

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

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

I reserve the remainder of my time.

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

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

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

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

I yield back the remainder of my time.

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

The PRESIDING OFFICER. All time is yielded back.

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

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

Mr. ENZI. I move to reconsider the vote.

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

The motion to lay on the table was agreed to.

#### MORNING BUSINESS

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

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

The Senator from North Dakota.

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

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

#### INDIAN HEALTH CARE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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