

who is currently covered under SCHIP or Medicaid should lose their health coverage or access to care as a result of this administrative directive. We share your commitment to ensuring that federal health coverage programs make our nation's lowest income children the foremost priority, however, the CMS directive runs directly contrary to our common goal of covering America's poorest children first. The August 17 directive already is jeopardizing access to health care for low-income children in at least 23 states. Moreover, recent reports by the Government Accountability Office (GAO) and the Congressional Research Service (CRS) affirm that the directive goes beyond what is permissible under current law. Unfortunately, CMS' May 7, 2008 letter to states did not address these serious concerns. In light of the directive's impact on state efforts to provide coverage for uninsured children and the recent GAO and CRS findings, we urge the House and Senate to take immediate action to halt the implementation of the August 17 directive and restore states' ability to determine how best to cover their children.

With more than nine million American children lacking any form of health insurance and nearly two-thirds of that number already eligible for Medicaid or SCHIP, we must do all we can to reduce coverage barriers, not add additional ones. This directive already is having a chilling effect on states, stalling efforts in several states that were poised to enact policy changes to improve coverage of uninsured children. Halting the implementation of this directive is essential if we are to tackle the coverage crisis facing our nation's most vulnerable children. No child in America should lose their health coverage as a result of philosophical differences in Washington, D.C. Our nation must do better for our children.

We know you agree that our children are our nation's most precious resource and that investments in health care for kids reap benefits that last a lifetime. We welcome the opportunity to discuss these issues with you and to work with you to be sure that all of our nation's children have access to the health care services and coverage they need.

Sincerely,

First Focus; American Association of School Administrators; LEAnet; National Association of Community Health Centers; PICO National Network; The 2010 Cover All Kids Initiative; AARP; Action for Children North Carolina; Alliance for Excellent Education; American Academy of HIV Medicine; American Academy of Nursing; American Academy of Pediatrics; American Academy of Pediatrics, Pennsylvania Chapter; American Academy of Pediatrics Utah; and American Association of People with Disabilities.

American College of Obstetricians and Gynecologists; American Dental Education Association; American Humane Association; American Medical Women's Association; American Music Therapy Association; American Network of Community Options and Resources, ANCOR; American Nurses Association; American Psychiatric Association; American Public Health Association; Anchorage School District, AK; Anchorage's Promise, AK; Association for Community Affiliated Plans; Association of Clinicians for the Underserved, ACU; Association of Women's Health, Obstetric & Neonatal Nurses, AWHONN; and Autism Society of America.

Bayonne Jewish Community Center, NJ; Bayonne YMCA, NJ; Bazelon Center for Mental Health Law; Bedford Youth & Family Services, MA; The Black Children's Institute of Tennessee; California State Association of Counties; Catholic Charities of the Archdiocese of Newark; Catholic Charities USA; Catholic Healthcare West; Center for Public

Policy Priorities, TX; Center for Medicare Advocacy, Inc.; Child and Adolescent Health Measurement Initiative; Child and Family Policy Center, Des Moines, IA; Children and Adults with Attention Deficit/Hyperactivity Disorder; and Child Welfare League of America.

Children First for Oregon; Children Now, Sacramento/Oakland, CA; Children's Aid Society; Children's Dental Health Project; The Children's Health Fund; The Children's Partnership; Clinical Social Work Association; Colorado Children's Campaign, Denver, CO; Colorado Community Health Network; Colorado Organization on Adolescent Pregnancy, Parenting, and Prevention; Community Action Partnership; Community Health Care Association of New York State; Connecticut Association for Human Services; Connecticut Legal Services, Inc.; and Consumer Health Coalition.

Corona-Norco United Way, CA; County Commissioners' Association of Ohio; County Commissioners Association of Pennsylvania; County Welfare Directors Association of California; Cystic Fibrosis Foundation; DePelchin Children's Center, Houston, TX; Disability Rights Education and Defense Fund; Easter Seals; Educational Arts Team; Families USA; Family Voices; Family Voices-NJ; FAMIS Outreach Project, Radford, VA; FRESC: Good Jobs Strong Communities; and Greater Hartford Legal Aid, Inc., CT.

Healthy York Network, York, PA; Health Care For All Massachusetts; HIV Medicine Association; Hudson Perinatal Consortium, Inc., Jersey City, NJ; Immunization Action Coalition; Indiana Primary Health Care Association; Intermountain Pediatric Society; Iowa/Nebraska Primary Care Association; Jersey City Library Literacy Program; Legal Assistance Resource Center of CT; Legislative Coalition for People with Disabilities (Utah); Maine Children's Alliance; Maryland Women's Coalition for Health Care Reform; Maternal and Child Health Access, Los Angeles, CA; and Maternity Care Coalition, Philadelphia, PA.

Mental Health America; Medicaid Health Plans of America; Mental Health/Mental Retardation Program Administrators of Pennsylvania; Methodist Healthcare Ministries, San Antonio, TX; Miami-Dade County; Michigan County Social Services Association; Michigan's Children; Montview Boulevard Presbyterian Church Health Care Task Force, Denver, CO; Mountain Youth Resources; National Association for the Education of Young Children; National Association of Children's Hospitals; National Association of Counties; National Association of County Behavioral Health and Developmental Disability Directors; National Association of County Human Services Administrators; and National Association of Pediatric Nurse Practitioners.

National Association of School Psychologists; National Association of Social Workers; National Association of State Directors of Special Education; National Council for Community Behavioral Healthcare; National Council of Jewish Women; National Council of Urban Indian Health; National Down Syndrome Congress; National Federation of Families for Children's Mental Health; National Health Law Program, NHeLP; National Hispanic Health Foundation; National Hispanic Medical Association; National Partnership for Women & Families; National Women's Law Center; New Haven Legal Assistance Association; and New Mexico Alliance for School-Based Health Care.

New Mexico Voices for Children; NH Healthy Kids Corp; Organization of Chinese Americans, OCA; Ohio Child Support Enforcement Agency Directors' Association; Ohio Job and Family Services Directors' As-

sociation; OPTIONS for Independence; Oregon Action; Pennsylvania Association of County Human Services Administrators; Pennsylvania Partnerships for Children; Prevent Blindness America; Public Children Services Association of Ohio; Public Health-Seattle & King County, WA; Rhode Island KIDS COUNT; Rural Health Association of Tennessee; and Salt Lake County Mayor.

Salt Lake Community Action Program; Sargent Shriver National Center on Poverty Law; SC Applesed Legal Justice Center, Columbia, SC; Service Employees International Union; Southeastern Network of Youth and Family Services, Bonita Springs, FL; Statewide Parent Advocacy Network of New Jersey; Tennessee Commission on Children and Youth; Tennessee Health Care Campaign; Tennessee Justice Center; Tennessee Primary Care Association; Texas Association of Public and Nonprofit Hospitals; Texas Network of Youth Services; The Arc of the United States; The Arc of Utah; and TII CANN—Title II Community AIDS National Network.

United Cerebral Palsy; United Neighborhood Health Services, Inc.; United Spinal Association; United Way of America; United Ways of California; United Way of Greater High Point; United Way of Hudson County; United Ways of Louisiana; United Way of Pennsylvania; United Ways of Texas; Utah Covering Kids & Families Coalition; Visiting Homemaker Services of Hudson County; Voices for America's Children; Voices for Children, NE; Voices for Ohio's Children; Voices for Utah Children; Washington Health Foundation; and Washington Physicians for Social Responsibility.

MACKINAC ISLAND STATE PARK

Mr. LEVIN. Mr. President, I am pleased that the Senate is acting on the House Concurrent Resolution, H. Con. Res. 325, which was introduced by Congressman STUPAK and recognizes the celebration of the 50th anniversary of the Mackinac Island State Park Commission's Historical Preservation and Museum Program. This anniversary, which will take place on June 15, 2008, honors the work of the Commission to protect, preserve, and communicate the rich history and natural wonders of Mackinac Island.

Located in the heart of the Great Lakes, between Michigan's Upper and Lower Peninsulas, Mackinac Island is an important part of this Nation's history. In colonial years, the island provided strategic fur-trading posts for French, British, and American settlements. During the Civil War, Britain's Fort Mackinac was established on this island and the fort was also used during the War of 1812. In 1817, the village of Mackinac was incorporated and served as the seat for the territorial county of Michilimackinac, which covered much of what is now Michigan. It also functioned as the seat of Mackinac County from 1849 through 1882. The island was considered a sacred place to Native Americans and functioned as a tribal gathering place and burial site. Today, the island is a popular tourism destination where people can relax, enjoy nature, and learn about history.

Since its inception in 1895, the Mackinac Island State Park Commission has been actively engaged in a variety of

restoration activities and has worked to interpret and communicate the multiple stories of this important island to millions of visitors. The Commission has participated in a number of initiatives, including archeological excavation, lighthouse restoration, and exhibit installation, to protect and manage the historic resources of the park.

The U.S. Congress recognized the significance of Mackinac when it established the Mackinac Island National Park in 1875, making it the Nation's second National Park after Yellowstone. In 1895, park ownership was transferred to the State of Michigan, creating Michigan's first State park. In 1958, the Mackinac Island State Park Commission established the Historical Preservation and Museum Program. This program has served as the primary caretaker and purveyor of the Island's considerable tale. I am pleased to extend my warmest congratulations to those individuals involved with this program who have painstakingly restored and preserved Mackinac Island for future generations.

TRIBUTE TO JOHN ENGBER

Mrs. MURRAY. Mr. President, I rise today to recognize John Engber for his 11 years of service to the U.S. Senate and the people of Washington State. John served as my State Director during this time, and he was a critical part of my staff. On June 1, he ended his tenure in my office. We were sad to see him go, but we wish him all the best in his next endeavor.

John was a thoughtful and dedicated public servant. As my State Director, he helped ensure that even though Washington State residents are 2,500 miles from DC, their needs are up-front and center. Overseeing my State operations, he was responsible for listening to the people in our communities and for connecting them to the Senate and the Federal Government. And thanks to his hard work, residents of towns from Forks to Clarkston have access to me and my office.

One of John's greatest accomplishments during his time with my office was his help in drafting the recently enacted Wild Sky Wilderness law. John worked closely with local leaders, the environmental community, outdoor enthusiasts, and others to create a wilderness proposal built on community consensus. We faced some tremendous obstacles over the 9 years that we worked on the bill, but John helped us all remain dedicated to the goal of preserving Wild Sky for future generations.

Finally, I would like to thank John for his years of service to me and the people of Washington State. His leadership and his dedication are truly appreciated, and I know that he will always have Washington State's interests at heart. I wish him happiness and success as he moves on to the next phase of his career.

11TH ANNUAL CONGRESSIONAL HEALTH SCREENINGS

Mr. CRAPO. Mr. President, I would like to bring to the Chamber's attention the 11th Annual Congressional Health Screenings and I would like to commend my colleague, Senator SHELBY, for his leadership at this event. The Congressional Health Screenings occur each year during National Men's Health Week the week prior to Father's Day. I encourage all of my colleagues and their staffs to participate in these screenings. As U.S. Senators, we must set an example and not only encourage healthy habits but practice them as well. This year's program offers a number of convenient screenings, including prostate specific antigen, PSA, cholesterol, glucose, blood pressure, and body fat tests, as well as health education materials. The purpose of this event is to increase our awareness of health issues and to help develop comprehensive strategies to improve our health and that of our families.

The state of men's health has become a national crisis. Because of poor health habits, lack of health insurance, failure to seek timely medical attention, and dangerous occupations, men are afflicted with more maladies and die younger than women. Today, men are living approximately 5 fewer years than that of their female counterparts and are dying at higher rates for 9 out of the Nation's top 10 causes of death. This includes death from cancer, diabetes, suicide, accidents, and diseases of the heart, kidney, and liver. When speaking about cancer, it is important to note that one in two men in his lifetime will be diagnosed with cancer and one in six will be diagnosed with prostate cancer.

The Men's Health Network, along with Women Against Prostate Cancer, use National Men's Health Week to emphasize the fact that prostate health issues and prostate cancer is not merely a "man's disease." Each year thousands of wives, daughters, sisters, and friends are impacted—often in devastating ways—by the loss and/or suffering of a man from prostate health issues. Early and regular screenings significantly increase the chance of early detection and successful treatment.

I am pleased to report that we are steadily making progress. Last year during September's Prostate Awareness Month, Men's Health Network and the Washington Redskins held a prostate screening at FedEx Field in Landover, MD. Over 300 people gathered to help their fathers, grandfathers, sons, uncles, and friends move one step closer toward a happier, healthier future. Five of the gentlemen screened had potentially dangerous PSA readings.

There is no better time than now to become more proactive with regard to men's health. Women are 100-percent more likely than men to regularly visit their doctors for annual examinations and to seek out preventative services.

Half of the Nation's elderly widows living in poverty did not face economic hardships before the deaths of their husbands. Men between the ages of 45 and 54 are three times more likely to die of heart attacks, 1.5 times more likely to die from heart disease, and 1.5 times more likely to die from cancer than women.

Half of the estimated 54,000 men diagnosed this year with colon cancer will die from it. Over 185,000 men are expected to develop prostate cancer in 2008—almost 15 percent of these cases are expected to be terminal. Preventive measures, such as prostate specific antigen exams, blood pressure and cholesterol screens, and routine self-testing exams for these and other types of cancers that target men can lead to invaluable early detection that will increase the survival rates for such cancers by almost 100 percent.

In addition, I must reiterate the need for an Office of Men's Health in the U.S. Department of Health and Human Services to tackle many of these aforementioned issues. Last year, I introduced S. 640, the Men's Health Act, which would establish such an office. The Office on Women's Health in the department does a fantastic job of saving the lives of thousands of women and improving the lives of many more. Similarly, an Office of Men's Health would provide a support network that would reach out to all men on issues related to men's health.

In closing, I thank the Men's Health Network for hosting the 11th Annual Congressional Health Screenings. I hope that my colleagues and their staffs will take this unique opportunity to not only better their own health, but to encourage the people around them to do the same.

ADDITIONAL STATEMENTS

TRIBUTE TO MONROE ROTARY CLUB

• Mr. VITTER. Mr. President, I wish to honor the Monroe Rotary Club, which is celebrating its 90th anniversary this month, and I would like to take a few moments to publicly recognize their great history.

The Rotary Club of Monroe was founded on April 29, 1918, with a membership of 31; however, they did not receive their charter until June of 1918. The stated purpose of the organization is to bring together business and professional leaders to provide humanitarian service, encourage high ethical standards in all vocations, and help build goodwill and peace in the world. In order to carry out its service programs, Rotary is structured in club, district, and international levels.

In furtherance of the goals of Rotary, the Rotary Club of Monroe has sponsored many local projects including, scholarships at the University of Louisiana at Monroe, Goodfellows, Boy Scouts, Girl Scouts, Monroe Youth