

church. They serve the families of patients in a nearby hospital and homeless people who come over from the neighborhood shelters.

Let me tell you another thing about Sylvia. She is a great cook and a great baker. If you ask anyone in my Springfield office, they will tell you that her cookies and cakes are the best.

We have seen Sylvia dressed up in full regalia as a clown, which she does once a while to bring cheer and fun to parties and events in her community. She is a happy person and it is a joy to be around her.

She also has a great talent for decorating. One of her last responsibilities in my office, before her official last day before retirement, was setting up the Christmas decorations. Thanks to her, our office in Springfield is in full swing for the holidays.

We are going to miss Sylvia in our office. I speak for everyone there and countless people when I thank Sylvia for the outstanding 12 years of service she has dedicated to helping people in Illinois.

Sylvia is the mother of two beautiful grown daughters, Danette and Genaire. She is a proud grandmother of three grandchildren, ages 15, 13, and 11. She now has to make the tough choice of which daughter she will join and live with. They both want her. She has to decide whether to go with Danette in Portland, OR, or stay with Genaire in Davenport, IA. Whatever her choice, she told me there is one thing she wants to make sure of—that she has a reservation for the ticket of Barack Obama's second inaugural. She made the first, and she wants to be at the second one too. I made that promise to her.

Wherever she goes, I know Sylvia Gillespie will continue to be an inspiration to everyone she meets, and will, as long as she lives, reach out a helping hand to people who need a little assistance, a little encouragement, and that great Sylvia Gillespie smile.

Sylvia, thanks for 12 years of wonderful service in our office in Springfield. I wish you and your family the very best for many years to come.

TRIBUTE TO HELEN J. STEWART

Mr. REID. Mr. President, I rise today to honor Helen J. Stewart, a brave and extraordinary Nevadan who lived during the early days of Las Vegas. On December 3, 2011, there will be a dedication of the statue erected in her honor at the Old Las Vegas Mormon Fort State Historic Park.

In 1882, Helen arrived in the Las Vegas Valley with her husband Archibald and their three young children. After her husband died of a gunshot wound in 1884, she managed their isolated ranch while caring for five young children. A business-savvy woman, Helen sold 1,832 acres of the ranch to the railroad in 1902 for \$55,000. This land became the area from which the City of Las Vegas developed.

Helen had a pioneering spirit, and she is considered to be the "First Lady of Las Vegas." Among her numerous accomplishments in the community, she was the first Postmaster, the first woman to serve on a School District Board, and the first woman to serve on a jury. In addition, she was an advocate of women's rights, a charter member of the Mesquite Club, one of the founders of the Christ Episcopal Church, and the president of the Las Vegas chapter of the Nevada Historical Society.

Helen also developed strong friendships with the Southern Paiutes. They were her neighbors and some were workers on her ranch. In 1911, she deeded 10 acres of her land to the Federal Government for use as an Indian school. That land established what is now known as the Las Vegas Indian Colony for the Las Vegas Paiute Tribe.

I am pleased to stand today to recognize Helen's outstanding achievements. She was a remarkable mother, rancher, businesswoman, and community leader, and she serves as an inspiration to us all.

HOLD ON H.R. 3012

Mr. GRASSLEY. Mr. President, I rise to inform my colleagues that I am placing a hold on H.R. 3012, the Fairness for High-Skilled Immigrants Act. This bill would eliminate the per-country numerical limitations for employment-based visas and increase the numerical cap for family-based immigrants. I have concerns about the impact of this bill on future immigration flows, and am concerned that it does nothing to better protect Americans at home who seek high-skilled jobs during this time of record high unemployment.

TRIBUTE TO THOMAS H. MILLER

Mrs. MURRAY. Mr. President, I would like to recognize and honor the service of Thomas H. Miller as he retires as the executive director of the Blinded Veterans Association. Mr. Miller has been an outstanding servant to his country and an advocate for his fellow veterans. He is truly an example of courage and perseverance. He has demonstrated throughout his career that the blindness he sustained through combat injuries does not impede his ability to have an impact here at home.

Mr. Miller served his country honorably in Vietnam and lost his eyesight during a 1967 combat mission. He was honorably discharged a year later and returned home to find limited resources for veterans suffering from blindness. Following his own struggle to adjust to life at home, Mr. Miller dedicated himself to ensuring that all blinded veterans share in the resources, services, and support that can bring new hope and opportunities.

As executive director of the Blinded Veterans Association, Mr. Miller

helped dramatically improve the lives of blinded veterans nationwide. In 2006 he helped launch Operation Peer Support a program aimed at ending the isolation suffered by many blinded veterans returning from combat in Iraq and Afghanistan. This program provides veterans with valuable information regarding rehabilitation, employment, and self-help activities. Most importantly, Operation Peer Support has provided many blinded veterans with the opportunity to interact with one another and make lifelong friendships here at home.

Mr. Miller was also instrumental in raising awareness for blinded veterans. During his time with the Blinded Veterans Association, Mr. Miller worked with the Veterans Health Administration to improve care for the vision impaired. He testified before the House Committee on Veterans' Affairs about the challenges facing blind veterans and served as the chair of the Federal Advisory Committee on Prosthetics and Special Disabilities Programs. In 17 years of leadership, the Blinded Veterans Association made vital contributions to legislation that has greatly expanded benefits and services for vision impaired veterans.

Our Nation is fortunate to have veterans as selfless and dedicated as Mr. Miller. While he could have allowed his combat injuries to slow his career, Mr. Miller instead saw his experience as an opportunity to help improve the lives of thousands of his fellow veterans. He has given honest and faithful service to his country and those wounded veterans transitioning to life back at home.

WALL STREET PROTESTS

Mr. LEE. Mr. President, I ask unanimous consent to have printed in the RECORD an article written by Mallory Factor and published in Forbes magazine.

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

OCCUPY WALL STREET . . . NEXT STOP, ATHENS?

In the past few weeks Americans have watched with interest, bemusement and anger as protests and sit-ins on Wall Street have sparked similar demonstrations around the country. With vague goals of combating corporate greed and calls to rectify all manner of social and economic inequality, this movement seems, to the press at least, to capture a mood of deep discontent among the American people.

But if you think a thousand protesters on Wall Street is a trouble sign for our nation, wait until you see the civil unrest that follows the reforms and cuts to government programs needed to bring our national debt under control. Just look at Greece, where government is being reformed, drastic cuts are being made—and the society is unraveling. In Greece a series of severe austerity measures has been imposed as conditions for recent bailouts by the International Monetary Fund and the other members of the single European currency, the euro. Yet the economy continues to spiral downward.

And with each new round of reforms in Greece, misery and unrest are on the rise. Strikes and angry street protests are a daily occurrence, as unions fight decreases in pay and benefits for their workers, students protest the lack of opportunity and ordinary citizens resist reforms and tax increases. The confrontation with authorities is impeding business and destroying tourism, deepening the crisis further.

Some of that struggle is for naught. The Greek government couldn't reduce austerity measures if it wanted to. Fiscal policy is now out of its hands and likely to remain so for decades, perhaps generations.

And while most Greeks agree the bloated state must be streamlined, they're stiffening their resistance to reform. That's why many in the euro zone believe Greece must default in order to rebuild a more efficient government.

America isn't in that predicament—yet. But there are cautionary lessons to be lifted from the outraged streets of Athens. As the Greek example shows, government largesse is easy to expand but difficult to cut back without inflaming people.

For years our politicians have framed increases to government benefits as compassionate and obligatory. Now all that overspending must be pared back and government programs reformed to curb the federal deficit. But each round of needed cuts and reforms will likely cause misery—in an amount substantially greater than the happiness generated by spending increases.

Behavioral economics, which uses social and psychological factors to predict a population's decision-making behavior, captures this paradox in two fundamental principles.

First, the principle of "loss aversion" explains that people hate to lose something more than they value receiving something. So, even if many Americans don't value existing government programs and spending very highly, they will likely be very unhappy about the loss of those same goods and services.

Second, even if you streamline our government and make programs more efficient, the "endowment effect" predicts that people will still oppose changes to the benefits they receive. This is because people tend to value the goods and services they have more than they do equivalent replacement goods and services. The endowment effect makes it very difficult to exchange existing benefits for new ones and thus to "reform" government programs.

Whether we cut spending and make reforms now or later, course correction will be difficult and even potentially dangerous to our nation's stability. Just look at the resistance of public employees in Wisconsin, Indiana and elsewhere to relatively minor cuts to see how people will contest vigorously any decreases to their benefits and programs.

Behavioral economics teaches us that any time we make changes and reduce government benefits and programs, we can expect people to be very upset about those decisions—and likely resist them. Still, we need significant reforms and deep cuts to put the U.S. on track toward a balanced budget.

Paring back government will undoubtedly cause misery and social dislocation. However, "death" by a thousand small cuts will intensify civil unrest and may produce revolutionary fervor unlike anything we've seen in America in our lifetime. Our nation will be better off by reforming our system radically, in a single dramatic turn, rather than piecemeal—or face something very like the furious streets of Athens.

PREMATURITY AWARENESS MONTH

Mr. BROWN of Ohio. Mr. President, November is Prematurity Awareness Month, but as the month comes to an end, our fight against preterm births and complications caused by prematurity continues daily in hospitals, homes, and research facilities across the country.

Each year in the United States, more than half a million babies are born prematurely. More startling, over the last 25 years, the rate of preterm birth has increased more than 36 percent. Today, prematurity is the leading cause of newborn death in the United States.

Additionally, a preterm baby is four times more likely to have at least one medical condition, such as cerebral palsy and learning and behavioral problems. And the life-long health complications caused by pre-term birth also have a serious financial burden on the child and parent. A premature birth costs, on average, \$51,000 in the first year alone; premature births cost our nation \$26 billion annually. Yet, despite the costs in lives lost and families burdened, medical research and innovation continues find new cures and therapies.

On the Federal level, beginning in 2003, the National Institutes of Health (NIH) invested approximately \$21 million in research for a drug—progesterone or 17P—to prevent preterm birth. 17P was found to reduce preterm births by 37 percent in high-risk pregnancies, and compounding pharmacists were able to provide compounded 17P to women for a mere \$10–\$20 a dose. Earlier this year, however, a pharmaceutical company received exclusive rights to manufacture the drug and increased the price by 14,900 percent to \$1,500 a dose. But because of the advocacy of Ohio's leading children's hospitals from Cleveland to Cincinnati—because of the stories of pregnant women I met in airports and community halls, we raised the public's awareness to the astronomical price gauge and increased public demand against the company to reconsider its pricing. The company eventually reduced the cost of its branded version of 17P, Makena, from \$1,500 a dose to \$690—still significantly more expensive than the compounded version. Given the public and Congressional outcry and the importance of the medication to pregnant women and their babies, the Food and Drug Administration (FDA) announced that compounding pharmacies would still be able to offer women the more affordable version of 17P. Our work continues to make such a life-saving drug more affordable and available to millions of women who depend on it.

But despite the success of 17P in preventing preterm births, more needs to be done. Every year March of Dimes grades each state on their rates of premature birth. While Ohio is improving, the current 12.3 percent premature birth rate—or 500,000 children annu-

ally—leaves Ohio with a C grade. Fortunately, hospitals, patients groups, and public-private partnerships are working to reduce preterm births in Ohio.

In 2009, central Ohio's four hospital systems—Nationwide Children's Hospital, The Ohio State University Medical Center, OhioHealth, and Mount Carmel Health System—as well as the Columbus Public Health Department, Franklin County's Board of Commissioners, and non-profit groups came together through Ohio Better Birth Outcomes (OBBO) to reduce the number of preterm births in Franklin County. OBBO's efforts include home nurse visits to low-income mothers from the 28th week of gestation through the child's second birthday and education and counseling for mothers about "safe spacing" of pregnancies. By allowing their bodies at least 18 months to fully heal between pregnancies, their subsequent pregnancies will be healthier. Through this work, OBBO was able to increase gestation time by an average of six weeks and two days. For each week a woman is able to carry her baby between 36 weeks and 39 weeks, the baby has a 23 percent decrease in respiratory diseases, seizures, brain hemorrhages, and other complications.

Ohio is also home to the Ohio Perinatal Quality Collaborative, which consists of 45 clinical teams from 25 Ohio hospitals. The Collaborative, based at Cincinnati Children's Hospital Medical Center, includes all of Ohio's children's hospitals as well as regional hospitals such as Akron's Summa Health System, the Toledo Hospital, the Mount Carmel Hospital System, St. Elizabeth's Health Center in Youngstown, and Miami Valley Hospital in Dayton. Twenty-four teams are focusing on reducing catheter associated infections in preterm babies and the other 21 teams are focusing on reducing the number of deliveries that occur between 29 and 36 weeks gestation.

In my hometown of Mansfield in Richland County, Ohio, the Community Health Access Project (CHAP) stepped in after discovering that certain groups of women were three times more likely to give birth to a low birth weight infant. Through a series of community outreach initiatives, CHAP community health workers and local volunteers were able to identify and break down barriers, such as transportation needs and cultural differences, to better address the health needs of at-risk pregnant women. In its first three years, the number of low birth weight babies in the region showed a decline from 22.7 percent to 8 percent and CHAP has become a national model in community health services.

At University Hospitals (UH) in Cleveland, the MacDonald Women's Hospital and Rainbow Babies & Children's Hospital implemented a Centering Pregnancy Program in 2010. This unique, group-based program targets socially at-risk women who are least likely to receive consistent prenatal