

S. 1094

At the request of Mr. MENENDEZ, the name of the Senator from Florida (Mr. RUBIO) was added as a cosponsor of S. 1094, a bill to reauthorize the Combating Autism Act of 2006 (Public Law 109-416).

S. 1107

At the request of Mr. MENENDEZ, the name of the Senator from New York (Mr. SCHUMER) was added as a cosponsor of S. 1107, a bill to authorize and support psoriasis and psoriatic arthritis data collection, to express the sense of the Congress to encourage and leverage public and private investment in psoriasis research with a particular focus on interdisciplinary collaborative research on the relationship between psoriasis and its comorbid conditions, and for other purposes.

S. 1142

At the request of Mr. TESTER, the name of the Senator from Alaska (Mr. BEGICH) was added as a cosponsor of S. 1142, a bill to promote the mapping and development of the United States geothermal resources by establishing a direct loan program for high risk geothermal exploration wells, to amend the Energy Independence and Security Act of 2007 to improve geothermal energy technology and demonstrate the use of geothermal energy in large scale thermal applications, and for other purposes.

S. 1149

At the request of Mr. WYDEN, the name of the Senator from Alaska (Mr. BEGICH) was added as a cosponsor of S. 1149, a bill to expand geothermal production, and for other purposes.

S. 1174

At the request of Ms. STABENOW, the name of the Senator from Nevada (Mr. HELLER) was added as a cosponsor of S. 1174, a bill to provide predictability and certainty in the tax law, create jobs, and encourage investment.

S. 1221

At the request of Mrs. SHAHEEN, the names of the Senator from New York (Mr. SCHUMER) and the Senator from Hawaii (Mr. INOUE) were added as cosponsors of S. 1221, a bill to provide grants to better understand and reduce gestational diabetes, and for other purposes.

S. 1245

At the request of Mr. BLUNT, the name of the Senator from Montana (Mr. TESTER) was added as a cosponsor of S. 1245, a bill to provide for the establishment of the Special Envoy to Promote Religious Freedom of Religious Minorities in the Near East and South Central Asia.

S. 1273

At the request of Mr. CASEY, the name of the Senator from Connecticut (Mr. BLUMENTHAL) was added as a cosponsor of S. 1273, a bill to amend the Fair Labor Standards Act with regard to certain exemptions under that Act for direct care workers and to improve the systems for the collection and re-

porting of data relating to the direct care workforce, and for other purposes.

S. 1280

At the request of Mr. ISAKSON, the names of the Senator from North Carolina (Mr. BURR) and the Senator from Illinois (Mr. KIRK) were added as cosponsors of S. 1280, a bill to amend the Peace Corps Act to require sexual assault risk-reduction and response training, and the development of sexual assault protocol and guidelines, the establishment of victims advocates, the establishment of a Sexual Assault Advisory Council, and for other purposes.

S. 1281

At the request of Mr. KIRK, the names of the Senator from Illinois (Mr. DURBIN) and the Senator from Pennsylvania (Mr. CASEY) were added as cosponsors of S. 1281, a bill to amend title 49, United States Code, to prohibit the transportation of horses in interstate transportation in a motor vehicle containing two or more levels stacked on top of one another.

S. 1316

At the request of Mr. ENZI, the names of the Senator from Texas (Mrs. HUTCHISON) and the Senator from Florida (Mr. RUBIO) were added as cosponsors of S. 1316, a bill to prevent a fiscal crisis by enacting legislation to balance the Federal budget through reductions of discretionary and mandatory spending.

S. 1324

At the request of Mrs. BOXER, the name of the Senator from California (Mrs. FEINSTEIN) was added as a cosponsor of S. 1324, a bill to amend the Lacey Act Amendments of 1981 to prohibit the importation, exportation, transportation, and sale, receipt, acquisition, or purchase in interstate or foreign commerce, of any live animal of any prohibited wildlife species, and for other purposes.

S. 1368

At the request of Mr. ROBERTS, the name of the Senator from Missouri (Mrs. MCCASKILL) was added as a cosponsor of S. 1368, a bill to amend the Patient Protection and Affordable Care Act to repeal distributions for medicine qualified only if for prescribed drug or insulin.

S. 1369

At the request of Mr. CRAPO, the names of the Senator from Maine (Ms. COLLINS) and the Senator from Maine (Ms. SNOWE) were added as cosponsors of S. 1369, a bill to amend the Federal Water Pollution Control Act to exempt the conduct of silvicultural activities from national pollutant discharge elimination system permitting requirements.

S. 1374

At the request of Mr. MENENDEZ, the name of the Senator from Massachusetts (Mr. KERRY) was added as a cosponsor of S. 1374, a bill to direct the Federal Trade Commission to prescribe rules prohibiting deceptive advertising of abortion services.

S. 1376

At the request of Mr. ENZI, the name of the Senator from Oklahoma (Mr. COBURN) was added as a cosponsor of S. 1376, a bill to conform income calculations for purposes of eligibility for the refundable credit for coverage under a qualified health plan and for Medicaid to existing Federal low-income assistance programs.

S. 1378

At the request of Mr. NELSON of Nebraska, the name of the Senator from Missouri (Mrs. MCCASKILL) was added as a cosponsor of S. 1378, a bill to ensure that Social Security and Tier 1 Railroad Retirement benefits are properly taken into account for purposes of determining eligibility for Medicaid and for the refundable credit for coverage under a qualified health plan.

S. 1413

At the request of Mr. WYDEN, the name of the Senator from Nevada (Mr. HELLER) was added as a cosponsor of S. 1413, a bill to amend the Internal Revenue Code of 1986 to temporarily increase the investment tax credit for geothermal energy property.

S. 1431

At the request of Mr. KOHL, the name of the Senator from Kansas (Mr. ROBERTS) was added as a cosponsor of S. 1431, a bill to amend section 242 of the National Housing Act to extend the sunset provisions for the exemption for critical access hospitals under the FHA programs of mortgage insurance for hospitals.

S. 1439

At the request of Mr. BROWN of Ohio, the name of the Senator from Alaska (Mr. BEGICH) was added as a cosponsor of S. 1439, a bill to amend the Elementary and Secondary Education Act of 1965 regarding ready school needs reviews.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. BAUCUS (for himself, Mr. TESTER, and Mr. BURR):

S. 1460. A bill to grant the congressional gold medal, collectively, to the First Special Service Force, in recognition of its superior service during World War II; to the Committee on Banking, Housing, and Urban Affairs.

Mr. BAUCUS. Mr. President: When speaking of the Royal Air Force before Parliament, British Prime Minister Winston Churchill said: "Never in the field of human conflict was so much owed by so many to so few."

Churchill's words would ring true for the First Special Service Force as well. An elite and clandestine military unit during World War II, the Force was trained for the most difficult missions over the most arduous terrain. The Force pioneered many of the tactics used by today's Special Operations Forces. Their courage and audacity helped break through Nazi lines. Surprise night raids. Scaling cliffs. Traaversing snowy mountain passes. The

Force never faced a mission that was too difficult or too dangerous to accomplish.

It is a great honor to introduce legislation today with my colleagues Senator TESTER and Senator BURR bestowing the First Special Service Force with the Congressional Gold Medal.

The Congressional Gold Medal is the highest honor the United States Congress can present. It is reserved for an individual—or group of individuals—who performs an outstanding act of service to the United States. I can think of no group of men more deserving of this high honor than the First Special Service Force.

The Force was comprised of volunteers from 49 States, the District of Columbia, and Canada. These men trained at Fort Harrison, in Helena, MT. Later, they were nicknamed the Black Devil's Brigade by a German soldier who complained they attacked in the middle of the night and then disappeared.

The Force's training in Helena, Vermont, and Virginia was unconventional and brutal. Hand-to-hand combat. Demolition. Rock climbing. Ski and mountain warfare. Amphibious landings. Night air drops. Their training far surpassed that of any other unit during World War II. This unique training led to remarkable success in battle.

The Force deployed to Italy in 1943. The first mission was to capture two peaks on the German Winter Line. This line had proven unbreakable and defeated massive Allied attacks. The road to liberate Rome led straight through this line. General Eisenhower needed to find a way to blast through. He chose the First Special Service Force.

The Force attacked the German line using what both Allied and Axis forces thought was an impossible route—the north face. In the dead of winter. In the middle of the night. Needless to say, they surprised the German forces on Monte la Difensa. Over the next 46 days, the Force defeated the fortified German Winter Line. The victory came at a devastating price. The Force lost 1,300 men out of a total of 1,800.

The First Special Service Force then moved to the Anzio-Nettmo beachhead. For 99 days, the Force battled the infamous German Hermann Goering Division. The Force pushed the Germans back, liberating Italian villages as they moved north toward Rome. On June 4, 1944, members of the Force routed German Forces guarding the eight bridges leading into Rome. Their advance cleared the way for other Allied forces to liberate Rome.

The Force then turned to the Îles d'Hyères, islands in southern France. Their amphibious assault surprised the Nazi occupiers and led to the capture of four Nazi forts. The Black Devil Brigade continued to the mainland where they hunted down the retreating German Eighth Army. The Force drove eastward in 15 weeks of battle to the Franco-Italian border, liberating the towns of Grasse, Villeneuve-Loubet,

Sospel and Castillon in southern France.

The Force deactivated on December 5, 1944 in southern France. The remainder of the war would be fought by large-scale armies, not covert units like the First Special Service Force.

During the war, the Force suffered 2,314 casualties, equating to an astounding 134 percent of its combat strength. It captured over 30,000 prisoners, won five U.S. campaign stars and eight Canadian battle honors. It never failed a mission. Today, only 230 of these brave soldiers remain to tell the tales of their remarkable service.

As a testament to the unwavering camaraderie of the Force, the First Special Service Force Association was formed and continues to have reunions every year. They will be honoring the 70th anniversary of the creation of the Force at their reunion next year. With every passing day we lose more of these brave warriors, and it is crucial that we honor them now.

We owe the liberty we enjoy today to the brave men of the Black Devil Brigade. So many of us indebted to so few. Fortunately for our great Nation, the legacy of the First Special Service Force lives on. The Canadian Special Operations Regiment and the Special Forces of the United States trace their lineage back to the First Special Service Force.

It is time to award the First Special Service Force the Congressional Gold Medal. I strongly urge my colleagues to cosponsor this bill to honor these American heroes with the recognition and gratitude they have earned.

By Mr. REED (for himself, Ms. AYOTTE, Mr. KERRY, Mrs. SHAHEEN, Mr. WHITEHOUSE, Mr. BROWN of Massachusetts, Mr. LEAHY, and Mr. BLUMENTHAL):

S. 1465. A bill to authorize a pilot program on enhancements of Department of Defense efforts on mental health in the National Guard and Reserves through community partnerships, and for other purposes; to the Committee on Armed Services.

Mr. REED. Mr. President, today I am pleased to introduce the Joining Forces for Military Mental Health Act with my colleagues Senators AYOTTE, KERRY, SHAHEEN, SCOTT BROWN, WHITEHOUSE, LEAHY, and BLUMENTHAL.

This legislation seeks to improve the coordination of research, treatment, education and outreach of mental health, substance use disorders, and traumatic brain injury, TBI, among members of the National Guard and Reserve and their families.

These service members often return from a tour of duty and transition into civilian life far from military bases and without easy access to the care they might need, which can make transitioning back into family life and careers more difficult. Those who do seek care in their community may not always receive the most appropriate and effective treatment.

The Joining Forces for Military Mental Health Act would authorize the Secretary of Defense to provide grants to community partners that engage in research, treatment, education, and outreach. This will help ensure that every member of the military receives innovative and effective treatments and the most updated information about mental illness, substance abuse, and TBI connected with military service.

This type of coordination of research, treatment, education, and outreach, and collaboration with community partners could improve the health outcomes of members of the National Guard and Reserve and their families. This bipartisan legislation has been endorsed by the National Guard Association of the United States, and the Red Sox Foundation and others have already shown this type of coordination to be effective in providing quality care. I urge my colleagues to take a close look at this legislation and join me in supporting this effort to improve the mental health care that members of the National Guard and Reserve and their families receive in the community.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 1465

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Joining Forces for Military Mental Health Act".

SEC. 2. PILOT PROGRAM ON ENHANCEMENTS OF DEPARTMENT OF DEFENSE EFFORTS ON MENTAL HEALTH IN THE NATIONAL GUARD AND RESERVES THROUGH COMMUNITY PARTNERSHIPS.

(a) PILOT PROGRAM AUTHORIZED.—

(1) IN GENERAL.—The Secretary of Defense may carry out a pilot program to assess the feasibility and advisability of enhancing the efforts of the Department of Defense in research, treatment, education, and outreach on mental health and substance use disorders and Traumatic Brain Injury (TBI) in members of the National Guard and Reserves, their family members, and their caregivers through community partners described in subsection (c).

(2) DURATION.—The duration of the pilot program may not exceed three years.

(b) GRANTS.—In carrying out the pilot program, the Secretary may award not more than five grants to community partners described in subsection (c). Any grant so awarded shall be awarded using a competitive and merit-based award process.

(c) COMMUNITY PARTNERS.—A community partner described in this subsection is a private non-profit organization or institution (or multiple organizations and institutions) that—

(1) engages in each of the research, treatment, education, and outreach activities described in subsection (d); and

(2) meets such qualifications for treatment as a community partner as the Secretary shall establish for purposes of the pilot program.

(d) **ACTIVITIES.**—Amounts awarded under a grant under the pilot program shall be utilized by the community partner awarded the grant for one or more of the following:

(1) To engage in research on the causes, development, and innovative treatment of mental health and substance use disorders and Traumatic Brain Injury in members of the National Guard and Reserves, their family members, and their caregivers.

(2) To provide treatment to such members and their families for such mental health and substance use disorders and Traumatic Brain Injury.

(3) To identify and disseminate evidence-based treatments of mental health and substance use disorders and Traumatic Brain Injury described in paragraph (1).

(4) To provide outreach and education to such members, their families and caregivers, and the public about mental health and substance use disorders and Traumatic Brain Injury described in paragraph (1).

(e) **REQUIREMENT FOR MATCHING FUNDS.**—

(1) **REQUIREMENT.**—The Secretary may award a grant under this section to an organization or institution (or organizations and institutions) only if the awardee agrees to make contributions toward the costs of activities carried out with the grant, from non-Federal sources (whether public or private), an amount equal to not less than \$3 for each \$1 of funds provided under the grant.

(2) **NATURE OF NON-FEDERAL CONTRIBUTIONS.**—Contributions from non-Federal sources for purposes of paragraph (1) may be in cash or in kind, fairly evaluated. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of contributions from non-Federal sources for such purposes.

(f) **APPLICATION.**—An organization or institution (or organizations and institutions) seeking a grant under this section shall submit to the Secretary an application therefore in such a form and containing such information as the Secretary considers appropriate, including the following:

(1) A description how the activities proposed to be carried out with the grant will help improve collaboration and coordination on research initiatives, treatment, and education and outreach on mental health and substance use disorders and Traumatic Brain Injury among the Armed Forces.

(2) A description of existing efforts by the applicant to put the research described in (c)(1) into practice.

(3) If the application comes from multiple organizations and institutions, how the activities proposed to be carried out with the grant would improve coordination and collaboration among such organizations and institutions.

(4) If the applicant proposes to provide services or treatment to members of the Armed Forces or family members using grant amounts, reasonable assurances that such services or treatment will be provided by a qualified provider.

(5) Plans to comply with subsection (g).

(g) **EXCHANGE OF MEDICAL AND CLINICAL INFORMATION.**—A community partner awarded a grant under the pilot program shall agree to any requirements for the sharing of medical or clinical information obtained pursuant to the grant that the Secretary shall establish for purposes of the pilot program. The exchange of medical or clinical information pursuant to this subsection shall comply with applicable privacy and confidentiality laws.

(h) **DISSEMINATION OF INFORMATION.**—The Secretary of Defense shall share with the Secretary of Veterans Affairs information on best practices in research, treatment, edu-

cation, and outreach on mental health and substance use disorders and Traumatic Brain Injury identified by the Secretary of Defense as a result of the pilot program.

(i) **REPORT.**—Not later than 180 days before the completion of the pilot program, the Secretary of Defense shall submit to the Secretary of Veterans Affairs, and to Congress, a report on the pilot program. The report shall include the following:

(1) A description of the pilot program, including the community partners awarded grants under the pilot program, the amount of grants so awarded, and the activities carried out using such grant amounts.

(2) A description of any research efforts advanced using such grant amounts.

(3) The number of members of the National Guard and Reserves provided treatment or services by community partners using such grant amounts, and a summary of the types of treatment and services so provided.

(4) A description of the education and outreach activities undertaken using such grant amounts.

(5) A description of efforts to exchange clinical information under subsection (g).

(6) A description and assessment of the effectiveness and achievements of the pilot program with respect to research, treatment, education, and outreach on mental health and substance use disorders and Traumatic Brain Injury.

(7) Such recommendations as the Secretary of Defense considers appropriate in light of the pilot program on the utilization of organizations and institutions such as community partners under the pilot program in efforts of the Department described in subsection (a).

(8) A description of the metrics used by the Secretary in making recommendations under paragraph (7).

(j) **AVAILABLE FUNDS.**—Funds for the pilot program shall be derived from amounts authorized to be appropriated for the Department of Defense for Defense Health Program and otherwise available for obligation and expenditure.

(k) **DEFINITIONS.**—In this section, the terms “family member” and “caregiver”, in the case of a member of the National Guard or Reserves, have the meaning given such terms in section 1720G(d) of title 38, United States Code, with respect to a veteran.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 247—RECOGNIZING THE ACCOMPLISHMENTS AND EFFORTS OF JOHN I. WILSON, EXECUTIVE DIRECTOR OF THE NATIONAL EDUCATION ASSOCIATION, FOR DEDICATING HIS CAREER TO EDUCATION PROFESSIONALS AND STUDENTS, AND HONORING HIS RETIREMENT

Mrs. HAGAN submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 247

Whereas John I. Wilson is a native of Burlington, North Carolina;

Whereas John I. Wilson began his career as an activist for the National Education Association while attending Western Carolina University as the president of the National Education Association student chapter;

Whereas John I. Wilson taught special needs students as a middle school teacher;

Whereas John I. Wilson served as the executive director of the North Carolina Association of Educators;

Whereas John I. Wilson developed a new support system for teachers pursuing certification by the National Board for Professional Teaching Standards in North Carolina, and as a result, North Carolina has more National Board-certified teachers and candidates than any other State;

Whereas John I. Wilson led a successful campaign that increased the average salary of teachers in North Carolina, as compared to other States, from 43rd to 23rd in the United States;

Whereas, after serving on numerous boards throughout his career, John I. Wilson became the executive director of the National Education Association, the largest union in the United States, in 2000;

Whereas John I. Wilson is an advocate of a minimum salary of \$40,000 for every teacher and a living wage for education support professionals;

Whereas John I. Wilson launched a National Education Association initiative to engage the best teachers in sharing ideas on staffing high-poverty, underachieving schools with the most accomplished teachers; and

Whereas John I. Wilson was presented with the Educator 500 President's Award in 2006: Now, therefore, be it

Resolved, That the Senate—

(1) commends John I. Wilson for his leadership and service to educators across North Carolina and the United States;

(2) recognizes John I. Wilson as a successful leader who has served the United States by improving our education system;

(3) commends John I. Wilson for his numerous accomplishments;

(4) congratulates John I. Wilson on his retirement; and

(5) supports the continued effort of education leaders to aid and improve the education system of the United States.

SENATE RESOLUTION 248—SUPPORTING THE GOALS AND IDEALS OF NATIONAL BRAIN ANEURYSM AWARENESS MONTH

Mr. KERRY submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 248

Whereas a brain aneurysm is an abnormal sacular or fusiform bulging of an artery in the brain;

Whereas an estimated 1 out of every 50 people in the United States will develop a brain aneurysm;

Whereas brain aneurysms are most likely to occur in people between the ages of 35 and 60;

Whereas brain aneurysms are more likely to occur in women than in men by a 3-to-2 ratio;

Whereas brain aneurysms are more likely to occur in African-Americans than in Whites by a 2-to-1 ratio;

Whereas various risk factors can contribute to the formation of a brain aneurysm, including infection, tumors, traumatic head injury, drug use, smoking, hypertension, and a family history of brain aneurysms;

Whereas approximately 6,000,000 people in the United States will develop a brain aneurysm that will not rupture;

Whereas an unruptured brain aneurysm can lead to fatigue, short-term memory problems, speech problems, loss of balance and coordination, and changes in behavior;

Whereas a brain aneurysm is often discovered when it ruptures and causes a subarachnoid hemorrhage;