

are going to help you with immediately is to make sure that you have health care. If you qualify, you would have Medicaid—that is for people in the lower income categories—or if you had private health insurance where you used to work in a business that has gone away, we are going to step in here for 5 months and say, We are going to give you this peace of mind. You will know that you have health insurance.

Is that what this bill does?

Ms. LANDRIEU. That is what this bill does.

Mr. DURBIN. I understand that this is a bipartisan bill that Senator GRASSLEY, Republican of Iowa, Senator BAUCUS, a Democrat of Montana, have written to make sure that the millions of people who have been displaced will have basic health care.

Is that is what this bill does?

Ms. LANDRIEU. The Senator is correct. That is what this bill does. Senator VITTER from Louisiana and Senator LANDRIEU—and I am almost certain that every Senator of the affected States—have signed off on this, asked for it and said “yes.” We desperately need it.

Mr. DURBIN. I would like to ask the Senator how many times she has brought this bill to the floor. How many times have we tried to provide this basic health care, basic protection to these victims of Hurricane Katrina and Hurricane Rita so far?

Ms. LANDRIEU. I believe the Senator from Iowa and the Senator from Montana have been working on this for 2 weeks. We are into our fourth week of Katrina and the first week of Rita.

But again, it is the largest natural disaster that has hit the Continental United States. We are getting ready to rebuild, after we work out our differences, a major American city for the first time since the Civil War and the region that surrounds it. We are learning as we go. There is not a textbook to follow. So we have to use our common sense. We have to trust each other on some of these things.

The Senator from Iowa and the Senator from Montana have run this committee, and their members have put a great bill together that is modest but so needed.

I am hoping the Senator from Illinois can help us figure out how to move this legislation quickly.

Mr. DURBIN. If the Senator would further yield for a question through the Chair, I thought our biggest complaint about the Federal Government's response to Katrina was that, even when we were warned, we weren't ready. Many of us are calling for a non-partisan, independent commission to answer some basic questions. Why weren't we ready? But when it comes to this issue about health care for the victims of Hurricane Katrina and Hurricane Rita, we know what the need is. And apparently, because of objections heard on the floor of the Senate, we are delaying, postponing, this basic health care for these victims of this hurricane.

Ms. LANDRIEU. That is what it seems to be. It is unfortunate.

I am hoping, through the Chair to the Senator from Illinois—and I see that our minority leader from Nevada is here with us—that we could do our best in the next 24 hours, either through action on this floor or meetings, to answer questions that a few Senators may have. I have heard objections, such as too much corruption. We have problems with Mississippi spending money and corruption, but we shouldn't blame these people. All they want is health care benefits. We can fix that issue. We can work on that issue.

But let us not hold up health care to people until we get the system perfect. If that is the case, we should stop working tonight. The system is never going to be perfect. It can be better.

Let us not take it out on these people. They have already been victimized outside of any of their control.

The Senator should know that one of the objections was that we shouldn't expand a Government program.

But again, I just want to reiterate to the Senator that this is not an expansion. It is in the law. It is 5 months of special help to people who need it and to people who have private insurance that have lost it and can't have it, if we don't meet their employers halfway.

The only expansion for the country is to say in the next 5 months the Federal Government will not cut any State's Medicaid Program because so many of our States are helping our people. Again, in Arkansas, 75,000. It would not be fair to Arkansas, even though they didn't get hit by the hurricane, to cut their State program when they are absorbing some many extra people from Louisiana, Texas, and Mississippi.

I think that makes common sense.

I see the Senator from Nevada. Maybe he can shed some light on this.

I will yield the floor. I have spent the time and more than I was asked for.

I thank the Senators who are here who are trying to get this important bill passed by the end of the week.

The PRESIDING OFFICER (Mr. VITTER). The Senator from Nevada.

Mr. REID. Mr. President, I want the RECORD to be spread with my appreciation for the statements made today by Senator BAUCUS, Senator LANDRIEU, and Senator DURBIN regarding this most important issue. We saw with Katrina that we have in America a safety net that has some holes in it. We saw in graphic description some of the people fell through that safety net.

That is what this is all about—helping medically. The poorest of the poor in our country are helped by Medicaid. That is what this is all about.

For those people who are watching this, who are listening, this is an instance where there is a bipartisan measure that is now before the Senate that should pass. The Finance Committee, under the direction of Senators GRASSLEY and BAUCUS—Republican and Democrat—came up with this most important piece of legislation. They did

it. They worked it out. No one can challenge the conservative credentials of either of these Senators. They are both fiscally sound. They do good work for their Finance Committee.

There are a few people on the Republican side of the aisle who are holding this up. It is not right. No one wants to waste money for Katrina. No one wants to waste money with the billions of dollars that will be spent with Katrina.

I would be happy if Congress selected someone to be a czar to make sure the money was spent properly.

But here we have people who are waiting. This is going for 5 months. They will be waiting for the most simple medical measures that would help them—and help the States that are taking care of them.

The State of Arkansas alone has 60,000 evacuees, most of whom, in some way or another, their family member, would qualify for some part of this.

It is the right thing to do to help States such as Arkansas.

PANDEMIC INFLUENZA

Mr. REID. Mr. President, in 1918, the Spanish flu pandemic swept the world for a number of reasons—not the least of which we had soldiers coming from all over the world going places and coming home. As a result, this pandemic that swept our world claimed the lives of about 50 million people, and 500,000 people in the United States alone before it completed its deadly run.

Today, many public health experts are warning us that another flu pandemic is not a matter of if, but when. They tell us that this next pandemic has the potential to be every bit as devastating as what the world witnessed nearly 100 years ago.

A flu pandemic occurs when a new strain of flu emerges in the human population and causes serious illness and death and can easily spread between humans.

The avian flu, referred to as H5-N1 flu strain by scientists, already meets the first step: Roughly half of the 115 people who have been diagnosed with this virus to date have died. At present, all that stands between avian flu and pandemic status is the fact that scientists do not believe the avian flu can easily be transmitted between humans.

Scientists fear it is only a matter of time before the avian flu virus mutates into a form that can spread easily from human to human.

According to the Centers for Disease Control Director Julie Gerberding:

... many influenza experts, including those at CDC, consider the threat of a serious influenza epidemic to the United States to be high. Although the timing and impact of an influenza pandemic is unpredictable, the occurrence is inevitable and potentially devastating.

That was her word, “inevitable.”

You do not have to be an expert to understand the dramatic toll a flu pandemic could have on our Nation and on

the world. Given our capacity for rapid travel around the globe compared to 1918 and the interdependence of our economic markets compared to 1918, both of which have increased dramatically since the last flu pandemic, the potential human and economic costs of the next pandemic are unimaginable.

A respected U.S. health expert has concluded that almost 2 million Americans would die in the first year alone of an outbreak. Pandemic flu outbreak in the United States could cost our economy hundreds of billions of dollars due to death, lost productivity and disruption in commerce, and to our society generally.

Maybe the only thing more troubling than contemplating the possible consequences of the avian flu pandemic is recognizing that neither this Nation nor the world are prepared to deal with it. Administration documents say it will take months to develop an effective vaccine against the avian flu—some say as much as 9 months—once we have been able to identify the particular flu strain in circulation. Administration officials say one of the best opportunities to limit the scope and consequence of any outbreak is to rapidly detect the emergence of a new strain that is capable of sustained human-to-human contact. Yet we are not devoting enough resources to effective surveillance abroad.

The administration has acknowledged we need a detailed pandemic plan outlining our national strategy to address this pandemic. Among other matters, such a plan needs to address those who will spearhead our response to pandemic.

How will our response be coordinated across all levels of Government? And how will we rapidly distribute limited medical resources? Yet our national preparedness plan is still in draft form.

We all know State and local health departments will be on the front lines of a pandemic. They will need to conduct surveillance, coordinate local responses, and help distribute the vaccines and antivirals. Yet we are posed to approve a \$130 million cut for State and local preparedness funding at the Centers for Disease Control. At this time, that is unconscionable.

We also know that once a flu strain has been identified, we will need to develop an effective vaccine, as I have talked about, and produce enough to eventually inoculate the entire 300 million people in America. Yet our existing stockpile of vaccines, assuming they are effective against the yet unidentified strain, may protect less than 1 percent of all Americans, and we have only one domestic flu vaccine manufacturer located in the United States. It is estimated if our capacity to produce vaccines is not improved, it could take 15 months to vaccinate first responders, medical personnel, and other high-risk groups.

Given it will take months to develop, produce, and distribute a vaccine once we have one that is effective, we know

that antiviral medication will be a crucial stopgap defense against a pandemic. The World Health Organization recommended that countries stockpile enough antiviral medication to cover 25 percent of their populations. Other nations, including Great Britain, France, Norway, Portugal, Switzerland, Finland, and New Zealand, have ordered enough Tamiflu, an antiviral pill to cover between 20 and 40 percent of their populations.

We should have learned. It was only last year that we did not have enough vaccine to take care of the people in America. We did not have enough vaccine to take care of the flu strain last time, and everyone knew what that was.

As important as this Tamiflu is, we now have only 2.3 million courses of this pill. Given country, national, and international production capacity, even if we were to increase our order of Tamiflu today, we have been told the United States would have to wait until the end of 2007 before we could secure enough Tamiflu to cover 25 percent of our population. The consequences of pandemic could be far reaching, impacting virtually every sector of our society and our economy.

We also know our medical community needs to be trained to distinguish between the annual flu and avian flu so that an outbreak could be recorded immediately. Doctors, hospitals, and other medical providers must develop surge capacity plans so they can respond to a pandemic. Businesses, also, need to be prepared. They should be encouraged to develop their own plans, establish or expand telecommunicating and network access plans, update medical needs policies, and provide suggestions on how to promote employee health to lessen the likelihood of exposure. The American public also needs to be educated about the importance of annual flu vaccines and steps they can take to prepare for and respond to an avian flu outbreak.

Yet this administration has failed to take appropriate action to prepare the medical community, business community, and the American public. We can do better. We need to do better. Most importantly, we cannot afford to wait to do better. America can do better.

The Federal Government's poor response to Katrina has only served to exacerbate concerns about the toll such an outbreak would have on our Nation and the world. Given the very real possibility of an outbreak, its potentially severe consequences, and our relative lack of preparedness, we need to take action on several fronts to prepare our Nation and the American people for a potential outbreak and reduce its impact, should it occur.

What are some of the steps necessary? We need to improve surveillance and international partnerships so we may detect new flu strains and do it early. We need to prepare for a pandemic by finalizing, implementing, and funding pandemic preparedness re-

sponse plans. Remember, the director of the Centers for Disease Control has told us this is going to happen. It is inevitable. We need to protect Americans with the development, production, and distribution of an effective vaccine. We need to plan ahead for pandemic by stockpiling antiviral medications, medical, and other supplies. We need to strengthen our public health infrastructure. We need to educate Americans by increasing awareness of and education about this flu. Finally, we need to commit to protecting Americans by devoting adequate resources to pandemic preparedness.

Experts have warned that an avian flu pandemic is inevitable. But the devastating consequences that can ensue from an outbreak are not—provided this Nation and the world heed the science community warnings and take action immediately.

I propose to start by committing the resources necessary to protect Americans. We need to start today. We know today that funding certain programs can make dramatic reductions for the consequences of a future avian flu outbreak. We also know many of these programs are either unfunded or massively underfunded.

Tomorrow, when we take up the Defense appropriations bill after we finish the Roberts vote, Senators HARKIN, KENNEDY, OBAMA, and many others, including myself and Senator DURBIN, the two Democrat leaders here who have been elected by our colleagues, will join in this.

This is important. We are going to offer an amendment that will ensure that we begin making the investments necessary to make sure this Nation and the world do everything possible to ensure that history does not repeat itself and we do not have to relive the terror of 1918.

The PRESIDING OFFICER. Under the previous order, the Senate is scheduled to adjourn at this time.

Mr. REID. I ask unanimous consent that the Senator from Illinois have an opportunity to speak. I am happy to relieve the Chair if that is necessary. We have two Senators on the floor to finish their statements. I ask consent that the two Senators from Illinois be recognized to speak.

The PRESIDING OFFICER. Could I ask if there is a time limit?

Mr. REID. How long does the senior Senator from Illinois wish to speak?

Mr. DURBIN. No more than 10 minutes.

Mr. REID. The junior Senator from Illinois?

Mr. OBAMA. I was not aware my senior colleague from Illinois was going to speak so I don't want to unnecessarily hold up the entire Chamber.

Mr. REID. The Senator should know I did use your name.

Mr. OBAMA. I am aware of that.

Mr. REID. You have the only comprehensive bill filed regarding the avian flu and I commend you in that regard.

Mr. DURBIN. I will be glad to take 5 minutes and yield to my colleague 5 minutes.

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

Mr. REID. I appreciate that. I know I have presided over a few of the late nights.

Mr. DURBIN. Mr. President, I preface my remarks by saying that the first person who brought the avian flu epidemic to my attention was my colleague Senator OBAMA, who identified this issue before most other Senators. I commend the Senator for his leadership on this issue. I am glad he is here this evening to speak to it.

I have had two public health briefings in my time as a Congressman and Senator which stopped me cold. The first one was about 20 years ago. It was on the global AIDS epidemic. I knew it was a problem, but I didn't know what kind of a problem. I left that briefing in the House Committee on the Budget and went home to speak in very sincere terms to my family about what I considered to be a real threat to all of us. It was in the earliest stages.

Today, I had the second public health briefing which stopped me cold again. We were briefed by Secretary Leavitt from the Department of Health and Human Services, Dr. Gerberding from the Centers for Disease Control, and Dr. Fauci, well-known doctor at the National Institutes Of Health. They talked about the possibility of this avian flu epidemic. Senator REID has gone into detail.

Mr. President, the images from Katrina are still with us—children, senior citizens, people with disabilities and chronic medical problems, waiting for days for care and medicine. These are not images we hope to see again anytime soon, and yet, we are told that these scenes will be repeated, in larger numbers, in more cities, and for far longer when the avian flu breaks out in this country.

Scientists and government officials alike, worldwide, agree that the outbreak of avian flu is virtually inevitable and that, like we were for Katrina, this country is woefully underprepared.

A few weeks ago at the U.N., the World Health Organization warned the Assembly of a pending global pandemic. President Bush acknowledged, "If left unchallenged, this virus could become the first pandemic of the 21st century." Department of Health and Human Services Secretary Leavitt and Senator FRIST are as worried as I am. There is a general sense that we are not prepared.

The only antiviral drug that appears to be effective in minimizing the flu's effect is in short supply. The U.S. has enough doses in its stockpile to treat just 2.3 million people. The only vaccine we have in the pipeline is experimental. It may or may not be effective against the mutation that breaks out in humans in this country. And supplies of that vaccine are limited.

Right now, the avian flu primarily infects birds, but we are aware of 115 cases in which people have been infected by the flu. Fifty-nine of them have died. If that pattern were to hold, 55 percent of the people infected with this flu could die.

In many ways, we are better off than we were in 1918 when a flu pandemic struck this country and took 675,000 lives. We know how germs are spread and how to minimize that spread. In other ways we are far more susceptible to this threat. The Wilderness Society believes the avian flu could spread from China to Japan to New York to San Francisco within the first week.

The Council on Foreign Relations dedicated its last volume of Foreign Affairs to the impact of a global pandemic—the prospect of battling an epidemic of flu in several countries at the same time. ABC News reports that officials in London are quietly looking for additional morgue space.

The Bush administration is preparing a plan for responding to an outbreak of avian flu. I think there is more that we can do and that we must do—now. If you listen to the leaders in infectious disease and public health around the world, we may not have the luxury of time on this one.

We need to step up surveillance of infectious disease here in the U.S. and internationally, so that we can track this thing and begin to contain it immediately. We need to invest in research and development to pursue all possibilities for effective vaccines and antiviral drugs. If the avian flu hits with a 55 percent mortality rate within days of infection, as it appears to be doing, we could lose hundreds of thousands of Americans in the first few months. We need to aggressively pursue vaccines now—not after the outbreak has begun.

We need to help states develop their own preparedness plans so that our response is coordinated and organized and will save lives. Where is the medicine stored? How do we make decisions about who gets treatment when there is too little to go around? How will the distribution systems work? This is work we must help states and localities complete now—not during a time of crisis.

Last flu season, we lost about half of our expected supply of flu vaccine at the same time the Centers for Disease Control and Prevention began encouraging everyone to go and get one. It was a mess. We had senior citizens waiting for hours for a vaccine, often to learn that they were too late. We saw people waiting for a flu vaccine standing in lines that snaked through K-Mart parking lots.

I hope we don't have to learn these lessons again the hard way. It is our responsibility to ensure that states and localities are prepared. We need to aggressively pursue effective treatments now—not when flu victims are overwhelming our hospitals before our eyes. And we have to invest now—not

later—in the capability to track this flu so we can stop its spread as quickly and effectively as possible.

If we don't—if we simply wring our hands and hope for the best—when the avian flu hits this country, it will make the scenes of Katrina pale in comparison.

Before I turn it over to my colleague, I will not repeat the remarks of Senator REID, but I will say if you believe you can survive this flu epidemic because you are not an infant or sickly or elderly, that is not the situation. It turns out we have no resistance to this flu strain, and as a consequence we are all in the same situation in terms of vulnerability. That is why this is so serious.

We had a briefing today, and I am sure Senator OBAMA will go into detail on it, but it raises questions as Senator REID raised.

I will yield the rest of my time to my colleague and thank him for his leadership.

I close by saying, we left the Defense appropriations bill, brought it out of committee today. It contains \$50 billion for our continuing efforts in Iraq. I will provide and vote for every penny our service men and women need, but I also believe we have an obligation to Americans here. A stronger America starts at home. That means being prepared for the next challenge we face, and this avian flu pandemic could easily be that challenge.

The PRESIDING OFFICER (Mr. DEMINT). The Senator from Illinois.

Mr. OBAMA. Thank you very much, Mr. President. I will be brief. I know we have gone way over the time here today.

Mr. President, in the midst of so much difficulty that our Nation is facing—Katrina and Rita, the ongoing challenges in Iraq and Afghanistan—I recognize it is hard to get the public, the leadership in Congress, and senior administration officials to focus on yet one more challenge.

But as has already been stated by the Democratic leader, HARRY REID, and my senior colleague, the minority whip, Senator DICK DURBIN, this is a crisis to which the entire country simply must awaken itself.

When I started talking about this 7 months ago, not too many folks paid attention. Perhaps because the shorthand for this looming crisis is the "bird flu," people assume it is just going to get birds and animals sick.

In reality, however, what is at stake here is the potential of a pandemic that we have not seen in the United States since 1918, 1919. As has already been stated here tonight, our top scientists and medical personnel, including the heads of the NIH, CDC, and the Department of Health and Human Services, all agree that it is almost inevitable that an avian flu pandemic will strike.

The key question is the extent of the damage, especially in terms of lives lost. The answer to this question will,

in large measure, depend on our level of preparedness and the amount of resources we are willing to immediately commit to deal with this looming crisis.

Over the last few months, we have seen alarming reports from countries all over Asia—Indonesia, China, Vietnam, Thailand, and Russia, just to name a few—about deaths that have resulted from the avian flu.

The situation has turned so ominous that Dr. Julie Gerberding, the Director of the CDC, said that an avian flu outbreak is “the most important threat that we are facing [today].”

International health experts say that two of the three conditions for an avian flu pandemic in Southeast Asia already exist.

First, a new strain of the virus, called H5N1, has emerged, and humans have little or no immunity to it. Second, this strain has demonstrated the ability to jump between species.

The only thing preventing a full blown pandemic is a lack of efficient transmission of this strain from human to human. Once that happens, as a consequence of international travel and commerce, there is not going to be any way to effectively contain this pandemic.

Moreover, the news on this last point is not good. In recent months, the virus has been detected in mammals that have never previously been infected, including tigers, leopards and domestic cats. This suggests that the virus is mutating and could eventually emerge in a form that is readily transmittable among humans.

Mr. President, Senator REID and Senator DURBIN both outlined some of the measures that have to be put in place here domestically to protect our population. We have to drastically ramp up our stockpiles of Tamiflu, which, if taken properly, could act as a treatment from the avian flu once a person is infected. Right now, we only have a couple of million doses. We need 80 million to 100 million doses in order to be adequately prepared. That is going to cost us significant amounts of money, as the cost of Tamiflu is approximately \$20 per dose.

In addition, we are going to have to develop flu vaccines of a sort we have not seen in the past. In order to create sufficient quantities, we are going to have to go push the boundaries of existing technologies and science—going beyond the agricultural mechanisms of developing vaccines that we have used in the past.

Third, we are going to make sure that local and State governments understand how urgent this is. We have to ensure there are clear plans, coordination mechanisms, and lines of authority—that will stand up in a time of crisis. Right now, we do not have sufficient plans in place to make sure local and State agencies are able to generate the kinds of rapid responses that are going to be necessary in the case of a flu outbreak.

After Katrina, I hope that local and State governments understand they have to work with the Federal agencies more effectively to deal with these kinds of emergencies.

Another issue I would mention is that we are going to have to establish international protocols to ensure we can alert ourselves rapidly if we have confirmed cases of human-to-human transmission of the avian flu anywhere in the world. Why do I mention this? If we detect efficient human-to-human transmission, it is likely that we are going to have only weeks before we are going to see those first cases in the United States.

This means placing effective trigger mechanisms in all these countries to make sure everyone is cooperating and providing rapid information, which could mean the difference in terms of tens or hundreds of thousands of lives.

Now I don't want to suggest that nothing is being done. For example, months ago, Congress, on a bipartisan basis including myself, Senator LUGAR, Senator MCCONNELL, and Senator LEAHY—included \$25 million as part of the Iraq supplemental to make contribute to an urgent WHO appeal on this issue. Today, this money is making a difference in the field trying to set up some of the international measures I just described.

I, along with Senators LUGAR, DURBIN and others, introduced legislation, S. 969, to enhance our ability to deal with this potential crisis. But that was months ago, and we need to broaden the number of people involved in this effort.

Moreover, these are modest first steps. Going forward, we are going to need significantly more resources. I am eager to work with leaders on health issues, including Senator HARKIN and Senator REID, as well as others across the aisle.

I hope we can work not only to make sure we have an effective international regime to deal with this problem overseas but that we also invest the time, the energy, and the resources needed to put in place effective measures well before we have a full blown crisis on our hands.

An outbreak of the avian flu could occur in a year, 5 years, 10 years, or if we were incredibly lucky not happen at all. But the one good thing about investing in measures to deal with this looming crisis is—and I will end on this point—if we spend the money now, it will pay dividends, even if this particular strain of the avian flu outbreak does not occur.

Why is this the case? The risk of some sort of pandemic, and the mutations of flus for which we have no immunity, is almost inevitable. The H5N1 strain may not be the strain that leads to a full blown pandemic. But, another strain could easily come along a cause serious damage in the future.

Presently, we simply do not have the public health infrastructure to deal adequately with this contingency.

My point is this: undertaking these measures is going to be a wise investment that will help protect the lives of millions of people here in the United States and across the globe.

Mr. President, I appreciate your patience very much and look forward to working with you on this issue.

The PRESIDING OFFICER. I thank the Senator.

ADJOURNMENT UNTIL 9:30 A.M.
TOMORROW

The PRESIDING OFFICER. Under the previous order, the Senate stands adjourned until 9:30 a.m. tomorrow.

Thereupon, the Senate, at 7:37 p.m., adjourned until Thursday, September 29, 2005, at 9:30 a.m.

NOMINATIONS

Executive nominations received by the Senate September 28, 2005:

AFRICAN DEVELOPMENT FOUNDATION

JENDAYI ELIZABETH FRAZER, ASSISTANT SECRETARY OF STATE (AFRICAN AFFAIRS), TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE AFRICAN DEVELOPMENT FOUNDATION FOR THE REMAINDER OF THE TERM EXPIRING SEPTEMBER 27, 2009, VICE CONSTANCE BERRY NEWTON.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

HORACE A. THOMPSON, OF MISSISSIPPI, TO BE A MEMBER OF THE OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION FOR A TERM EXPIRING APRIL 27, 2011, VICE JAMES M. STEPHENS, TERM EXPIRED.

DEPARTMENT OF EDUCATION

KENT D. TALBERT, OF VIRGINIA, TO BE GENERAL COUNSEL, DEPARTMENT OF EDUCATION, VICE BRIAN JONES, RESIGNED.

EXECUTIVE OFFICE OF THE PRESIDENT

CAROL E. DINKINS, OF TEXAS, TO BE CHAIRMAN OF THE PRIVACY AND CIVIL LIBERTIES OVERSIGHT BOARD. (NEW POSITION)

ALAN CHARLES RAUL, OF THE DISTRICT OF COLUMBIA, TO BE VICE CHAIRMAN OF THE PRIVACY AND CIVIL LIBERTIES OVERSIGHT BOARD. (NEW POSITION)

NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION

SUBJECT TO QUALIFICATIONS PROVIDED BY LAW, THE FOLLOWING FOR PERMANENT APPOINTMENT TO THE GRADES INDICATED IN THE NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION.

To be lieutenant junior grade

MELISSA M. FORD

To be ensign

MADELEINE M. ADLER
CAROL N. ARSENALIUT
JAMES L. BRINKLEY
JOHN E. CHRISTENSEN
SEAN M. FINNEY
LAUREL K. JENNINGS
GUINEVERE R. LEWIS
ALLISON R. MARTIN
JASON R. SAXE
PAUL M. SMIDANSKY
DAVID A. STRAUSZ
REBECCA J. WADDINGTON
JAMIE S. WASSER

PUBLIC HEALTH SERVICE

THE FOLLOWING CANDIDATE FOR PERSONNEL ACTION IN THE REGULAR COMPONENT OF THE PUBLIC HEALTH SERVICE SUBJECT TO QUALIFICATIONS THEREFOR AS PROVIDED BY LAW AND REGULATIONS:

1. FOR APPOINTMENT:

To be assistant surgeon

LEAH HILL

THE FOLLOWING CANDIDATES FOR PERSONNEL ACTION IN THE REGULAR COMPONENT OF THE PUBLIC HEALTH SERVICE SUBJECT TO QUALIFICATIONS THEREFORE AS PROVIDED BY LAW AND REGULATIONS:

1. FOR APPOINTMENT:

To be medical director

GREGORY A. ABBOTT

To be senior surgeon

WANDA DENISE BARFIELD
RUTHANN M. GIUSTI
SONJA S. HUTCHINS