has tariffs on American goods. We have eliminated tariffs on Colombian goods. If we were to pass a real free trade agreement, it would be three, four, five, six pages long and eliminate the tariff schedule, making a real free trade agreement.

These are not free trade agreements the President sends us, nor are they free trade agreements that Presidents in the past sent. They are hundreds and hundreds of pages of protectionism, pages outlining protections for the drug companies, protections for the energy companies, for financial services companies, banks and others, and protections for the pharmaceutical industry. That is what these supposed free trade agreements are.

It is interesting that those of us who oppose these ''free trade agreements'' because they don't protect our communities, frankly, are called ''protectionists.'' If we are going to write these agreements and build in protections for the drug companies, the oil industry, and the other energy companies, the financial services companies, the banks, and the insurance companies, we also should build in protections for our workers in New Jersey and in Ohio, protections for our communities in Lima, and Mansfield, and Tiffin, OH, protections for food safety, and build in protections for consumer product safety.

But that is not what they do. What is most curious about these agreements that the President has sent up—in this case the most recent is Colombia—it reminds me of the old Einstein saying that the definition of insanity is doing the same thing over and over and over again and expecting a different outcome.

We have seen, in almost 15-plus years in the House of Representatives, and now in the Senate—and it is roughly the same period of the Presiding Officer—we have seen our trade deficit go from $38 billion in 1992, to in excess of $800 billion last year. It is hard to know exactly what that means. A $38 billion deficit—that means we buy $38 billion more in this country than we sell to other countries. It is $800 billion more that we buy in this country than we sell to other countries. That is a huge amount of dollars, obviously.

That $800 billion—it was boiled down by the first President Bush, who said that a billion dollar trade surplus, or deficit, translated into 13,000 jobs. So if you have a trade surplus—in other words, if you are selling more than you are buying as a nation, a billion dollars, according to President Bush the first, would add up to about 13,000 new jobs—net gain of jobs in your country. But if you have $1 billion deficit, it means it is a 13,000 net job loss in your country. We have not a billion dollar trade deficit but an $800 billion one. Do the math. What does that mean in lost jobs? It means an awful lot of lost manufacturing jobs in my State, from Cleveland, to Dayton, to Lima, to Canton, to Kent, to Ravenna, to all over our State. It means a lot of other lost jobs, not just manufacturing jobs. When American Standard shuts down in Tiffin, and when a company shuts down in Bucyrus, or in Ashland, it means fewer firefighters, fewer schoolteachers, fewer restaurant workers, fewer realtors, and fewer people who serve those jobs—those people who had the manufacturing jobs.

So it is pretty clear that the trade agreements, in addition to other damage they have done, clearly—when you have a trade deficit that goes from $38 billion to $800 billion in a decade and a half, they have done significant damage to our country and, most importantly, to our communities and our families.

I will close on something specifically unique to the Colombia trade agreement. We know that in Colombia they have had a significant number of murders committed against union activists. I heard a Member of the House say today there were more union activists—organizing union leaders—murdered in Colombia than anywhere in the rest of the world combined.

Although President Uribe of Colombia says union violence has come down and his spokespeople in this body say the same, the fact is that union murders, deaths of union activists in the first 3 months of 2008 are almost twice what they were in 2007. Adding insult to injury, we have seen fewer and fewer convictions. Only about 3 percent of these murders have resulted in convictions of the people who have been guilty of the murders. To add even further insult to this whole issue, the American Government, the State Department has said the paramilitary vigilantes who are allied often with the Uribe Government who have killed the union activists are classified by our State Department as terrorists. We, in essence, are supporting the Uribe Government that is allied with paramilitary vigilantes who are called terrorists by our own Government.

I don't quite see why we would want to reward that Government. I want President Uribe to succeed. I think he has done decent works. But I don't think we should reward him with a trade agreement and lose the leverage we have to try to get the activist murder rate down and also so that the people have the opportunity to join unions in Colombia. Fewer than 5 percent of the Colombian workforce is unionized. That is the lowest or second lowest in the Western Hemisphere.

They are not doing what they need to do to bring working families into the middle class, as we have seen in our country. The reason we have a prosperous Zanesville and a prosperous Springfield, OH, in part is because of people's ability to join a union and bargain collectively for better wages, health care, and pensions.

In the country of Colombia, they do not have those opportunities. For us to put the imprimatur of the U.S. on a free-trade agreement for that social structure and government to me makes little sense.

The House of Representatives delayed the bill for several months. If it gets to this body, I am hopeful Members will do the right thing and say to President Bush: It is not time to do a trade agreement. This trade policy in our country has failed. It is not working for our country, it is not working for our national security, it is not working for our communities, it is not working for our families, and it is not working to build the middle class in this society the way we should.

I yield the floor.

TRIBUTE TO CLARENCE W. DUPNIK

Mr. REID. Mr. President, I rise today to pay tribute to one of America's finest, Clarence W. Dupnik, Sheriff of Pima County, AZ, who celebrates 50 years of law enforcement service to his community this year.

Clarence Dupnik is known as a man of action, integrity, and innovation. These skills have been invaluable to his 50 years of service to Arizona, and the Nation.

Sheriff Dupnik began his career in law enforcement in 1958 as a patrol officer with the city of Tucson Police Department, TPD. He held various positions within the Tucson Police Department, rising to major in charge of field operations by the time he retired from the TPD in January 1977. From there, he was appointed chief deputy sheriff of Pima County Sheriff's Department, and later appointed Pima County Sheriff in 1980.

Since 1980, Clarence Dupnik has been elected to seven consecutive terms of office as Pima County Sheriff, a position in which he remains today. Clarence Dupnik's many years of service to Pima County represent a remarkable achievement and a great responsibility.

During his tenure as sheriff, the population of Pima County has nearly doubled in size. Today it claims almost 400,000 residents, making it the second-highest populated county in Arizona. In addition, Pima County shares 123 miles of border with the nation of Mexico. These characteristics have brought on special challenges, which Sheriff Dupnik met head on, with an admirable commitment to crime reduction.

Over the last three decades, Sheriff Dupnik has been instrumental to the reduction of the per capita crime rate in Pima County. He has fought criminal enterprises, drug trafficking organizations, and gangs. He also worked with former U.S. Surgeon General Richard Carmona to improve law enforcement capabilities by integrating special weapons and tactics with emergency medical assistance. Additionally, he had the foresight to deploy 350 new mobile data computers in all Sheriff's patrol vehicles—both patrol and unmarked—before most other departments in Arizona. Sheriff Dupnik also participated in the Joint Terrorism Task Force and served on the Executive Committee of the FBI.

Using his many years of law enforcement experience and leadership skills, Clarence Dupnik has worked hard to improve and give back to his community in any way he can. He introduced Drug Abuse Resistance Education, DARE, and School Resource Officer programs in Pima County schools. In addition, Sheriff Dupnik instituted a countywide community policing program, created the Multi-agency Narcotic Investigations Unit, and established the Command Group of the Arizona Alliance Planning Committee. In addition, he founded and chairs a drug-prevention group called Arizona for a Drug-Free Workplace.

The dedication and service of Clarence Dupnik during his 50-year law enforcement career is truly commendable. I thank Sheriff Dupnik for his many years of service and wish him further success in the years to come. I know that these years of public service have sacrificed time from his family and I would like to take this moment to also thank and acknowledge his wife Susie and their family. With Sheriff Dupnik's great example in mind, I hope that we can all work together to reduce crime in our Nation.

HONORING DR. JAMES HANSEN

Mr. REID. Mr. President, I rise today to recognize Dr. James Hansen upon receiving the Desert Research Institute's Nevada Medal for 2008.

This award, which will be formally presented to Dr. Hansen in Reno tonight and in Las Vegas on April 17, was established 20 years ago by the Desert Research Institute, DRI, to recognize outstanding achievements in science and engineering. DRI is a world leader in the study of environmental sciences, and Dr. Hansen should be proud to receive such an honor.

Dr. Hansen directs the NASA Goddard Institute for Space Studies, and is an adjunct professor of Earth sciences at Columbia University's Earth Institute. He received his bachelor's degree from the University of Iowa in 1963, followed by his master's in 1965, and his Ph.D. in 1967. He was elected to the National Academy of Sciences in 1995, and has received numerous awards throughout his illustrious career.

Dr. Hansen has spent decades researching climate change, and his work has broadened public knowledge about accelerating changes in the climate due to global warming. He has linked human-produced emissions to an overall increase in global temperature and called for international cooperation to address the issue. Dr. Hansen highlights the dangerous path we tread if we fail to reduce our reliance on fossil fuels. At the same time, he has outlined the steps that need to be taken in order to reverse the course of global warming and stabilize our climate.

I am proud to honor Dr. James Hansen and his many achievements. The contributions that he has made to the scientific community are truly invaluable. I applaud his efforts and wish him the best in his future endeavors.

TREATING VICTIMS OF STROKE MORE EFFECTIVELY

Mr. KENNEDY. Mr. President, a recent article in the Washington Post highlights the serious additional harm that is being done to victims of stroke each and every day by our failure to get them as quickly as possible to hospitals or other treatment centers qualified to provide the timely, appropriate care that can make all the difference between recovery and permanent disability or death.

Not all hospitals have this capability, and Massachusetts and a handful of other States have begun implementing systems to make better quality care available and to inform the public and emergency medical services of the location of the nearest facility capable of providing such care. What is needed most, however, is national leadership to make prompt and quality care for stroke victims a reality throughout this country.

I believe our colleagues in the Senate and House will be interested in this important article, and I ask unanimous consent to have it printed in the RECORD.

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

[From the Washington Post, Apr. 1, 2008]

NEW RULES ON STROKE CARE CENTER NETWORKS MAY SAVE LIVES

(By Alicia Ault)

In the event of a stroke, time is brain—meaning the more quickly you recognize the problem and get proper medical treatment, the more likely you are to survive and minimize neurological damage. Increasingly, experts are concluding that means getting to the right hospital, and fast.

According to the American Stroke Association and many neurologists, the right facility is one that has been designated by a state agency or the Joint Commission (which accredits hospitals for quality and safety) as having the appropriate medical staff, the ability to quickly administer such diagnostic tests as computed tomography, and a potentially lifesaving drug, tissue plasminogen activator (TPA), which dissolves clots.

In some states, including Maryland, you don't have to worry about which hospital might be best. Ambulance crews who suspect a stroke are required to seek out a designated stroke center, unless the nearest one is an unreasonable distance away.

Now health officials in Virginia and the District say they are considering similar plans.

In March, Virginia Gov. Timothy M. Kaine signed a bill requiring local health officials to rush stroke patients to Joint Commission-certified primary stroke centers. Even though that law has not yet taken effect, emergency medical technicians typically route patients to stroke centers, said Paul Sharpe, trauma and critical care coordinator for Virginia's Office of Emergency Medical Services.

In Washington, Michael Williams, medical director of Fire and Emergency Medical Services, said he soon will issue a protocol requiring transport of suspected stroke patients to Joint Commission-certified stroke centers. That rule should take effect within a month or so.

Until those changes take place, Virginia and District residents might be wise to know the signs of stroke. If they suspect they're having a stroke, they then, directly or through a family member acting on their behalf, might ask to be taken to a specialized stroke center.

About 780,000 Americans have a stroke each year. The vast majority of strokes, 87 percent, are ischemic, caused by a clot that cuts off blood supply to the brain, according to the American Heart Association.

TPA, when given within three hours of the onset of a stroke, can increase the chances of a full neurologic recovery by at least 25 percent, said Robert Bass, executive director of the Maryland Institute for Emergency Medical Services Systems, or MIEMSS. But the drug's associated risks, which include major bleeding in the brain, make it even more crucial to get care at the right facility, Bass said.

Finding a hospital that specializes in stroke care is even more important at a time when most are having trouble finding specialists to ''take call''—that is, to see patients at the hospital.

There are no hard numbers on the shortage, but the American College of Emergency Physicians reported in 2006 that three-quarters of emergency departments nationwide had problems finding specialists such as neurosurgeons to take call. The shortage was especially acute in orthopedics, plastic surgery and neurosurgery.

Being seen by a neurology specialist doesn't guarantee a good stroke outcome. But it is crucial to have a physician trained in stroke care, said Lee Schwamm, vice chairman of the neurology department and director of acute stroke services at Massachusetts General Hospital in Boston.

''Many people assume that stroke can be and is treated by anyone,'' he said, which simply isn't true.

Massachusetts was the first state to create a stroke care system, in 2004, partly because of the problem of getting on-call specialists. Under the plan, designated hospitals agree to have the appropriate diagnostics and staff (including neurologists on duty or available through telemedicine) and the ability to give TPA within three hours. They also agree to report on the quality of care.

In mid-2005, the state began requiring ambulances to take patients to stroke centers. Within a year, the number of stroke patients receiving TPA increased by 20 percent, Schwamm said. Now the goal is to increase the number of patients who get to the hospital in time, he added. Sixty-eight of the state's 72 hospitals have been designated as stroke centers by the Massachusetts health department.

Several states have followed Massachusetts's lead, including Maryland (in 2007), New York, New Jersey and Florida.

Maryland hospitals that apply for the stroke center designation are evaluated by a state inspection team. Hospitals can also be certified by the Joint Commission.

The nonprofit commission began certifying stroke centers in 2003. So far, 455 hospitals nationwide have received that designation.

Twenty-eight hospitals have received Maryland's five-year stroke center certification. These hospitals can evaluate stroke patients, give the initial treatment and, in most cases, admit patients directly to a special stroke unit in the hospital, Bass said. Since the program's establishment, the number of patients receiving clot-busting therapy has increased 20-fold, said John Young, stroke system coordinator for MIEMSS.

Like the District, Virginia does not have its own stroke center certification process.