

are not put in place hastily or unwisely.

I voted for the amendment because I agree with its underlying sentiment, which is that the United States should prepare defenses against foreseeable threats. What I fear, however, is that the votes in favor of this amendment will become fodder for attempts to further increase funding for missile defense programs that are already more than adequately funded and which history has shown us time and again are technologically challenging and cannot be rushed. Over the years, I have seen this tactic used time and again for missile defense programs. It does not matter how much more money is thrown at them, the technology cannot be rushed. Given the demands for funding for troops in harm's way now from mortar rounds, bullets, and IEDs, we must be cautious of attempts to further bloat a program intended to confront a far-off threat that may never materialize. My vote in favor of a policy of adequately preparing for a long term threat over the long term should not be interpreted as support for excessive spending on missile defense development and deployment. Further, it must not be interpreted as a vote suggesting that the situation at this time justifies the President to use military force in Iran.

Ms. MIKULSKI. Mr. President, I am proud to cosponsor the Dignity for our Wounded Warriors Act, which has just been approved as an amendment to the fiscal year 2008 Department of Defense authorization bill. Under the leadership of Senators CARL LEVIN, PATTY MURRAY, and DANIEL AKAKA, we have drafted this comprehensive response to the failures of the Bush administration to properly care for our wounded servicemembers and veterans.

We were all shocked and awed by the sorry state of outpatient care at Walter Reed. More than 22,000 Purple Hearts have been awarded in Iraq. We know now that our troops have been twice wounded—once on the battlefield and again battling a bureaucracy at home.

We know that acute care for our injured troops has been astounding. Our military medical doctors and nurses are performing heroically, giving our troops historic rates of survival against devastating new weapons of war. We owe a debt of gratitude to these military medical professionals and to the medics on the battlefield. But while we have saved their lives, we are failing to give them their life back. Outpatient care, facilities, social work, case workers, disability benefits—the whole system seems dysfunctional.

In March, I visited Walter Reed and met with outpatients at Mologne House. I am so proud of their service and sacrifice for our Nation and so embarrassed by the treatment they have received. We know this problem isn't limited to Walter Reed. It is part of the reckless incompetence of this administration. They took us into this war without a plan for winning it or caring

for those we ask to fight it. That is why the Senate has today taken this important step to provide the care our troops, veterans, and their families have earned.

This is a comprehensive bill to address the treatment and care of injured veterans and servicemembers. To ensure that what happened in Building 18 at Walter Reed never happens again, the bill establishes minimum standards of repair and maintenance for military treatment facilities and outpatient housing. It authorizes at least \$73 million in additional funding to enhance care for traumatic brain injury, TBI, and post-traumatic stress disorder, PTSD, including \$3 million for pilot projects to monitor TBI; \$10 million for Centers of Excellence for TBI; and \$50 million for additional TBI and PTSD research. This is in addition to the \$900 million in funding for TBI and PTSD programs added by Congress to the fiscal year 2007 Emergency Supplemental Appropriations Act.

To support a smooth transition for injured troops from military medical care to the Veterans' Administration, this bill also authorizes \$10 million for a joint DOD/VA office for electronic health records and establishes comprehensive readjustment studies for Iraq and Afghanistan veterans by the Defense Department, the Veterans' Administration, and the National Academy of Sciences.

To develop a better understanding of the signature wounds of the wars in Iraq and Afghanistan, the amendment directs DOD to establish Centers of Excellence for TBI and PTSD and to report to Congress on their progress. It requires comprehensive plans for prevention, diagnosis, and treatment of TBI and PTSD as well as long-term studies, clinical trials, and research about mental health, TBI, and PTSD.

Our amendment also addresses the unique needs of female servicemembers by requiring DOD and the VA to take into account the needs of women servicemembers and women veterans in every aspect of patient and veterans care. Every report required by the amendment must include a description of how it specifically addresses the needs of our women warriors. It requires DOD and the VA to review the need for mental health treatment tailored to meet the needs of female servicemembers and veterans and requires the two agencies to develop a joint policy for the treatment and care of mental health, TBI, and PTSD for female servicemembers and veterans.

To cut through the health care bureaucracy, our bill entitles any servicemember or former servicemember with "severe injury or illness" to treatment in any DOD or VA approved medical facility, whatever is closest or most convenient for the patient. It also authorizes military and VA facilities to provide counseling and medical care for families and caregivers who are supporting servicemembers—this is important support for those who have to

travel to a treatment facility in order to support their injured loved one.

To help injured servicemembers transition from DOD health care to the VA system, the amendment requires improved information sharing between agencies and establishes common processes, procedures, and standards between the two agencies. It also institutes a 3-year overlap of healthcare service between DOD and VA for severely injured servicemembers, so no injured servicemember is allowed to fall between the cracks.

This amendment also takes several important steps to improve the quality of care in the VA health care system. It requires the VA to create rehabilitation and reintegration plans for veterans suffering from TBI and to provide nursing home care to veterans with severe cases of TBI. The amendment also extends the window of time during which veterans can seek combat-related medical care, from 2 years to 5 years. This will especially help veterans suffering from PTSD, which can take several years to develop and diagnose.

Mr. President, our Nation has a sacred commitment to honor the promises we make to troops and their families when they answer the Nation's call to duty. I am proud to fight each year to make sure these promises made are promises kept. This amendment honors our Nation's service men and women.

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#### MORNING BUSINESS

Mr. LEVIN. Mr. President, while the Senator from Virginia is on the floor, I ask unanimous consent that we proceed to a period of morning business, with Senators recognized for up to 10 minutes each.

Mr. WARNER. No objection.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

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

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

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#### TOBACCO

Mr. DURBIN. Mr. President, there is hardly a family in America that hasn't had an experience with tobacco and cancer. My family is no exception. When I was 14 years old, my 53-year-old father died of lung cancer. He smoked two packs of Camels a day. He was hopelessly addicted to tobacco, and we lost him at what I now view as a very early age. I can recall, as a student in high school, being in his hospital room when he drew his last, labored breath and the sadness that fell over me on