mo-
tion on the table.

The motion to lay on the table was agreed to.

AMENDMENT NO. 3390 TO AMENDMENT NO. 3320

The PRESIDING OFFICER. Under the previous order, the Senator from South Carolina, Mr. DeMINT, is recog-
nized to offer an amendment.

Mr. HARKIN. Mr. President, I have an amendment for Mr. DeMINT, which I send to the desk.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The motion to lay on the table was agreed to.

AMENDMENT NO. 3391 WITHDRAWN

Mr. HARKIN. Mr. President, I ask unanimous consent that further reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To prevent Federal employees from purchasing unnecessary first class or premium class airline tickets at taxpayers’ expense, and for other purposes)

At the appropriate place, insert the fol-
lowing:

_Sec. 3391._ None of the funds made avail-
able under this Act may be used to purchase first class or premium class airline travel that would not be consistent with sections 301–10.123 and 301–10.124 of title 41 of the Code of Federal Regulations.

Mr. HARKIN. Mr. President, the amendment has been agreed to on both sides.

The PRESIDING OFFICER. All time is yielded back. Without objection, the amendment is agreed to.

The amendment (No. 3450) was agreed to.

AMENDMENT NO. 3391 WITHDRAWN

Mr. HARKIN. Mr. President, I am in-
formed that amendment No. 3391 by

Senator Chambliss can be withdrawn, so I ask unanimous consent that amendment No. 3391 be withdrawn.

The PRESIDING OFFICER. Is there ob-
jection? The chair hears none, and it is so ordered.

The Republican leader.

MOTION TO COMMIT

Mr. McCONNELL. Mr. President, we are now in the fourth week of the new fiscal year, and Congress still hasn’t sent a single 1 of the 12 appropriations bills to the President. Those who made a lot of noise about Republican spend-

ing habits before last year’s elections are now making the same mistakes themselves.

There is a difference. This year, our Democratic friends are delaying the most essential business of Congress on a political gambit. They have stuffed this bill with so much extra spending it is impossible to even consider. Once again, they are setting up the kind of circus that has become com-

mon this year. Instead of having a de-
bate about the issues, about spending, we will have a nondebate played out in front of cameras, complete with props and outrage. A story in Monday’s “Roll Call” laid out the strategy. It said our Democratic friends think a Presi-
dential veto of the Labor-HHS bill will allow them to paint the administration and Capitol Hill Republicans as “out of touch” with average Americans, just like the effort that is underway on Social Security.

Well, it is time to stop painting and to start legislating. The fact is, the Labor-HHS bill is simply too expen-
sive. It is $9 billion over the President’s request, and we all know what that means. Next year, Democrats will use that figure as their baseline, and on and on in perpetuity. They expect tax-
payers to forget how much they in-
crease spending this year so they can say it isn’t that much when they do it again next year.

Our friends on the other side of the aisle like to downplay the spending hikes, but let’s stop for a second and look at what some of their proposed in-
creases this year would actually look like down the line. The spending hike they are asking for in this bill, if al-
lowed to continue at the same rate, will cost the American taxpayer $120 billion over the next 10 years. Let me say that again. This spending increase, even at the President’s requested, if allowed to stand year after year, which is the way this always works, will cost the American taxpayers $120 billion over the next 10 years. That is equivalent to the entire budget of the State of New York, just in discretion-
ary increases, not even including the appro-
prations bill. So this increase on this bill, compounded out, $120 billion over the next 10 years, is the equiva-

lent of the entire budget of the State of New York.

So what we are telling taxpayers is this proposed $23 billion increase over the President’s request for this year’s appropriations bills isn’t all that
much. How many times have we heard that: this isn’t all that much money? But let’s look at the 10-year totals. The $23 billion this year, at the same rate of growth, will end up costing taxpayers $232 billion over 10 years.

What will we get for $232 billion? We could fund this year’s discretionary appropriations for the Department of Transportation, the Department of Housing and Urban Development, the Department of Justice, the Department of Commerce, the Department of Agriculture, the Department of Homeland Security, Interior, Energy, and still have more left over than the entire 2005 Massachusetts State budget.

So our friends are saying that is not a lot of money. Only in Washington, D.C. could this kind of spending be not much. We need to get serious about how we spend other people’s money, and if we don’t start on this bill, which represents the largest increase among all the appropriations bills, we won’t cut anywhere.

Senator LOTT and I propose to send this bill back to committee and instruct them to prioritize spending in a way that is responsible and which will secure a Presidential signature. We cannot continue to use the Government charge card knowing our children and their children will have to pay the bill.

On behalf of Senator LOTT and myself, I move to commit H.R. 3043 to the Committee on Appropriations with instructions to report back with total amounts not to exceed $140.92 billion, and I urge my colleagues to vote with us to get us out of the business of political theater and back to the business of governing in a responsible way.

The PRESIDING OFFICER. The Senator from West Virginia.

Mr. BYRD. Mr. President, first, I commend Senator HARKIN for his skillful management of this bill. The Labor, HHS, and Education bill requires tough—did you hear me say that word, tough?—tradeoffs between critical programs that serve our Nation well. I thank Senator SPECTER for his many contributions to this legislation, which is bipartisan, and I urge Senators to vote no on the motion to commit the bill to the committee for the purpose of reducing the bill to the President’s request.

Hear me now. Hear me now. Listen. I am going to pose a question. You will have an opportunity to answer it. If such a motion to commit were approved, the bill would need to be reduced by $9 billion. To any Senator who intends to vote for the motion to commit and seeks to reduce the bill by $9 billion, I ask: What programs would you cut? What programs would you cut?

The President proposes to cut National Institutes of Health funding by $279 million for studying cancer, diabetes, Alzheimer’s, and other diseases. Should we reduce funding for the National Institutes of Health? How about it? Do I hear a response? Ask yourself before you vote: Where would you cut?

The President proposes over $3 billion in cuts for education programs, including special education, safe and drug-free schools, and improving teacher quality. Should we reduce funding for educating our children? Should we? Which educational programs shall we cut? Step up to the plate.

The President proposes cuts of nearly $1 billion in health programs such as rural health, preventive health, nurse training, and mental health grants. Should we reduce funding for programs that improve the health of our Nation? Should we? Ask yourself, which program—which program—should be cut?

Silence. The record will note silence in answer to the question.

The President proposes to cut low-income home energy assistance by $379 million. Winter is coming on. It gets pretty cold in those West Virginia hills. As winter approaches and home heating oil prices rise, should we reduce funding for home energy assistance? No Senator will be cold this winter at home. I won’t be cold at home. I am a Senator, proud to be a Senator. By how much should we slash low-income home energy assistance? By how much? Those who want to cut, now is the time to answer the question. By how much should we slash low-income home energy assistance?

Mr. President, it is easy to demand cuts until one has to say just what will be cut. Whose ox—whose ox, yours or mine—whose ox will be gored? Who will be left out in the cold?

To all Senators listening, I urge a “no” vote on the motion to commit.

I yield the floor.

Mr. HARKIN. The PRESIDING OFFICER. Who yields time?

Mr. HARKIN. Mr. President, how much time remains on our side?

The PRESIDING OFFICER. The Senator from Iowa has 3 minutes 15 seconds.

Mr. HARKIN. I yield—how much time remains?

The PRESIDING OFFICER. The Senator from Iowa has 3 minutes 15 seconds; the Republican leader has 5 minutes.

Mr. HARKIN. I will split it, 1½ minutes to Senator SPECTER, and I will take the last 1½ minutes.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. SPECTER. Mr. President, I oppose the motion to commit because the President’s budget is $3.5 billion under the current expenditures, and figuring an inflation rate it would be $3.5 billion less.

If we accept the President’s figure, then we are abdicating our constitutional responsibility of the appropriations process. The Constitution gives to the Congress the appropriations power. If we automatically defer to the President on the total figure, all we do is fill in the blanks, and that would be an abdication of our constitutional responsibility. In fact, I think it would be unconstitutional for us to delegate that authority to the President. There is case law to the effect that Congress may not delegate its constitutional authority.

I discussed an alternative motion to commit, and that is to arrive at a figure which would be acceptable to the President. On SCHIP the President has stated his willingness to negotiate. The Senate has its figure; the President has his figure. I would be prepared to commit this bill to committee to arrive at a compromise but certainly not to abdicate our constitutional authority and responsibility.

The PRESIDING OFFICER. The Senator from Iowa is recognized.

Mr. HARKIN. Mr. President, first I thank Senator SPECTER for his help through all this debate and developing this bill. I thank Senator BYRD for his usual eloquence tonight. I think he encapsulated what this is all about. This is a bipartisan bill. It passed the committee by a vote of 26 to 3. Frankly, I think at least two, maybe all three of those were opposed to the stem cell portion we had in there, which is no longer in the bill. Nonetheless, this passed 26 to 3.

To echo a little bit what Senator BYRD said, if you vote to commit, you are voting to cut community services block grants, to zero it out, and your social services block grants that go to your States will be cut by 30 percent. You would cut NIH, as Senator BYRD said, by $279 million. How about special education? That would be cut by $748 million. How about community health centers? That would be cut by $250 million.

A “yea” vote means you agree with the President that we do not need any more community health centers, you agree with the President we don’t need any more money to go to the States for special education, you agree with the President that we can cut funding for NIH, you agree with the President we can zero out the community services block grants and cut the social services block grants to the States by 30 percent. That is what a “yea” vote means. Frankly, I hope we have an overwhelming vote to reject this motion to commit and keep this a strong bipartisan bill with which we can go to conference.

The PRESIDING OFFICER. The Republican leader.

Mr. MCCONNELL. Mr. President, I yield the remainder of my time and ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second? There is a sufficient second. The question is on agreeing to the motion.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from Delaware (Mr. BIDEN),
the Senator from New York (Mrs. CLINTON), the Senator from Connecticut (Mr. DODD), the Senator from Massachusetts (Mr. KENNEDY), and the Senator from Illinois (Mr. OBAMA) are necessarily absent. I further announce that, if present and voting, the Senator from Massachusetts (Mr. KENNEDY) would vote "nay."

Mr. LOTT. The following Senator is necessarily absent: the Senator from Arizona (Mr. MCCAIN).

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 40, nays 54, as follows:

[Rollcall Vote No. 390 Leg.]

YEAS—40

Alexander
Allard
Barrasso
Bennett
Bond
Brownback
Bunning
Burr
Chambliss
Coburn
Coehran
Curker
Coryn
Craig

NAYS—54

Akaka
Baucus
Bayh
Bingaman
Boxer
Brown
Byrd
Cantwell
Cardin
Carper
Casey
Collins
Coons
Dorgan
Durbin
Feingold
Fenigold
Feinstein

Biden
Clinton

NOT VOTING—6

Obama
McCain

The motion was rejected. Mr. HARKIN. Mr. President, I move to reconsider the vote and lay that motion on the table.

The motion to lay on the table was agreed to.

STUDY ON FOLIC ACID

Mr. SALAZAR. The distinguished ranking member, Senator SPECTER, and I wish to engage in a colloquy about an important public health matter.

Folic acid is an essential "B vitamin" that plays a critical role in the body's natural processes for making new cells throughout the body. As the Labor/HHS appropriations committee has indicated in its committee report, folic acid fortification can play a critical role in reducing the incidences of serious birth defects, such as spina bifida. In that regard, according to research conducted by the Centers for Disease Control, the implementation of the FDA's policies governing folic acid fortification in enriched cereal grain products, the prevalence of spina bifida and other neural tube defects has declined approximately 20 to 30 percent. While this represents significant progress in the prevention of birth defects, the decline falls short of the national policy objective to achieve a 50 percent decrease. It also falls short of the 50 percent to 70 percent reduction in birth defects that the Public Health Service has estimated would result if all U.S. women of childbearing age consumed the recommended amount of folic acid daily.

Mr. HARRICK. Senator SALAZAR, I commend you for bringing this critical issue to my attention and to my colleagues' attention. I agree with you that we must do all that we can to reduce serious birth defects.

Mr. SALAZAR. Thank you, Senator HARKIN. Of great concern to me is that the scientific evidence indicates that the progress that has been made since the current fortification policy was adopted is attributable to a few studies, and even, public health efforts have not been been successful in reaching some of the population groups that are at highest risk of having a child affected by NTD birth defects. For example, research analyzing the government's 2001-2002 National Health and Nutrition Examination Survey data found that approximately 60 percent of non-Hispanic white women, and nearly 80 percent of Hispanic women and nearly 80 percent African American women consumed less than the recommended amount of folic acid daily.

CDC research suggests that current fortification policy is a barrier to fortifying the types of food consumed by diverse groups and may help explain the disparate results that have been achieved in diverse U.S. populations. In view of the inadequacy of folic acid intake that persists among U.S. women who are most at risk of having a child affected by NTD birth defects, there is a need for further study to evaluate whether greater improvements in the nutritional status of women and the prevention of NTDs can be achieved through the expansion of food and beverage fortification with folic acid.

Senator SPECTER, the statistics show that our current fortification policy is not reaching all populations. Do you agree that we need the CDC to study this issue further, so that we can take appropriate action based on those results?

Mr. SPECTER. As a longstanding advocate of prevention and education programs, Senator SALAZAR, I believe that the CDC should conduct critical public health research regarding our current folic acid fortification policies, so that we have a chance to meet our public health objectives of significantly reducing the occurrences of spina bifida and other birth defects.

Mr. SALAZAR. I am familiar with the distinguished Senator's long history of supporting public health prevention and education programs, and I ask that you work with me when we get to conference to add report language to the Labor, HHS and Education Appropriations bill that would direct the CDC to conduct a study of the additional disease prevention benefits to the U.S. population that would be gained from expanded folic acid fortification of the food and beverage sufficiently consumed by populations currently at risk for inadequate folic acid intake. It is also my opinion that CDC should use public-private partnerships to facilitate that study.

Mr. HARKIN. Senator SALAZAR, I will work with you to expand folic acid fortification of foods and beverages.

Mr. SALAZAR. Thank you, Senator HARKIN and SPECTER. I appreciate your interest in and dedication to addressing this critical public health matter.

Mr. SPECTER. I commend my colleagues for working on this important issue and concur with Chairman Harkin.

COMMUNITY-BASED DOULA INITIATIVE

Mr. DURBIN. Mr. President, I rise to enter into a colloquy with the Senator from Iowa, chairman of the Labor, Health and Human Services, Education and Related Agencies Appropriations Subcommittee, Mr. HARKIN. I am pleased that the subcommittee has designated funding for a community-based doula initiative within the Maternal and Child Health Bureau. In particular, I am eager to see that this funding be used in part to support technical assistance and evaluation activities. Four to five adolescents make up 38 percent of all women ages 15 to 19, yet they account for 73 percent of all pregnancies in that age group. Teenage mothers are much less likely than older women to receive timely prenatal care and are more likely to smoke during pregnancy. Because of these and other factors, babies born to teenagers are more likely to arrive too early and at a lower birth weight, which puts them at greater risk for serious and long-term illness and developmental delays.

In Chicago, we have seen how the community-doula model can improve the odds for those young moms and their babies. The Chicago Health Connection pioneered this model. The group trained mentors from the community to work with at-risk moms, many of whom had few ideas of where else to turn. These mentors spend time in the neighborhood, finding and befriending pregnant women in need help. With the guidance of the doula, the Chicago Health Connection found that more young mothers were going to their prenatal care appointments, making better lifestyle choices, and not surprisingly delivering healthier babies. The doulas stay with the moms through the early months, encouraging breastfeeding, cuddling, interactive play, and other critically important developmental activities. The key to success in this model is the doula, who can help meet the health care needs they serve. The doula provides culturally sensitive pregnancy and childbirth education and helps ensure that
pregnant women know how to access prenatal care and social services.

My request to the subcommittee to transform this model into a national priority was supported by Senators Obama, Bingaman, Brown and Casey. In a time of budget constraints, I knew that not many new programs were begun and I thank the chairman for making this program a reality. I also commend the chairman for his foresight in expanding it to include community-based breastfeeding programs in rural areas.

I am eager to see the Chicago Health Connection model successfully replicated and to make that happen, it is important that new programs have guidance and help to not reinvent the wheel. I would hope that the national program would include funding for a national leader with expertise in the replication of the community-based doula model as well as expertise in breastfeeding promotion to provide training, technical assistance and evaluation services.

Mr. HARKIN. I thank my friend from Illinois for his leadership on this issue. I have worked hard in this bill to make prevention a priority. Doula programs provide support that families need to create a safe environment for new infants, particularly when mothers have nutritional challenges. Everything we learn from the National Institutes of Health reminds us that this early stage of development is so key to our health and well-being.

And I want to applaud my friend Senator DURBIN for bringing this proven model to me last year. We worked hard to include funding and I agree with him that expert technical assistance will be an important component to this initiative. I look forward to working with Senator DURBIN and Senator SPECTER to monitor the implementation of this program and the outcomes it provides. Thank you.

Mr. ENZI. Mr. President, I wish to engage in a colloquy with the distinguished Senator from Oklahoma, Mr. INHOFE, and the chairman and ranking member of the Labor-HHS Appropriations Subcommittee, Senators HARKIN and SPECTER.

Mr. President, I am concerned about a provision in the fiscal year 2008 LIHHS appropriations bill that would change the National Institutes of Health public access policy to a mandate requiring that private sector commercial and nonprofit journal articles be made freely available for worldwide access on an online NIH Web site. As ranking member of the Health, Education, Labor and Pensions, HELP, Committee, I am concerned that this matter has not been reviewed by our committee, the committee of primary jurisdiction over the NIH. This issue has been handled through the appropriations process, and I believe that the HELP Committee should study this issue and determine the best and most appropriate manner to implement and improve the current voluntary policy.

In the Statement of Administration Policy, SAP, issued last week, the administration echoed this sentiment and called on Congress to review the policy and balance the need for public access against the impact it could have on scientific publishing, peer review and intellectual private sector invests hundreds of millions of dollars in the peer review process which vets scientific research, and I believe that a change in the NIH public access policy could undermine that investment.

I would hope when this bill is conferenced that the section of the Labor-HHS appropriations bill mandating the NIH public access policy be modified so it may receive further study by the committees of jurisdiction to ensure that it achieves its goals without unintended negative consequences.

Mr. INHOFE. I would like to add my voice to Senator Enzii’s concern regarding the NIH public access mandate that would force private sector publishers to make their articles freely available on an NIH Web site. I am concerned that this proposal will harm the journal businesses, hurt scientific communication, and impose a severe regulatory tax on editorial and non-profit publishers. I also believe that this change in policy could have a negative impact on the intellectual property protections for scientific journal articles. I believe this issue is different from making underlying scientific data available. I believe federally funded scientific raw data should be available for other researchers to review. I would also ask that Senators HARKIN and SPECTER agree to work with me to revise this NIH provision when this bill is conferenced.

Mr. HARKIN. I remain committed to retaining the provision in conference as it is written in the Senate and House Labor-HHS appropriations bills. I will be happy to work with the Senators from Wyoming and Oklahoma to ensure that the policy is implemented as smoothly as possible for the NIH, researchers, and scientific publishers.

Mr. SPECTER. I thank the Senators from Wyoming and Oklahoma for their concerns about the NIH public access policy, which I share. I will work with the chairman to closely monitor the policy’s implementation.

Mr. ENZI. I thank the distinguished chairman and ranking member of the subcommittee.

Mr. INHOFE. I also thank the distinguished chairman and ranking member of the subcommittee for their willingness to work with Senator Enzii and me on this important issue.

MENTORING CHILDREN OF PRISONERS GRANT PROGRAM

Mr. CORNYN. Mr. President, about 2 percent of all children under the age of 18 have at least one parent incarcerated in a State or Federal prison. According to the Bureau of Justice, in 1999 an estimated 721,500 State and Federal prisoners were parents to 1,498,800 children under age 18. 22 percent of all minor children with a parent in prison were under 5 years old. Prior to admission, less than half of the parents in State prison reported living with their children 44 percent of fathers, 64 percent of mothers.

As a group, children of prisoners are less likely than their peers to succeed in school and more likely to become engaged in delinquent behavior. So, it is important that we support organizations that provide mentoring, foster and other services to address the needs of these at-risk children—organizations like the Seedling Foundation in Austin, TX; and national organizations like Big Brothers and Big Sisters, and Amachi, both of which have chapters in most States.

Many of these organizations depend on grants from the Mentoring Children of Prisoners Program, authorized in 2001 under section 439 of the Social Security Act and administered by the U.S. Department of Health and Human Services. This program was designed to keep children connected to a parent in prison in order to increase the chances that the family will come together successfully when the family is released. Unfortunately, this program has been level-funded for the past few years.

The current allocation for the Mentoring Children of Prisoners Program is $507,000 below the President’s request and is at the fiscal year 2007 level. I would have preferred that the Senate adopt an amendment to a modest increase in fiscal year 2008 funding and restore this amount to the Senate bill.

At the very least, I would encourage the conferees to retain the existing funding for this program.

Mr. HARKIN. I agree with my colleagues and will work during the conference process to ensure that funding for this program is not reduced by the Senate.

Mr. SPECTER. I share my colleague’s strong and enthusiastic support for this important program. I will continue to support the existing funding levels for the Mentoring Children of Prisoners Program when we conference this bill.

DEAFBLIND PROGRAMS

Mr. KERRY. Mr. President, I would like to engage the distinguished chairman of the Subcommittee on Labor, HHS, and Education, Mr. HARKIN, in a colloquy concerning funding for deafblind services and programs at the Department of Education. Would the chairman and manager of the bill entertain a question?

Mr. HARKIN. Mr. President, I would be happy to.

Mr. KERRY. As the Senator knows, tremendous progress has been made in addressing the needs of deafblind children and their families over the past two decades. Despite a doubling of the population of children who are deafblind over that same time period, the 46 State and regional project centers that support the deafblind community have not had a budget increase in over 20 years.

In fiscal year 2007, the national technical assistance and dissemination program at the Department of Education...
received $48.9 million for all disability technical assistance, of which $12.8 million is designated for deafblind programs and services. At a time when remarkable advances in medicine and technology are enabling many more of these children to survive and live longer, it is important for Congress to recognize the need for increased support.

While the President’s budget proposes cutting funding for this program, the House included a modest $2 million increase for deafblind programs and services. At fiscal year 2008 in their Department of Education appropriations bill. The equivalent allocation in the Senate was, of course, lower than in the House. I know the chairman recognizes the urgent help our States need to improve their services for families, to support the activities of the national technical assistance and dissemination center on deafblindness, and to strengthen personnel preparation programs.

Mr. President, I would ask the chairman if he would be willing to continue to work during the conference process to include a $2 million budget increase for deafblind funding?

Mr. HARKIN. Mr. President, I would say to the Senator from Massachusetts that I agree with his description of the challenge facing the funding for deafblind services and that it is my hope that we can find agreement with our House colleagues to retain the modest funding increase that appears in their bill.

Mr. CHERNY. Mr. President, I thank the chairman for his help on this issue.

FAMILY LITERACY PROGRAM

Mrs. CLINTON. Mr. President, I wish to speak on a program that is not just important to me and to many of my constituents in New York but to thousands of children and parents across the country. The William F. Goodling Even Start Family Literacy Program is a highly valuable program that gives economically and educationally disadvantaged parents the tools necessary to support early literacy and language development for their young children. Even Start not only coordinates with early childhood education programs and home visitation programs like HIPPY USA to provide literacy and language development services, but also incorporates parental involvement. The program assists parents to fulfill their role as their child’s first teacher by providing them with adult and parenting language as the second language instruction, and structured parent-child joint literacy activities that we all know are necessary for children to arrive at school ready to learn.

The Even Start Program is the only early education program that works with parents to serve children during the infant and toddler years, a developmental period that research shows is critical for building later reading proficiency. Moreover, Even Start has been highly effective in helping low-income parents support their children’s education and breaking the cycle of illiteracy and poverty. During recent years, Even Start has been plagued by a pervasive misconception that the program is ineffective. This has resulted in drastic funding cuts. To date, many Even Start Programs have closed down and thousands of vulnerable families have lost services. In 2003, 5,000 programs in New York were serving 3,064 families. Today, due to the Bush administration’s budget cuts, Even Start is serving only 722 families. We can all agree these are dramatic cuts for a program that serves vulnerable families. For New York, cuts to the Even Start Program have affected 2,342 families.

In order to keep the program alive, it is imperative the Senate ensure the Even Start Program receives the fiscal year 2007 level of $99 million. I am proud to be joined by my colleagues, Senators HARKIN and SPECTER, and all of us by Senator SNOWE who has spent the last 3 years championing this program with me. Ms. SNOWE. Mr. President, I support the William F. Goodling Even Start Family Literacy Program. I am proud to join my colleague, Senator CLINTON, on this important issue. Senator CLINTON and I have been fighting for this program for years, and we are committed to continuing to fight until this program is fully restored.

The majority of Maine’s neediest families have also had services taken away from them due to cuts over the past 2 years. The William F. Goodling Even Start Programs in Maine served 168 families through 9 programs. Today, Even Start is only serving 57 families through 3 programs. This means that 66 percent of Maine families being served have lost Even Start services over the past 3 years.

These families depend on Even Start for help in learning English, pursuing educational opportunities, and obtaining job skills. In a Texas A&M University study of adults participating in Even Start were more often and better employed. The study found that employment jumped from 17 percent before enrollment to 51 percent after program completion, and wages increased by more than 25 percent.

This program helps parents acquire important skills to be their child’s first and most important teacher. In fact, Even Start complements other early childhood education programs such as Head Start adults in providing the comprehensive family services that help children in these critical years. Even Start is also consistent with the parent involvement goals of the No Child Left Behind Act. The program supports parents to be effective advocates for their children’s education.

Mrs. CLINTON. Mr. President, Even Start Programs are essential to breaking down the barriers that poverty and illiteracy create by integrating early childhood education, adult literacy, or basic education, and parenting education into a unified family literacy program. That is why 35 national organizations, including the Center for Law and Social Policy, the Children’s Defense Fund, the National Council of La Raza, Home Instruction for Parents of Preschool Youngsters USA, and Pre-K Now. We have an obligation to our most vulnerable families to support services that they need the most.

The criticisms of Even Start have been largely based on the findings from the U.S. Department of Education’s national evaluation released in May 2003. However, this study contained serious methodological flaws and cast doubt into question the accuracy of the findings. For example, the study’s sample was not representative of the Even Start population. Thus, findings cannot be generalized to all of Even Start, particularly Even Start participants in rural communities or special populations, such as migrant and Native American families. Experts in assessment of limited English-proficient, LEP, individuals caution that the findings for LEP individuals, who represent the vast majority of the study, were flawed due to inappropriate assessment protocols and measures. Of the 118 Even Start projects eligible to participate in the study in 2003, only 18 programs self-selected, meaning that researchers included programs largely because they volunteered, rather than using random selection, and such a small pool of programs overall does not allow for the study’s findings to be generalized to all of Even Start.

Quérbir, the California Department of Education Even Start evaluation found that the percentage of parents who reported reading to their child on a more regular basis and involvement in activities such as parent-teacher conferences increased each year that they were served by the program.

Even Start families are the most in need. Eighty-four percent of Even Start’s families are at or below Federal poverty levels. Eighty-four percent of Even Start adults have a high school diploma or GED, and 41 percent of the parents have not gone beyond the ninth grade. Nearly one-third of children and parents served by Even Start are limited English proficient.

Mr. HARKIN. Mr. President, I thank my colleagues, Senator CLINTON and Senator SNOWE, for bringing this critical issue to the floor of the U.S. Senate.

The Even Start Family Literacy Program was a valuable program, and I agree with my colleagues that Congress must do all that it can to ensure that the Even Start Program receives an adequate funding level to keep the program alive.

Mr. SPECTER. Mr. President, I also want to thank Senators CLINTON and SNOWE for their hard work on this critical program, and I look forward to working with the chairman in providing the needed resources for the Even Start Family Literacy Program.
Ranking Member SPECTER for their terrific work on the Labor-HHS appropriations bill. I appreciate how well the chairman and the ranking member were able to address so many of the important issues in this bill despite the overwhelming number of so many other programs that have been terribly underfunded during the Bush administration. With this in mind, I want to enter into a colloquy to clarify a key issue concerning this measure.

As a member of the HELP Committee and its Retirement and Aging Subcommittee, I am a strong supporter of the Senior Community Service Employment Program, SCSEP, which provides part-time community service opportunities at minimum wage for unemployed low-income seniors over the age of 55 with poor employment prospects. This year, approximately 100,000 seniors nationally will have access to assistance for SCSEP. Last year, approximately 94,000 were served and 40 million hours of community services were provided at local community-based organizations, and 33 percent of participants obtained employment as a result of participating in this program.

Through SCSEP, low-income older people benefit from training, counseling, and community service assignments at nonprofit organizations and public agencies before transitioning into the workforce. Participants’ community service assignments benefit schools, health facilities, homeless shelters and food banks, disaster relief agencies, senior centers, and many more services. The wages participants earn makes the difference in their ability to care for basic necessities of life such as food and medicine. Many participants overcome homelessness and other obstacles such as disabilities, language, or lack of self-esteem through their participation, and are able to compete for jobs in their local communities. Each year thousands of participants transition to employment, allowing additional older workers to benefit from the SCSEP.

The SCSEP program was reauthorized last year as part of the Older Americans Act with strong bipartisan support as a result of the tremendous difference the program makes in the lives of our Nation’s low-income seniors and our communities. As our population continues to grow grayer, the need for SCSEP services is anticipated to grow accordingly.

SCSEP rewards work and the important contribution our Nation’s seniors can make to our society. However, program costs will rise this coming year as the increase in the minimum wage results in higher costs for the SCSEP program due to the minimum wage payments made to program participants. In order to continue current participant service levels, the House bill provided $531 million for SCSEP, which provides adequate funds to cover the 2008 minimum wage increase.

I know that Senator HARKIN and Ranking Member SPECTER are supportive of the program but had a funding allocation $2 billion lower than their counterparts in the House.

Can the chairman provide his commitment of his intent to fund SCSEP at the House-passed level when he meets with the House? Mr. HARKIN. I thank the Senator from Vermont for his support of this important program and share his commitment to our Nation’s low income seniors. I want to assure him that I am committed to funding the program at or above that level possible and will work with the House to do so within our existing budgetary constraints. I thank the Senator from Vermont.

Mr. SPECTER. I agree with the chairman.

Mr. SANDERS. I thank the chairman and the ranking member for their work on this critical issue.

NATIONAL HEALTH SERVICE CORPS

Mr. DORGAN. Mr. President, I commend the ranking member for rejecting the President’s proposal to slash funding for rural health programs by more than 90 percent. The President proposed eliminating practically every rural health program except for the SCSEP, which is run by the Office of Rural Health.

I thank the chairman and ranking member for restoring funding for the rural health programs in this bill.

One of the big problems in rural areas is recruiting and retaining health professionals. More than 80 percent of North Dakota’s counties are designated as Federal health professional shortage areas. If enacted, these cuts would have a devastating effect on communities in North Dakota and all across rural America. Although one-fifth of the Nation’s population lives in rural areas, 70 percent of all under-resourced areas are rural. I thank the chairman and ranking member for restoring funding for the rural health programs in this bill.

One of the big problems in rural areas is recruiting and retaining health professionals. Although recruiting and retaining health professionals is a major challenge in rural communities, it is also a problem nationwide. In fact, more than one of every four counties in the United States is designated as a health professional shortage area. Residents who live in these areas frequently have to drive long distances or wait to access the care they need. One of the ways Congress has sought to reduce the number of shortage areas is by supporting a program called the National Health Service Corps, which provides full-cost scholarships or grants to medicare for community health centers and provides full-cost scholarships or grants to clinicians who agree to serve in a shortage area. I was disappointed that the President proposed cutting funding for the National Health Service Corps at the House-passed level when he met with the House.

Thank the chairman and the ranking member for rejecting the President’s proposal which would have actually reduced funding by $10 million for this vital resource in the face of a dwindling supply of primary care doctors and dentists. While I recognize the many competing needs of important programs within the Labor, Health and Human Services, and Education appropriations bill, at the very least, I would like to see the National Health Service Corps program funding increased by the $3.8 million approved by the Appropriations Committee for fiscal year 2008 would level-fund the program. I thank the committee members for rejecting the administration’s proposal which would have actually reduced funding by $10 million for this vital resource in the face of a dwindling supply of primary care doctors and dentists. While I recognize the many competing needs of important programs within the Labor, Health and Human Services, and Education appropriations bill, at the very least, I would like to see the National Health Service Corps program funding increased by the $3.8 million approved by the Appropriations Committee for fiscal year 2008 would level-fund the program.

I thank the chairman and the ranking member for restoring funding for the National Health Service Corps program. I am pleased that the bill before us provides $126 million and the current level approved by the Appropriations Committee for fiscal year 2008 would level-fund the program. I thank the committee members for rejecting the administration’s proposal which would have actually reduced funding by $10 million for this vital resource in the face of a dwindling supply of primary care doctors and dentists. While I recognize the many competing needs of important programs within the Labor, Health and Human Services, and Education appropriations bill, at the very least, I would like to see the National Health Service Corps program funding increased by the $3.8 million approved by the Appropriations Committee for fiscal year 2008 would level-fund the program.

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Mr. SCHUMER. Mr. President, I also would like to commend Chairman HARKIN and Ranking Member SPECTER for putting together a funding bill for the Departments of Labor, Health and Human Services, and Education that reflects of our Nation’s priorities and will do much to help the American people. Of particular importance to me and my State is the funding for the National Health Service Corps. I appreciate that the chairman and ranking member were able to restore funding to the fiscal year 2007 level for this program, but believe that we need to do more to combat the serious issue of physician shortage in the underserved areas of our States. In my State, hospitals and health centers are searching for physicians who will fill the numerous vacancies that physician retirement and retention problems have created. We need more specialists, surgeons, and general practitioners, dentists, nurse practitioners, and nurse-midwives. We need to do more to recruit and retain these essential providers—and that is exactly what the National Health Service Corps does. Robust funding of this program, in addition to pursuing other strategies to assist areas experiencing health professions shortages, will make a significant difference to patients and the providers and the caregivers for them.

Mr. HARKIN. I share my colleagues’ support for the National Health Service Corps and agree that we must do more to reduce the number of health professional shortage areas. In my State, 14 of our counties are designated as shortage areas, so I know this issue firsthand. When this bill gets to conference, I will support as much funding as possible for this important program, and I look forward to continuing to work with my colleagues to ensure an expansion of the National Health Service Corps.

Mr. SPECTER. I will work with Senator HARKIN to provide as much funding as possible for this program when we get to conference with the House.

LIFESPAN RESPITE CARE APPROPRIATIONS

Mr. WARNER. Mr. President, I speak in regard to Senate amendment No. 3394, an amendment sponsored by Senator CLINTON and I, which provides $10 million in funding—fully offset—for the Lifespan Respite Care Act. Currently, the House of Representatives fiscal year 2008 Labor, Health and Human Services, Education appropriations bill contains $10 million for this important program. However, the Senate’s version contains no such funding.

As you know, the Lifespan Respite Care Act passed unanimously in the Senate last year and was signed into law by the President on December 21, 2006. This important program authorizes competitive grants to Aging and Disability Resource Centers in collaboration with a public or private non-profit State respite coalition to make quality respite available and accessible to family caregivers, regardless of age or disability.

I know that my good friends Senator HARKIN, the chairman of the Labor, Health and Human Services and Education Appropriations Subcommittee, and Senator SPECTER, the ranking member of the subcommittee, recognize the vitally important work of these Prevention, and Treatment of Some of the Most Devastating Diseases. This legislation, enacted almost 1 year ago, is designed to expand and enhance access to respite care services to provide support and relief to families. While loved ones stay in their homes longer; and to control health care costs as respite care allows families to postpone or prevent expensive hospitalization and nursing care.

Family caregivers provide 80 percent of all long-term care in the U.S.—work that is virtually always unpaid but valued at more than $300 billion annually. That is more than the entire amount we spent on Medicare in 2004.

Because of their responsibilities at home, studies have shown us that it is much more difficult for caregivers to find and maintain jobs. Many caregivers are exhausted and are more prone to illness themselves. One study found that caregivers are 51 percent more likely to experience sleeplessness and 61 percent more likely to experience depression.

Often, this incredible struggle—with little support despite the heroic efforts—can be a family’s only alternative. Like Senator WARNER, I also ask the chairman and ranking members of the Labor, Health and Human Services Appropriations Subcommittee to try to provide $10 million in funding for the Lifespan Respite Care Act.

Mr. SPECTER. The Lifespan Respite Care Act is a worthwhile piece of legislation that will impact almost all American families. I will work with the chairman to provide funding for these activities.

Mr. HARKIN. Respite care programs recognize the vitally important work that families do when a loved one is struck with illness or disability. I have long been a supporter of home and community-based services to keep people with disabilities in their homes and respite care is an important part of that effort. For that reason, I will work with my colleague, Senator SPECTER, to obtain funding for the Lifespan Respite Care Act in conference.

HEALTH INFORMATION TECHNOLOGY NETWORK DEVELOPMENT

Mr. ISAkSON. Mr. President, it is my understanding that the Health Information Technology Development program will see a substantial increase in this appropriations bill, and I applaud the chairman and ranking member’s commitment to this program by raising the nation’s need to develop systems that will help disseminate vital information to help in the detection, prevention, and treatment of some of the most devastating diseases.

In particular, this program is important to improving access to quality care for Georgians living with cancer. Cancer unfortunately acutely affects Georgians, as it is the second leading cause of cancer deaths in Georgia.
As I mentioned before, the Health Information Technology Development program will see a substantial increase in Federal dollars in fiscal year 2008, and I really believe that some of it should go to Georgia.

Mr. SPECTER. Mr. President, like my colleague from Georgia, I am supportive of the Health Information Technology Development program, and I was happy to support the chairman’s effort to increase funding for it. I believe that the goals of the Department of Health and Human Services through its Office of the National Coordinator of Health Information Technology may be well-served by the sort of program that Senator ISAKSON described a moment ago.

Mr. HARKIN. I appreciate the comments by the Senator from Georgia, as well as the ranking member. I agree with them that the Health Information Technology Development program is a step towards better dissemination of health information and better health care, and I will work with my colleagues in conference with the House to provide as much funding as possible.

Mr. DODD. First, I would like to thank and congratulate the distinguished chairman of the Labor, Health and Human Services, and Education Appropriations Subcommittee on putting together this vitally important Appropriations bill that will restore and grow funding for so many of our Nation’s domestic health, education and labor programs. In particular, he should be commended for his leadership in support of funding for domestic HIV/AIDS programs.

As a senior member of the Health, Education, Labor and Pensions—HELP—Committee, I am deeply troubled by the impact Public Law 109–415, the Ryan White HIV/AIDS Treatment Modernization Act of 2006, has had on the State of Connecticut. Is the distinguished chairman aware that the State of Connecticut lost a total of $3.3 million in Federal funding in the current fiscal year as a result of improper implementation of the reauthorization by the Bush administration?

Mr. HARKIN. I am aware of the cuts that the State of Connecticut has sustained, and I am aware that these cuts directly impact individuals living with HIV/AIDS in your State.

Mr. DODD. I am particularly concerned because these funding cuts so deeply impacted Connecticut’s two most vulnerable groups: the Metropolitan Hartford area, which lost nearly $1.5 million, and New Haven, which lost nearly $1.6 million. Urban areas in my State, like many urban areas throughout the U.S. with a long history of the presence of this disease, have systems of medical care and treatment that have been disrupted by the Ryan White CARE Act reauthorization bill. When I put my support behind the final reauthorization bill, it was with the understanding that this bill would fund the State. In fact, an analysis of the reauthorization bill provided by the Government Accountability Office and others prior to its passage showed that the State of Connecticut and the cities of Hartford and New Haven would have over $2 million as a result of its passage. However, this has not been the case.

Mr. HARKIN. Section 102 of Public Law 109–415 lists States by name that have sufficiently reliable and accurate naming-and-linking non-AIDS cases of HIV. The State of Connecticut is not listed among those States. However, it is my understanding that the Health Resources and Services Administration, HRSA, has administered the program as if Connecticut were on that list. Is that true?

Mr. DODD. Yes, it is. Connecticut is not listed among the States with sufficiently reliable and accurate naming-and-linking non-AIDS cases of HIV. During negotiations on the reauthorization bill, I was told by officials in the Bush administration that Connecticut’s names-based reporting system could not yet be considered sufficiently reliable and accurate because it had not reported HIV cases by name for four consecutive years. Connecticut would not be in that position until 2009, at the earliest. The result has been that my State lost $3.3 million in Federal funding. I am also deeply troubled by reports of how HRSA may be measuring urban areas’ demonstrated need for supplemental funding. Under Public Law 109–415, HRSA can consider the impact a decline in formula funding under title I naming-and-linking non-AIDS cases of HIV/AIDS for purposes of supplemental grant funding. It is my understanding that this language targets urban areas whose decline in formula funding has meant a decline or disruption of services for people living with HIV/AIDS by giving them priority in the supplemental funding process.

Mr. HARKIN. I see.

Mr. DODD. It is my hope that the impact of a decline in formula funding under title I will be measured based on the urban areas’ prior year formula award. This is because applicants for supplemental funding do not know their current year’s formula award at the time they apply; HRSA will measure the current year’s decline or disruption of services for individuals living with HIV/AIDS. It is my hope that I can work with the distinguished chairman in conference to provide some clarification and guidance to HRSA on this critically important issue.

It has been stated that the Ryan White reauthorization bill better targeted funding so that infected persons would have better access to high quality health care. Residents in the State of Connecticut do not have better access to high quality health care as a result of the Ryan White reauthorization bill. However, there is funding in the Appropriations bill that is targeted to cities losing funding under title I. I strongly support this targeted funding and urge that it be maintained in the final conference report.

Mr. HARKIN. I appreciate knowing of the Senator’s support for this provision. I will certainly keep it in mind as we move into conference negotiations.

Mr. DODD. I thank the Senator for his consideration.

At the request of Mr. McCONNELL, the following statement was ordered to be printed in the RECORD: (At the request of Mr. M CCONNELL, the following statement was ordered to be printed in the RECORD.)

Mr. MCCAIN. President, here we go again, pushing through a bloated appropriations bill chocked full of earmarks and far exceeding the President’s budget request. This is the seventh annual appropriations measure that has been considered by the Senate and it is by far the biggest budget buster of those considered. The first six bills exceeded the President’s request by over $8 billion, and alone exceeds the President’s budget request by almost $9 billion. At what point will Congress come to grips with the fact that we are mortgaging our children’s and our grandchildren’s futures by approving bills like this?

The Department of Labor, Health and Human Services, and Education, and Related Agencies appropriations bill for fiscal year 2008 provides over $605 billion, including $149.2 billion in total discretionary spending and, as I mentioned, exceeds the President’s budget by $8.95 billion. The Statement of Administration Policy begins with the following:

The Administration strongly opposes S. 1719 because, in combination with the other Fiscal Year 2008 appropriations bills, it imposes an irresponsible and excessive level of spending and includes other objectionable provisions. The statement goes on to say, The Administration has asked that Congress demonstrate a path to live within the President’s topline and cover the excess spending in this bill.
through reductions elsewhere, while ensuring the Department of Defense has the resources necessary to accomplish its mission. Because Congress has failed to demonstrate such a commitment, I wanted to express to the President, he would veto the bill.

Well, it looks like he will have the opportunity to do just that.

There are over 1,000 earmarks in this bill. Examples include: $1 million for the Bethel Performing Arts Center in Liberty, KY, for the Woodstock Music Museum (which the Senate did strike by a vote 52–42); $500,000 for the New York Botanical Garden, Bronx, NY, for the virtual Herbarium; $200,000 for Dallas, TX, for the Women’s Museum; $200,000 for the Italian American Cultural Center of Iowa in Des Moines; $250,000 for the James K. Polk Association in Columbia, TN, for exhibit preparation; $100,000 for the Los Angeles Craft and Folk Art Museum; $500,000 for the Southwest Museum of the American Indian in Los Angeles, CA; $100,000 for the Warner Robbins Museum of Aviation in Georgia; $200,000 for the Texas Historical Commission; $600,000 for the Vermont Department of Labor for Job Training in the States—In Vermont; $2.4 million for Maui Community College for the Remote Rural Hawaii Job Training Project; $1.8 million for Maui Community College for training and educational opportunities; $750,000 for Minot State University to provide training and masters degrees to job corp center senior management personnel; $250,000 for the United Auto Workers Region 9 Training Initiative in New York; $900,000 for the Lyndon Baines Johnson Foundation in Austin, TX, for the Presidential Timeline Project; $1 million for the Billings Clinic, Billings, MT—interestingly, the Billings clinic only has 272 beds in its hospital, and received recently an endowment of over $1 million for its cancer center; $1 million for Marshall University, WV, including $1,575,000 for the Virtual Colonoscopy Outreach Program; $3,600,000 for Mountain State University, Beckley, WV, for the construction of the Allied Health Technology Tower; $3,150,000 for West Virginia University, for the construction and equipping of medical simulation research and training centers; $4,050,000 for West Virginia University, for the construction of a Multiple Sclerosis Center; $1,000,000 for Wetzel County Hospital; $500,000 for Avera Health expansion and remodeling of the Emergency Department; $2,000,000 for the Iowa Department of Public Health to continue the Harkin Wellness Grant program; and $100,000 for Iowa Games, Ames, IA, to continue the Lightning Up Iowa program.

I could go on and on calling out earmarks in this bill and its accompanying report. We are doing a disservice to the American taxpayers and ourselves by approving such wasteful spending. It doesn’t have to be this way. Of the 3,050 earmarks in this bill, the programs funded through the Labor-HHS bill were virtually pork-free. A fortunate disagreement resulted in almost no earmarks in the fiscal year 2006 bill, which had about 3,000 earmarks the prior year. And last year, we funded the programs with a continuing resolution that, for the taxpayers, turned out to have been about the most fiscally responsible route that we could have taken.

I urge my colleagues to reject the excessive spending in the bill.

(At the Request of Mr. Reid, the following sentence was ordered to be printed in the RECORD.)

Mrs. CLINTON. Mr. President, I rise today to express my support and gratitude for the $55 million included in this legislation to support our continued efforts to address the health impacts of 9/11. I would in particular like to thank Senator HARKIN, Senator BYRD, Senator SPECTER, and their colleagues on the Senate Appropriations Committee for their efforts to help the many residents and others who have been suffering from persistent adverse health effects resulting from exposure to the toxins released during the attacks on the World Trade Center.

When the towers collapsed, thousands of tons of coarse and fine particulate matter were released into the air—including cement dust, glass fibers, asbestos, lead, hydrochloric acid, and other toxic pollutants. The combustion of jet fuel after the attacks created a dense plume of black smoke, filled with other toxic substances like benzene and polycyclic aromatic hydrocarbons. Fires at Ground Zero continued to burn for several months after the attacks.

Thousands worked and lived by this Ground Zero site, amidst the dust, smog, and toxic mix of debris. People also worked at Fresh Kills, the landfill in Staten Island, where workers sifted through the debris in an attempt to discover evidence and recover human remains. And in the first few months following the attacks, we began to hear reports of persistent coughing among responders, firefighters were among the first indications of the multiple physical and mental health impacts we have identified among workers, responders, and residents following 9/11—chronic respiratory illness, anxiety, depression, and musculoskeletal injuries, among others. I believe we have a moral obligation to take care of those suffering from 9/11-related illnesses, and I would like to commend the Appropriations Committee for helping to meet that obligation.

I have been working with my colleagues on the Health, Education, Labor and Pensions Committee to develop programs to address these health care needs, and I am pleased to note the bipartisan support from my colleagues there. As we continue our efforts to develop this solution, the cooperation of the appropriators in maintaining funding for existing programs is greatly appreciated.

In the wake of the attacks, I have been proud to work again and again with Senators HARKIN, BYRD, SPECTER, and others to secure funding to establish necessary screening, monitoring and treatment programs to address the health care needs of those impacted by 9/11. Through our joint efforts, we have created funding to establish Centers of Excellence at the Fire Department of New York and Mt. Sinai Medical Center, as well as its affiliated institutions. These institutions have been working on these issues as the early responders to 9/11, providing care and medical guidance to the responders and recovery workers who were at Ground Zero and Fresh Kills.

In partnership with the National Institute for Occupational Safety and Health, these Centers of Excellence have engaged in efforts to treat those suffering these attacks, as well as research and monitoring to allow us to understand more about the ways in which need, are exposed. In their line of work, a significant appropriations bill. The $55 million included in this legislation will go towards continuing these efforts to carry out the screening, monitoring and treatment activities administrated by NIOSH. It also includes language requiring the Department of Health and Human Services, again working through NIOSH, to expand its efforts to identifying health needs of residents, office workers and others who were exposed to these toxins.

With this funding, we will ensure that those who responded in our hour of need, are exposed. In their line of work, a significant appropriations bill. The $55 million included in this legislation will go towards continuing these efforts to carry out the screening, monitoring and treatment activities administrated by NIOSH. It also includes language requiring the Department of Health and Human Services, again working through NIOSH, to expand its efforts to identifying health needs of residents, office workers and others who were exposed to these toxins.

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agencies, we are ensuring that our citizens have every opportunity to reach their maximum potential. I appreciate the opportunity to highlight a few of the bill’s major provisions.

American workers deserve every opportunity for their families. Investment in training, education, and employment services leads to good jobs that provide self-sustainability for workers and their families. This was the purpose of the Workforce Investment Act and is what the funding provided for in this bill accomplishes through various job training programs. This bill acknowledges the value of training and employment services by continuing to fund adult employment and training, youth training and dislocated worker assistance programs.

This bill also provides critical funding for the National Institutes of Health, or NIH. NIH funds significant health research at over 3,000 institutions throughout the U.S. and around the world. While increased funding provided in this bill is a good start, we can, and must, do more. NIH funding supports research to develop and find cures for a myriad of health issues, including cancer, diabetes, stroke, and mental illness. These are significant health concerns facing Americans today.

As you are aware, NIH is headquartered in Bethesda, MD, where more than 15,000 employed personnel work. It is especially important to me, a Senator from Maryland, that we give all of these individuals the resources they need to improve and save lives through health research. I commend the Appropriations Committee for supporting this agency with a 3.3 percent increase over the overall NIH budget. However, if we expect America to remain a leader in medical advancements and technologies, we must be committed to providing researchers the resources they need.

I am committed to that goal and urge my colleagues to remain vigilant, as well.

This bill provides a $125 million increase above the administration’s budget request for the Social Security Administration’s, SSA, administrative expenses and for that I am grateful. However, that increase does not adequately address SSA’s serious backlog issue. It is no secret that the Social Security Administration’s resources are stretched, disability claims are rising at an alarming rate. Currently, over three-quarters of a million individuals are waiting for a hearing decision as pending hearings have increased to a record 732,103. Further, the time that an SSA claimant must wait for a hearing continues to rise, currently averaging 523 days. Compounding the crisis, Medicare reform legislation passed by Congress has increased SSA’s responsibilities. Field offices average over 650,000 visitors a week. Meanwhile, SSA is mandated to improve service delivery. Further, we hear a lot of talk about fraud, waste, and abuses within the SSA.

I submit that we will never get a handle on the problem unless we provide adequate resources to address it. We in Maryland are fortunate to have the Social Security Administration Headquarters in Baltimore. By not adequately funding the SSA, not only are we doing harm to the hundreds of thousands of individuals that, due to health circumstances beyond their control, can no longer support themselves, we are also tying the hands of hard-working individuals who are assisting them. Again, I commend the Appropriations Committee for providing additional funding SSA administrative expenses but note that the agency needs additional funding to avoid further staff reductions and an increasing disability backlog.

I would like to take this opportunity to thank my colleagues for their support of my amendment establishing the sense of the Senate that the Secretary of Health and Human Services should maintain “deemed status” under the Medicare Program for clinical trials that are federally funded or reviewed. Under current policy, trials that are federally funded or reviewed by institutions such as the National Institutes of Health, receive “deemed status” and were not subjected to additional review to be eligible for reimbursement. This policy has worked well for 7 years.

Prior to 2000, too few seniors participated in clinical trials. One reason for this disparity was Medicare’s reimbursement policy. Because Medicare was modeled on the indemnity health insurance policies, it did not pay for treatment considered “experimental” in nature, and so often denied reimbursement for the routine patient care costs associated with clinical trials. Many seniors could not afford to pay these costs themselves, and so they were by and large excluded from these trials. By changing this policy, requiring trial sponsors to undergo a process certifying that they have met 13 separate criteria to qualify for Medicare coverage, this new policy has the potential to reverse the progress that has been made in achieving the highest math scores in the past 7 years by making it much more difficult for trials to qualify.

Seniors participation in clinical trials serves two vital functions. First, it affords seniors with serious illnesses their only hope for lifesaving treatment. Second, it is key to researchers’ efforts to determine the effectiveness of therapies for seniors. Since this issue has come to light, I have heard from hundreds of patients and providers across the country who agree that we must continue to remove access barriers to innovative healthcare treatments for our seniors. Again, I thank my colleagues for their support on this important matter.

The Appropriations Committee is committed to funding significant programs that address real issues that touch the heart and home of Americans. This includes some innovative programs in my home State of Maryland, such as: funding provided through this bill will allow the Chesapeake Bay Foundation, CBF, in collaboration with Living Classrooms Foundation, LCF, to continue the beach restoration, a rich, meaningful field and classroom programs focusing on the natural and cultural history of the Chesapeake Bay watershed. Funding will allow CBF and LCF to reach approximately 700 teachers, 7,900 underserved students.

The bill funds KIPP Ujima Village Academy in Baltimore through its parent organization. KIPP Ujima opened its doors in the summer of 2002 with its first class of fifth graders, and now enrolls 300 5th through 8th graders. Over 99 percent of its students are African American, and 87 percent qualify for Federal free or reduced-price meals program. KIPP Ujima is the highest performing public school in middle grades in Baltimore City, as measured by the 2006 Maryland State Assessment. On that exam, 100 percent of seventh and eighth graders scored proficient or advanced in mathematics, achieving the highest math scores in the State of Maryland.

Carroll County Youth Service Bureau, CCYSB, provides a continuum of community-based mental health services for children, adults, and families throughout Carroll County. CCYSB uses a multidisciplinary approach to deliver prevention, intervention and treatment services in the least restrictive and most cost-effective manner. Funding provided in the bill will allow CCYSB to reach more underserved patients in need of mental health services.

The bill also provides funding for equipment and technology in a number of other American cities, including St. Agnes Hospital, Mercy Medical Center, Northwest Hospital, Kennedy-Krieger, Lifebridge, and Holy Cross. The technology and equipment provided will allow these facilities to better detect, diagnose, and treat patients who suffer traumatic illnesses and injuries.

I thank Senator HARKIN, Senator SPECTER, and their staffs for all of their hard work to develop a bill that addresses many other basic rights that all Americans deserve: education, employment, and health care.

Mr. FEINGOLD. Mr. President, today the Senate will be voting on the fiscal year 2008 Labor, Human Services, and Education appropriations act. I am pleased to support this bill, which provides healthier funding levels for our labor, health, and education programs for the first time in many years. Over a time of flat, rising poverty levels, rising health care and heating costs, and classrooms in desperate need of funding, this bill helps promote programs that offer solutions to these problems.

I am pleased that the Senate adopted four amendments I worked on. One was an amendment I cosponsored that Senator COLLINS offered to provide much
needed additional funding to improve access to dental health in rural and underserved areas. Our amendment successfully doubled the funding for the Dental Health Improvement Act, bringing funding from $2 million to $4 million. The Rural Access to Emergency Defibrillators Act authorized a new State grant program that is designed to improve access to oral health services in rural and underserved areas. States can use these grants to fund or create programs tailored to State needs. For example, they can use the funds for loan forgiveness and repayment programs for dentists practicing in underserved areas. They can also use the grant funds to establish or expand community or school-based dental facilities or to set up mobile or portable dental clinics. In Wisconsin, funds were used to provide children with better access to sealants. This helps prevent further and more expensive dental work later in life.

The Collins-Feingold amendment to increase funding for this important program will help fund additional State programs so that more people in our country will have access to essential oral health care. I thank Senator Collins and Senator Specter for their assistance in passing this amendment.

Another adopted amendment will increase public access to automatic external defibrillators, or AEDs, in schools. In my home State of Wisconsin, as in many other States, heart disease is the No. 1 killer. Cardiac arrest can strike anyone. Cardiac victims are in a race against time, and unfortunately, for too many of them, emergency medical services are unable to reach people in need, and time runs out for victims of cardiac arrest.

Fortunately, AEDs are inexpensive and simple to operate. Because of advancements in AED technology, it is practical to train and equip police officers, teachers, and members of other community organizations on how to use these devices.

Over the past 6 years, I have worked with Senator Susan Collins on a number of initiatives to empower communities to improve cardiac arrest survival rates. We have pushed Congress to support first responders—local police and fire and rescue services—in their efforts to provide early defibrillation. Congress heard our call, and responded by enacting two of our bills, the Rural Access to Emergency Devices Act and the ADAM Act.

The Rural Access to Emergency Devices Act-created partnerships across the country to receive a grant enabling them to purchase defibrillators, and receive the training needed to use these devices. Approximately 95 percent of sudden cardiac arrest victims die before reaching the hospital. If every minute that passes before a cardiac arrest victim is defibrillated, the chance of survival falls by as much as 10 percent. After only 8 minutes, the victim’s survival rate drops by 60 percent. This is why early intervention is essential—a combination of CPR and use of AEDs can save lives.

If we give people in rural communities a chance, they may be able to reverse a cardiac arrest before it takes another life. Unfortunately, the President zeroed out the funding for the Rural AED program after the program was cut by 83 percent in fiscal year 2006 and kept at that level in fiscal year 2007. I am very disappointed that the program was eliminated in the President’s budget. Our rural communities deserve better. I am pleased that the Senate Appropriations Committee restored this vital program by voting $3 million in funding for the program this year. That is double last year’s funding level and, while it is still much lower than I would like, I hope the final version of this bill includes at least that much in funding.

Heart disease is not only a problem among adults. A few years ago I learned the story of Adam Lemel, a 17-year-old high school student and a star basketball player in Wisconsin. Tragically, during a timeout while playing basketball at a neighboring Milwaukee high school, Adam suffered sudden cardiac arrest, and died before the paramedics arrived. This story is incredibly tragic. Adam had his whole life ahead of him, and could quite possibly have been saved with appropriate early intervention. This story helps to underscore some important issues. First, although cardiac arrest is commonly among adults, it can occur at any age—even in apparently healthy children and adolescents. Second, early intervention is essential—a combination of CPR and the use of AEDs can save lives.

After Adam Lemel suffered his cardiac arrest, his friend David Ellis joined forces with Children’s Hospital of Wisconsin to initiate Project ADAM to bring CPR training and public access defibrillators, educate communities about preventing sudden cardiac deaths and save lives.

The ADAM Act was passed into law in 2003, but has yet to be funded. The ADAM Act is one way we can honor the lives of children like Adam Lemel, and give tomorrow’s pediatric cardiac arrest victims a chance at life.

The Feingold-Collins amendment provides modest funding for this act this year. While not much in the grand scheme of the Federal budget, will help jump start this valuable program. This amendment as drafted would be funded through the Rural AED line; however, I am pleased that the managers shared my goal of not taking away any of the already limited Rural AED funding and are looking for additional ways to fund the ADAM Act. I am pleased that our amendment passed the Senate by unanimous consent and urge the conferees to maintain this small but important program.

My third amendment that passed requires GAO to conduct an assessment of current State health care reforms and comment on the potential role that Congress could take in assisting States with their efforts. I offered this amendment along with Senators Graham, Bingaman, and Voight. The amendment would have require States to reform the broken health care system. This study would provide an overview of what is working in the States and the effect of Federal laws on State health care initiatives. In addition, the study would provide States with the information they need on how the Federal Government could better work with States to further efforts.

While Congress may not be able to reach consensus on how to ensure all Americans access to health services, a State-based model allows consideration of politically diverse solutions that could eventually be widely applied. Gathering data on what works at the State level will assist Congress in looking at broader reforms, which is why I am pleased the Graham amendment was adopted, and with the backing of the Brookings Institute and the Heritage Foundation, to encourage and expand State efforts to extend health care coverage.

My fourth amendment directs GAO to examine the different techniques schools are using to prepare students to achieve on State standardized exams as well as meet State academic standards. Schools in Wisconsin and around the country are facing their sixth year under No Child Left Behind. NCLB, the centerpiece of President Bush’s domestic agenda, and I continue to hear grave concerns throughout Wisconsin about the Federal testing mandates contained in NCLB and the ongoing implementation problems with the law.

Wisconsin teachers and parents are concerned about many of the unintended consequences of NCLB, including the narrowing of the curriculum to measure the subjects that are tested under NCLB—reading and math. As a consequence of more narrow curriculums, some students are experiencing reduced class time on other important subjects including social studies, civics, geography, science, art, music, and physical education. I have also heard numerous concerns that students are being drilled in reading and math in order to boost performance on these standardized tests, which may not be the best measure of students’ higher order thinking skills. Many Wisconsinites are concerned that rote drill exercises in reading and math take the joy out of learning for students and have called for a reexamination of NCLB policies to ensure that a diverse and challenging curriculum is taught in all of our Nation’s schools.

I voted against NCLB in large part because of its Federal testing mandate and the potential ramifications of the primary focus on test scores in order to determine adequate yearly progress in our schools. I also remain deeply concerned that NCLB’s testing and sanctions approach has forced some
schools, particularly those in our inner cities and rural areas, to become places where students are not taught, but are drilled with workbooks and test taking strategies, while in wealthy suburban schools, these tests do not greatly impact curriculums rich in social studies, civics, history, music, and other important subjects. I do not necessarily oppose the use of standardized testing in our Nation’s schools. I agree that some tests are needed to ensure that our children are keeping pace and that schools, districts, and States are held accountable for closing the persistent achievement gap that continues to exist among different groups of students, including among students in Wisconsin. But the Federal one-size-fits-all testing and punishment approach that NCLB takes is not providing an equal education for all, eradicating the achievement gap that exists in our country or ensuring that each student reaches his or her full potential.

My amendment calls on GAO to examine how the use of different preparation techniques varies based on the demographic characteristics of schools, including the concentration of poverty at schools, whether schools are located in a rural, suburban, or urban environment, and whether schools have been identified for improvement under NCLB. It is my hope that Congress will receive more detailed data on how the student preparation varies among different types of schools so that we can get a better sense of how NCLB is impacting our Nation’s schools. The disaggregation element of this GAO study should better help us determine whether various preparation techniques, including commercial test preparation programs and narrowing of the curriculum, are correlated with certain school demographics.

I was also pleased to cosponsor an amendment with my colleague, Senator Brown of Ohio, to prohibit the Department of Education from continuing its problematic evaluation of the Upward Bound program until Congress has a chance to examine this policy as part of the Higher Education Act. Reauthorization of this program was enacted into law as part of the Government Performance Results Act and is intended to better target Government dollars to the most efficient programs. Senator ALLARD’s amendment would have redirected funds from programs deemed ineffective by the Program Assessment Rating Tool, or PART. This program was enacted into law as part of the Government Performance Results Act and is intended to better target Government dollars to the most efficient programs. Senator ALLARD’s amendment would have cut the programs considered ineffective by PART by 10 percent, and then sent these dollars to PART.

I share Senator ALLARD’s goals of efficient Government spending and reducing the deficit; however, I have some concerns about the standards for evaluating Government programs in PART. There are several programs that are making a big, positive difference in communities, that score poorly on the assessment. Some of these programs I have supported for years, such as rural health programs, and various higher education programs. I think it is important to examine this tool more closely and see if there is a way to improve the assessment before cutting these programs. For this reason, I opposed this amendment, which would have had far-reaching implications.

I was pleased to support final passage of this bill which provides essential funding for education, health care, and job training programs. Many of these programs have seen drastic cuts over the past 6 years and I am happy that we have been able to more adequately fund these programs in this bill. I am disappointed that the President continues to say that he will veto this bill and I hope that he will reconsider in the coming days. Too many Americans are depending on the employment, health care, and education services provided in this legislation and they are the ones who will be negatively impacted if the President vetoes this bill. Much more remains to be done to correct the inadequate funding for these programs in recent years, but this bill is a step in the right direction.

The PRESIDING OFFICER. Under the previous order, the substitute, as amended, is agreed to.

The amendment (No. 3325), as amended, was agreed to.

The PRESIDING OFFICER. The question is on the engrossment of the amendment and third reading of the bill.

The amendment was ordered to be engrossed and the bill to be read a third time.

The bill was read the third time.

Mr. HARKIN. Mr. President, we have had a very productive days debate on the fiscal year 2008 appropriations bill for Labor, Health and Human Services, Education, and related agencies. I would like to again thank the ranking member, Senator ARLEN SPECTER, for his leadership and his diligence in helping to shape this bipartisan bill.

I would also like to take this opportunity to thank the subcommittee staff for the long hours and hard work they put into it. On the Democratic side, I thank Ellen Murray, Lisa Bernhardt, Teri Curtin, Erik Tatemi, Adrienne Hallet, and Mark Laisch. On the Republican side, I thank Bettitou Taylor, Sudip Parikh, and Jeff Kratz. These staff members set a very high standard of professionalism, excellence, and integrity, and we are very fortunate to have people of this caliber in public service.

Mr. President, we are just minutes away from the vote on final passage of this bill. I want to emphasize that this is an overwhelmingly bipartisan bill that meets the priorities of members on both sides of the aisle. Senator ARLEN SPECTER and I produced a bill that passed in committee with the support of 14 of 15 Democrats and 12 of 14 Republicans. This bill funds the most essential, life-supporting and lifesaving services for millions of people in this country. It reflects the values and priorities of the American public.

As I have said before, it is regrettable that, even before we brought this bill to the floor last week, President Bush threatened to veto it because it included a provision to expand embryonic stem cell research, and because it included $11 billion in funding above what he requested.

We have done our very best to accommodate the President, and to produce a bill that he can sign. To that end, we removed the embryonic stem cell research provision from the bill before bringing it to the floor. This is a core priority for me, for Senator SPECTER, and for many other Senators. But we took it out of the bill in order to meet the President halfway. I remain hopeful that, in turn, he will meet us halfway, and join us in this spirit of bipartisan compromise.

I am an optimist, and I hold out hope that, if the President examines the substance of this bill, he will see that the additional funding above his budget request goes to essential programs and services that have been shortchanged in recent years.

President Kennedy said that “to govern is to choose.” The President has made his choices. But, under the Constitution, Congress also gets to choose. And, in this bill, we have made the right choices. Let me cite just a few examples.

The President is requesting that we cut the National Institutes of Health—research into cancer, diabetes, Alzheimer’s and other diseases—by $279...
The President requests that we reduce the Head Start program by $100 million, which would cut tens of thousands of children from the Head Start roles. This bill increases funding for Head Start by a modest $200 million. Despite predictions of record energy prices this winter, Mr. Bush requests that we cut the Low Income Home Energy Assistance Program for poor people by $797 million. In this bill, we maintain LIHEAP funding at last year’s level.

Mr. Bush requests that we eliminate the community services block grant, the safety net that includes job training, housing, and emergency food assistance. In this bill, we increase the community service block grant by a modest $40 million. In each of these program areas, the bill includes reasonable, reasonable increases in order to keep pace with inflation or to prevent significant cuts in essential services. This remains a barebones, no-frills bill that conforms to a very conservative budget allocation.

For 5 years, Congress has appropriated countless billions of U.S. taxpayer dollars for schools, job programs, hospitals, and human services in Iraq. Democrats and Republicans on the committee agree that it’s time to look after those same needs in this country. And that is exactly what we do in this bill.

As I said, we tried hard to accommodate the President’s concerns. There has been so much that includes job training and bipartisan in Washington in recent months. This bill offers a great opportunity for Congress and the President to show the American people that we can resolve our differences with compromise and bipartisan goodwill. We have met the President halfway—in my opinion, more than halfway. Now it is time for him to respond in kind, and to rescind his veto threat.

It is important that we send a strong, bipartisan message to the American people that, at a time when we are spending enormous sums on wars in Iraq and Afghanistan, we will not neglect or shortchange essential, life-saving, and life-supporting programs and services here at home. I urge my colleagues to vote yes on this important bill. And I urge the President to join us in supporting this bipartisan bill.

I know Senators are eager to vote and go home. I just want to thank all of the Senators for their many kindnesses and their courtesies in bringing this bill to a close. It was 5 days, but it was 5 days of good debate and bipartisan amendments. We have a strong bipartisan bill. I hope we will pass it with a strong bipartisan vote, go to conference, and get it to the President’s desk as soon as possible.

The PRESIDING OFFICER. The bill having been read the third time, the questions is, Shall the bill pass?

Mr. HARKIN. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. The yeas and nays have been requested. Is there a sufficient second?

There is a sufficient second. The clerk will call the roll.

The assistant legislative clerk called the roll.

The PRESIDING OFFICER. The yeas and nays have been requested. Is there a sufficient second?

The result was announced—yeas 75, nays 19, as follows:

[Rollcall Vote No. 391 Leg.]

YEAS—75

Yeas—75

Mr. REED, Mr. LAUTENBERG, Mr. BYRD, Mr. SPECTER, Mr. COCHRAN, Mr. GREGG, Mr. CRAIG, Mrs. HUTCHISON, Mr. STEVENS, Mr. SHELBY, and Mr. DOMENICI conferees on the part of the Senate.

EXECUTIVE SESSION

NOMINATION OF LESLIE SOUTHWARD TO BE U.S. CIRCUIT JUDGE FOR THE FIFTH CIRCUIT

The PRESIDING OFFICER. Under the previous order, the Senate will go into executive session and the clerk will report the nomination.

The legislative clerk read the nomination of Leslie Southward, of Mississippi, to be United States Circuit Judge for the Fifth Circuit.

The PRESIDING OFFICER. The Republican leader.

CLOTURE MOTION

Mr. McCONNELL. Mr. President, I send a cloture petition to the desk.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on Executive Calendar No. 291, the nomination of Leslie Southward of Mississippi to be United States Circuit Judge for the Fifth Circuit.


The PRESIDING OFFICER. Who yields time?

The Senator from Vermont.

Mr. LEAHY. 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. LEAHY. I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. LEAHY. Mr. President, today, the Senate considers the controversial nomination of Leslie Southward to the United States Circuit Court of Appeals for the Fifth Circuit. Unlike so many of President Clinton’s nominees, Mr. Southward was accorded a hearing on his nomination.

I refused to ambush Leslie Southward the way Republicans ambushed Ronnie White in 1999. Thus, despite my opposition to this nomination, I made sure that Mr. Southward was treated fairly and that his nomination was debated and voted upon by the Judiciary Committee. The process has been open and fair and the rights of every Senator Democratic or Republican have been respected.