

medical problem that was related to an emotional problem, mental problem.

If that same thing occurred today, it would not have mattered. We have made progress in accepting people who have emotional problems for whatever reason, that they are just as sick as someone who has other kinds of problems. It is too bad there will always be this asterisk with Tom Eagleton. However, he was selected to be Senator McGovern's Vice President but was not able to continue in that position because of a medical condition.

He was a wonderful man who served in the Navy. He graduated from Harvard Law School. His father was a lawyer who loved politics and ran for public office in Missouri. He served on the St. Louis Police Board and the Board of Education.

Tom is survived by his wife, the former Barbara Ann Smith. They married in 1956. He has two children. He left the Senate 20 years ago, as I indicated earlier. He was a tremendously good Senator. As the Chaplain indicated today, our prayers go out to his family. Senator Eagleton will be missed. He has made his mark on our country and the world. He fought for clean water and clean air. He had strong beliefs on the conflict in Vietnam. He showed, over a lifetime, that one man can make a difference.

So, Mr. President, I hope all Senators will pause to reflect on the service this great man made to our country. I am sure we should all understand if we patterned our political career after Tom Eagleton, we could not go wrong.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will proceed to a period of morning business until 3 p.m., with Senators permitted to speak therein for up to 10 minutes each.

The Senator from Hawaii is recognized.

Mr. AKAKA. Mr. President, I ask unanimous consent that I be given 10 minutes to speak in morning business.

The ACTING PRESIDENT pro tempore. The Senator has that right.

Mr. AKAKA. Thank you, Mr. President.

VETERANS MEDICAL CARE

Mr. AKAKA. Mr. President, last week, my majority colleagues and I on the Committee on Veterans' Affairs submitted the required views and estimates on the administration's fiscal year 2008 budget for the Department of Veterans Affairs.

In summary, we are recommending a \$2.9 billion increase over the adminis-

tration's request for veterans medical care. We believe this is the total amount necessary to treat all eligible veterans from World War II until the present time and to maintain the quality of VA medical services through the upcoming fiscal year.

This amount would also provide the VA with resources to absorb the thousands of service members presently on medical hold at Walter Reed and in other military facilities. There is no question we must ensure these brave men and women are provided the best care possible.

Today's Washington Post leads with a story titled, "It Is Just Not Walter Reed." The story focuses on the various Federal facilities across the system, including VA facilities. I urge my colleagues to understand that at the heart of any solution to improve care is increasing resources to match demand and to ensure the facilities themselves are up to par.

I intend to hold a hearing later this month on cooperation between VA and the Department of Defense on the treatment of injured service members, and I will pursue the situation at Walter Reed and other military treatment facilities that are handling the bulk of returning Iraq and Afghanistan war veterans to ensure the Government is helping those who have been injured in service to our country and their families.

I wish to highlight a few of the accounts for which we are seeking substantial increases.

In our estimate, we recommended an additional \$300 million for treatment of traumatic brain injuries. These funds will support the expansion of VA's capacity and will help to resolve case management problems identified in an IG investigation last summer. Traumatic brain injuries are turning out to be the hallmark of this war. We simply must ensure that VA has the resources to do more than just keep up but to become a leader in brain injury care.

The recent televised account of ABC newsman Bob Woodruff's long recovery from a brain injury endured in Iraq has highlighted the suffering of new veterans and their families. Looking at these young soldiers with such devastating injuries reminds us of the true costs of war.

We know the transition from DOD to VA can be a tough one. This is even more true for those veterans suffering with TBI. At the start of this war, VA was unprepared to deal with returning service members with injuries of all kinds. The budgets in the early years underestimated these costs, and many VA facilities were caught flatfooted.

Over the last year, VA has made strides in improving the lead brain injury centers. Yet VA still has miles to go in caring for service members when they return home to their communities. Many of these men and women are quite young and will live with brain injuries for the rest of their lives. VA must do more than simply send them back to their communities.

I am also concerned that veterans with less severe forms of TBI may not be receiving appropriate compensation for their injuries. We need to make sure VA has the resources necessary to provide for specialist examinations and appropriate testing so that veterans who file claims for headaches, memory loss, and other effects of TBI may be properly compensated and rehabilitated.

We also recommended an increase of \$693 million over the administration's request for VA mental health programs. These funds are essential to guarantee timely access to mental health services for veterans of the global war on terror and prior conflicts, including the Vietnam war. We have heard too many stories already of veterans in crisis who were unable to see a mental health professional because of a lack of staff or beds at VA facilities. It is about time we fully fund VA's mental health programs so that not one more troubled veteran finds himself or herself on the street for lack of therapy, counseling or, far worse, takes his or her own life.

As chairman of the Committee on Veterans' Affairs, I am deeply committed to having all in Congress recognize the reality that meeting the needs of veterans is truly part of the ongoing costs of war. I urge my fellow Senators to join us as we work to uphold our end of the bargain by giving our Nation's veterans accessible first-rate medical care. We owe it to them and they deserve it.

Madam President, I suggest the absence of a quorum.

The PRESIDING OFFICER (Mrs. MCCASKILL). The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

Mr. DORGAN. Madam President, I ask unanimous consent to speak in morning business for up to 30 minutes.

The PRESIDING OFFICER. The Senator has that right. The Senator from North Dakota is recognized.

VA HEALTH CARE

Mr. DORGAN. Madam President, this morning in the Washington Post newspaper, there is a story that is headlined:

It Is Just Not Walter Reed. Soldiers Share Trouble Stories of Military Health Care Across the U.S.

I read that story and have read the previous stories in the Washington Post about the issue of outpatient health care at Walter Reed. I have visited Walter Reed many times, and I have visited Bethesda many times, and I have visited with wounded soldiers. I have spoken to doctors and nurses, health care professionals, people who work at Walter Reed and Bethesda. I