

funds a national summit on Alzheimer's so the best scientists in the country can come together and identify the most promising breakthroughs. We are not talking about long-time, longitudinal studies. We are talking about studies that are at a point of significant breakthrough, that need help, and need a boost.

Also in our bill is the family caregivers support tax credit. It would create a \$3,000 tax credit for caregivers with the extraordinary expenses of caring for someone who has a chronic condition, such as Alzheimer's.

Why is this needed? Alzheimer's disease is the tsunami on the horizon we cannot ignore. Today there are 5 million Americans living with Alzheimer's disease. It is expected to triple in the next couple decades.

We know a lot about Alzheimer's disease. It has been 100 years since it was first diagnosed, and though we know a lot, we do not have a cure, and maybe we will not have a cure, but we certainly can have the breakthroughs for what we call cognitive stretch-out. For those people who are gripped by this terrible disease or another form of dementia and those who are in social work and medicine, they have watched people say the long goodbye. We watched a gallant President and an incredible First Lady by the name of Reagan, in which the President had his long goodbye and the First Lady, Nancy Reagan stuck with him every minute, every hour of every day until his final resting. We salute them. We know that when the President does not have the resources to deal with this disease, we have so much work to do for the little people. Knowing that President, he would want help for the little people.

We need a sense of urgency about Alzheimer's. If we find a cure to delay the onset of the disease, we could save a tremendous amount in Medicaid and Medicare.

It is estimated that for every year we can have that cognitive stretch-out that enables people not to have to turn to institutional long-term care, we can save over \$500 billion in both Medicaid and Medicare.

Should we even put a price tag on finding a cure, better and earlier diagnosis, faster creation of new drugs for people? Can we afford not to invest in this disease? I don't think so.

Alzheimer's is a terrible disease. I know it because we lived through it in our family. We watched prominent people be gripped by it. We know Alzheimer's is terrible for the person living with it, and we know it is an incredible drain on the caregiver, both emotionally and financially. Our country last year spent over \$120 billion in dealing with this disease.

I wish to come back to the caregiver. Usually it is a daughter or a spouse who takes care of an aging parent or spouse. Often they need help with durable medical equipment and specialized daycare. It could add up to anywhere

from \$5,500 to \$8,000 a year. Caring for a sick loved one means often you give up work, you reduce your work to part time or certainly take money out of your household.

We held a series of hearings on this bill, including Dr. Zerhouni of NIH and Dr. Gerberding of the CDC and some of our most eminent physicians working on this disease. It was amazing because it was so energizing. Often when we think about Alzheimer's, we think there is no hope and no opportunity to crack this disease, but there is.

What the scientists told us is there is now an array of medical possibilities for both the prevention of Alzheimer's and also intervention that would enable people to have this cognitive stretchout.

I am using the words "cognitive stretchout." Maybe it is a little too fancy. What it means in plain English is you have a memory, you can think, you know night from day. I know for families that are gripped by Alzheimer's, both the person with it and the person living with it experience a 36-hour day, because often with Alzheimer's, the person gripped by it cannot tell the time. If we can stretch out that decline where they still have their memory, still can function with the activities of daily living, still know whether it is 3 o'clock in the afternoon or 3 o'clock in the morning, still be able to recognize their grandchild and still be able to remember how to eat, my God, what do we give them? We give them a year of life, we give a breather for those who love them and are taking care of them, and we also give a break in terms of the Federal budget with the assistance we provide in long-term care.

This bill is pending on the calendar. We have asked unanimous consent to go to it. I ask my colleagues, let's have a vote. If they would like to separate out the tax credit aspects from the authorizing legislation, I would be more than willing to cooperate in the closing hours of this session to do that.

I know on the floor is my very good colleague, the Senator from Iowa, Mr. HARKIN, who chairs the Labor-HHS Subcommittee. He has been such a strong advocate of NIH, and we thank him for what he has done. But he needs help from those of us in the Senate to come up with these breakthroughs.

Mr. President, rather than a parliamentary request asking consent, I know our cloakroom is circulating the request. I look forward to a reply from our colleagues in moving this bill forward, but I ask our colleagues: Join with us and move this bill forward.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Iowa is recognized.

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CHRISTOPHER AND DANA REEVE  
PARALYSIS ACT AND TRAINING  
FOR REALTIME WRITERS ACT

Mr. HARKIN. Mr. President, I wish to speak on two bills that should have

passed by unanimous consent because they are so widely supported, but there are objections to them by some Republicans.

The first is the Christopher and Dana Reeve Paralysis Act, and the other is Training for Realtime Writers Act. First, I am disappointed objections have been raised against the Christopher and Dana Reeve Paralysis Act on the other side. I do not speak for myself, but I speak on behalf of tens of thousands of Americans who suffer from paralysis and their families.

The Christopher and Dana Reeve Paralysis Act is a bipartisan bill. It is a fiscally responsible bill. It addresses a critical need to accelerate better treatments and one day a cure for paralysis. Currently, paralysis research is carried out across multiple disciplines with no effective means of coordination and collaboration. Time, effort, and valuable dollars are used inefficiently because of this problem. Families affected by paralysis are often unaware of critical research results, information about clinical trials, and best practices. The bill will improve the long-term health prospects of people with paralysis and other disabilities by improving access to services, providing information and support to caregivers and their families, developing assistive technology, providing employment assistance, and encouraging wellness among those with paralysis.

I am, frankly, surprised there continues to be an objection to moving this bill forward. I negotiated this bill with my Republican colleagues on the Health, Education, Labor, and Pensions Committee before it was marked up in July. We received specific requests relating to the NIH. We accepted those requests. We moved forward. We removed the NIH reporting provisions in response to concerns that they were duplicative of reporting requirements NIH already had. We responded to all the feedback from the Department of Health and Human Services and the NIH by incorporating both substantive and technical changes. At that point we were assured there were no objections. As a result of these good-faith negotiations, the bill passed out of the HELP Committee with no amendments. Given all of the efforts we made to meet concerns raised by Senators on the other side of the aisle, and given that Senators had an opportunity to file amendments at that time but chose not to, I had every expectation that the bill would quickly pass the full Senate. Instead, it continues to be held due to Republican objections.

One of my Republican colleagues has said he will object to all disease-specific bills because he does not believe that Congress should be able to pass legislation specifically targeting the fights against cancer, ALS, Alzheimer's, and so on. I strenuously disagree with the Senator on this point. I believe Congress can and should be involved in setting national priorities in these fields. But putting that aside, the

fact is, the Christopher and Dana Reeve Paralysis Act is not a disease-specific bill. Paralysis and mobility impairment are not disease-specific issues; they are symptoms or side effects that result from numerous diseases and situations, including traumatic brain injury, stroke, ALS, injuries from athletic activities, injuries, of course, from combat in the U.S. Armed Forces, and many others. So paralysis is not disease specific.

Now, again, there seems to be another objection to this bill. One of our Republican colleagues has said he will not allow any bills to pass by unanimous consent that include spending without an offset. Well, let me be clear: There is no funding in the Christopher and Dana Reeve Paralysis Act legislation. It is only an authorization that allows the Centers for Disease Control and Prevention to improve the quality of life and long-term health status of people with paralysis and other physical disabilities.

Our colleague from Oklahoma, Senator INHOFE, made this case very clear in his discussion of the Water Resources Development bill. He explained the significant difference between authorizing and appropriating. Authorization bills are not spending bills; they determine which projects and programs are eligible to compete for future funding and provide for congressional review and oversight. Authorization bills provide the criterion for spending bills, but they do not contain direct spending. So any spending for the paralysis program authorized by this legislation will be subject to the annual appropriations process.

The Christopher and Dana Reeve Paralysis Act passed the House in October. It is long overdue for passage in the Senate. When I introduced this bill, Dr. Elias Zerhouni, Director of NIH, spoke in support of the bill, and let me read something he said that day.

So, really, as the Director of an institution that is committed to making the discoveries that will make a difference in people's lives, I feel proud and feel pleased. But at the same time I'm humbled. I'm humbled because in many ways the Christopher and Dana Reeve Paralysis Act is the harbinger of what I see as the combination of the public, the leadership in Congress, and the administration and government in our country that is absolutely unique, and humbled because at the same time, I know it contains a lot of expectations from us. And I'm at the same time confident that we can deliver on these expectations of NIH, with our sister agencies throughout the government. But the key thing I would like to provide is an expression of commitment. At the end of the day, if you do not have leaders and champions that look at a problem in its entirety, today in the 21st century, you cannot make progress.

So that is what Dr. Elias Zerhouni said on the day we introduced the bill. I agree wholeheartedly with Dr. Zerhouni. Progress is vital in science and biomedical research. It is also vital in the legislative process. As Senators, we have a duty to ensure due diligence in considering legislation. But for one Senator, or two Senators or three, to

stall this bill, I believe without legitimate cause—if the objections are that it is disease specific, I have pointed out it is not. Secondly, if it is being held up because there is not an offset, I point out it is only an authorization bill, not a spending bill. If it were an appropriations bill, it would then be legitimately subject to a hold or objection to unanimous consent because it did not have an offset, if that were the case. Anyway, I think for a handful of Senators to block action on this bill seems to undermine the trust that people put in us as legislators to move forward on things, to respond to certain national needs.

Let us be clear: By putting this bill on hold, Senators are also putting people with paralysis and their families on hold. It is a shame, I say to these Senators. I am not asking you to vote for the bill. If you don't like it, you don't have to vote for it. I am only asking you to allow the entire Senate to work its will. Don't slam the door on our fellow citizens who are living with paralysis. There are some 2 million Americans right now living with paralysis of the arms or legs, or both. Many others are living with multiple sclerosis. Hundreds of young soldiers are returning from Iraq and Afghanistan with spinal cord injuries and paralysis, facing a lifetime of disability. They should not be placed on hold. They shouldn't have to wait. They shouldn't have to have further delay. They should have this bill passed.

I urge my colleagues on the other side of the aisle to reconsider their decision to block this bill. As I said, I worked with Republicans before it went to the HELP Committee. We worked with the Department of Health and Human Services downtown, with NIH, and we met all their objections. We redrafted it and there weren't any objections when it went through the HELP Committee. No amendments were offered. That is the kind of legislation you would think would be subject to a unanimous consent procedure here on the Senate floor. It is a fiscally responsible bipartisan bill, as I said, that does not spend any money. It only authorizes.

Mr. President, how much time do I have remaining?

The PRESIDING OFFICER (Mr. WHITEHOUSE). The Senator has just under 4 minutes remaining.

Mr. HARKIN. Four minutes.

I also wanted to talk about the Training for Realtime Writers Act. On behalf of more than 30 million Americans who are deaf or hard of hearing, I express my deep disappointment that again one or two Senators on the other side of the aisle are blocking passage of this important legislation, the Realtime Writers Act of 2007. Again, it is a bipartisan bill. It is fiscally responsible. It addresses an urgent national need to train more real-time captioners at a time when the demand for these professionals has far outstripped the supply, and when, in fact,

the law of the land says that all programs have to be real-time captioned.

For those who don't know what real-time captioning is, these are the people, if you are in your offices and you are watching the Senate floor and you put your button on mute, you see the little closed caption go across the bottom of the screen. That is someone sitting down here in the bowels of the Capitol watching what we say and, on a machine, typing this in so that if you are deaf or hard of hearing you can read what is happening. This is true on programs you watch on normal television as well.

Again, we all use that, I know, at different times. You don't have to be deaf or hard of hearing to use closed captioning. But what has happened, and how this came about is very simple. In 1996, in the Telecom Act, it required that all English language television broadcasts be captioned by the year 2006. All television broadcasts must be real-time captioned by 2006. That was last year. So it is now 2007, and many stations across the country are not in compliance with the law. As a result, a lot of deaf and hard of hearing Americans are not able to access the full range of television programming we take for granted. And why aren't they compliant? Well, it is a legal requirement, but the fact is there are not enough captioners. We knew that back when the bill was passed in 1996. That is why we gave it 10 years for implementation. And little by little we have been trying to get more real-time captioners, but we don't have them.

This bill is an effort to bolster that program and to put focus on it. Again, it is an authorization bill. It is an authorization bill. It authorizes the creation of a competitive grant program to train captioners at the funding level of \$20 million a year for 5 years. So, again, it is an authorization bill, not an appropriations bill.

There has been a shortage of real-time captioners. And you might say, well, if there is a shortage, why aren't there more people? Well, a lot of people don't know about it. They don't know about the demand. We need the training and expertise. This is a difficult job. I mean, our stenographers here, who take down our words, have a difficult job, but at least they have time to go back and print it out after they put it into the machines. A real-time captioner has to listen and watch what we are saying and put it on immediately. So it takes a lot of expertise and training to do this.

This act authorizes, again, the funding. It creates no new entitlements. It sunsets after 5 years, because once we get the number up and we get schools across the country teaching this, I have no doubt that we will have enough in the pipeline. And let me point out that this bill passed the Senate by unanimous consent three times before, only to languish in the House of Representatives.

The PRESIDING OFFICER. The majority's time has expired.

Mr. HARKIN. Mr. President, I ask unanimous consent for 2 more minutes. The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. CORNYN. I would ask that 2 more minutes be added to our time; otherwise, I have no objection.

The PRESIDING OFFICER. Without objection, 2 minutes will be added to the Republicans' time as well.

Mr. HARKIN. Again, the House indicated they would take it up. It languished here. It passed the Senate, as I said, by unanimous consent three times already. Again, it is time to keep the promise that Congress made to 30 million Americans in 1996. I would hope we would not block the Realtime Writers Act, and let it go through, and with unanimous consent, as it has done three times in the Senate before. I would ask those who have a hold on the bill, are they saying that 100 Senators before, who let this legislation go through, didn't know what they were doing? We all have staffs, and we all pay attention to what legislation goes through here. I think it is indicative of the support we had on both sides of the aisle that the Realtime Writers Act, as I said, passed by unanimous consent three times in the past.

I wanted to talk about these bills because again I think they are both widely supported. We have worked out agreements with people in the past, and I don't think there is any real, legitimate reason to keep a hold on these bills and not let them pass.

Mr. President, I ask unanimous consent that the Senate take up and pass Calendar No. 326, S. 1183, the Christopher and Dana Reeve Paralysis Act, and Calendar No. 291, S. 675, the Training for Realtime Writers Act.

The PRESIDING OFFICER. Is there objection?

Mr. COBURN. Mr. President, I object to both, and I will give my reasons why during our time.

The PRESIDING OFFICER. Objection is heard.

Mr. HARKIN. Mr. President, as part of my closing remarks, in case an objection was raised to the Training for Realtime Writers Act, I want to say this is something that can be done already by the administration, but I would point out that they have not done it in 10 years, either Democratic or Republican Presidents. Quite frankly, they are not focusing on it. They have said they can do it as part of their high-growth job training initiative, but they haven't done it. That is the point of the legislation. They have not done this.

And for those interested in earmarks around here, 90 percent of the money in the high-growth job training—

The PRESIDING OFFICER. The majority's time has expired.

Mr. HARKIN. Well, I want to close with 30 seconds, by saying that 90 percent—

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

Mr. HARKIN. Ninety percent of the money is noncompetitive. Over \$235

million over 6 years has gone out in noncompetitive grants, and not one penny for real-time writers.

Mr. President, I yield the floor.

Mr. CORNYN. Mr. President, may I ask how much time remains on this side of the aisle in morning business?

The PRESIDING OFFICER. There is 90 minutes 16 seconds.

Mr. CORNYN. I would ask, Mr. President, that the Senator from Oklahoma, Senator COBURN, be recognized for up to 10 minutes, followed by myself, followed by the Senator from Georgia, Senator ISAKSON, and then the Senator from Idaho, Senator CRAIG, for the first 40 minutes of our time.

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

The Senator from Oklahoma.

#### DISCONTINUING BUSINESS AS USUAL

Mr. COBURN. Mr. President, this morning we have heard about a lot of good causes and a lot of good bills. But what we have been asked to do is to pass bills without any debate, without the opportunity to amend, and we just heard a Senator say we could agree to a UC and not have to vote on it. Agreeing to a UC is the same as voting yes. The fact is, we have had plenty of time to bring up all these bills, put them on the floor, debate them and have great debates so the American people become informed, and offer amendments.

I will say for many of these bills, I am the Senator objecting. Senator HARKIN knows I am objecting to the two bills he just raised.

The point is, our debt is rising \$1 million a minute. When you authorize \$100 million for the Realtime Writers Act, what you are saying is, I intend to get the money out of the appropriations process to develop training for something that the market should already be inducing through increased wages. If in fact there is a shortage, why is the market not taking care of it? Is it because the pay is too low? Maybe the pay ought to be higher. Maybe people ought to go into it. Instead we are going to inject \$100 million of American taxpayers' money into something that will be solved through the market. If it is not, then the pay is entirely too low and the market will eventually adjust to it. But to say we are going to authorize something with no intent to ever spend, that is not the intent of an authorization. The intent of an authorization is to spend more money.

At \$1.3 billion a day, we are going into debt, and it is not our debt. We are transferring it to our children and our grandchildren. To come down here and want to authorize and spend and pass without debate and pass without amendment multitudes of bills with no debate is to say, in other words, take it or leave it. And if you want to amend it or you want to have a chance to vote on it, tough luck; we are going to do it without you. It is called "UC."

The fact is, we find ourselves \$9 trillion in debt now. The fact is, our chil-

dren are facing \$79 trillion worth of unfunded mandates. It is time that we change the business in the Senate. To come down and claim you want to just authorize but not spend is a hoax because you would not be authorizing unless you do spend.

The other thing the American people ought to know is, out of the over \$1 trillion in discretionary budget that we spend right now, \$280 billion of it is not authorized. The appropriators totally ignore the authorizers. When it comes to appropriations, they appropriate whatever they want. So it doesn't have to be authorized to get it done. They will appropriate it if they want to do it. They don't pay any attention to authorization.

When we have \$8 trillion worth of authorized programs now, to say we cannot eliminate some program that is not being funded to be able to make room for one that should be funded, and to say we should not have to do that, that doesn't pass the commonsense test with the American public.

I understand that is irritating and bristling to the way we have done things in the past. I apologize if at times I am irritable and irritating, but I think the future generations are worth it. I do not think we can continue doing business as usual. So we have seen an ALS bill come down. The CDC doesn't want the ALS bill, the registry, and the reason is they can already do it. If we are going to do an ALS bill, we ought to do it for all neurologic diseases in terms of a registry, not just one. What we have decided is a celebrity or an interest group can come and we will place a priority there. Regardless of what the science says, regardless of what the basic science and the pure science says in terms of guiding us where to go on diseases, we will just respond. We will create a new program, and we will tell NIH where they have to go, or CDC where they have to go when science doesn't guide them there.

If we are going to do that, if we really think as a body we ought to be going the disease-specific direction, then why don't we do it all? Why don't we say we will do the peer-reviewed science on all the programs at NIH? Since we are going to pick the ones that have a cause behind them, why don't we do them all. Why don't we let the lobbyists tell us which ones should be first? Of course, we wouldn't do that because we know the scientists at CDC and the scientists at NIH make decisions, not on popularity, not on politics, but on the raw science that will give us the best benefit for the most people.

We look good when we do those things. We do satisfy a yearning for those who are handicapped or paralyzed or have breast cancer or have colon cancer. But if we are going to do a registry for ALS, why aren't we doing one for diabetes? We aren't we doing one for multiple myeloma? Why? Why aren't we doing those things? If we are going to pick one, if we are going to do