

The PRESIDING OFFICER. Is there objection?

Mr. HATCH. I object.

The PRESIDING OFFICER. Objection is heard.

Mr. HATCH. Mr. President, I want to take a few minutes to explain my objection to the legislation just offered by my esteemed colleague. I want to make it absolutely clear that a long-term FAA reauthorization is a priority for this country and a priority for myself, and I have said as much repeatedly. The consent request just offered by my colleague, even if accepted, would not prevent a lapse of current law. As my colleagues are likely aware, the House has completed legislative business for the week, so the only way to prevent a disruption to FAA funding is to pass Chairman MICA's bill the House passed earlier this week. I worked with Finance Committee Chairman BAUCUS to report a tax title from the Finance Committee to the bill that passed the Senate earlier this year.

However, since then progress on a long-term reauthorization has been slow. I share House Transportation and Infrastructure Committee Chairman MICA's frustration that favors to organized labor have overshadowed the prospects for long-term FAA reauthorization.

Last year the National Mediation Board changed the rules under which employees of airlines and railroads are able to unionize. For decades the standard has been that a majority of employees would have to agree in an election to form a union. However, the new National Mediation Board rules changed that standard so that all it takes to unionize is a majority of employees voting. This means that the NMB wants to count an employee who doesn't vote as voting for big labor. Somehow, organized labor is able to claim that it is democratic to appropriate someone else's vote without that person's input and participation. The FAA reauthorization bill that passed the House earlier this year will undo this heavyhanded rule and let airline employees decide for themselves how to use their own votes. The House bill would merely undo a big partisan favor done at the behest of big labor, and put efforts to unionize airline workforces on the same footing they have been on for years. The House bill does not create a new hurdle for unionization; instead it restores the longstanding ability of airline employees to make decisions for themselves.

As I said, it is unfortunate that kowtowing to big labor has effectively grounded efforts to get a long-term FAA reauthorization off the ground. The lack of a long-term bill is bad for airports all across the country because they don't have the funding stability to plan and complete projects. Kicking the can further down the road is not a viable alternative to actually doing what is in the best interest of passengers, commercial users of air trans-

portation, and our airlines and airports.

As a Senate conferee to the FAA bill, I stand ready to do everything I can to break the cycle of short-term extensions, and to do something that hasn't been done around here for more than 7½ years, and get FAA reauthorization off the ground.

So, Mr. President, having said all of that, I ask unanimous consent that the Senate proceed to the immediate consideration of H.R. 2553, which was received from the House; that the bill be read a third time and passed, the motion to reconsider be laid upon the table, and that any statements relating to the bill be printed in the RECORD.

The PRESIDING OFFICER. Is there objection?

Mr. DURBIN. Reserving the right to object, Mr. President, the Senator from Utah is my friend. We have worked on many issues together and in this particular moment in time we are in disagreement. What he has presented to you is one side of a story, one side of a debate and said unless you accept the House Republican position, which has not been resolved, we are going to lay off 4,000 people at midnight tonight. Do you think that means anything to them?

What I offered was a clean extension of which I didn't get into the merits, which said let's put this debate aside and that debate aside and keep the agency working, the Federal Aviation Administration. He said, no, either take the Republican approach or else, and, incidentally, he told me at the outset the House Republicans have gone home. They are gone. They sent this over and said take it or leave it or close it down. That is not a very sound choice for our country. I am sorry if the Senator from Utah objected to a clean extension so we can keep up these operations. I object because I don't believe it is a fair approach.

The PRESIDING OFFICER. Objection is heard.

The Senator from Utah.

Mr. HATCH. Mr. President, I am getting a little tired of the National Labor Relations Board usurping the power of the Congress of the United States and enacting labor laws by fiat of the Board that are hardly going to be upheld by the courts, but nevertheless it will take years to reduce them and take them away. In this particular case the National Mediation Board has changed the longstanding rule when you vote to unionize, it is the vote of all employees. This means that you could have a vote, and this is what I think the House is trying to stop and to change. That means you can have a vote with less than half of the employees and it would be the majority of those who vote. Now, that has never been the law, it has never been the case, and it is clearly a heavyhanded approach towards the FAA, and I think that is one reason why the House has taken this very strong position.

I understand my friend on the other side, and we are friends and we have

worked together on some of the issues, and I have a tremendous amount of admiration for him and his ability to lead and express himself. He is one of the best people of expression in the history of the Senate, and I have great respect for him. But that is one of the main reasons why the House is up in arms and I have to say our side is up in arms as well.

We have to stop this changing laws without the consent of Congress just by the fiat of those on the National Labor Relations Board and the National Mediation Board. It is not right and upturns hundreds of years of labor law, and, frankly, it is wrong and I am on the side of the House in this matter because of it.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. DURBIN. Mr. President, perhaps if I were as persuasive as my colleague just said, he would not have objected. Having said that, when we speak about heavy hands, we don't have to worry about the heavy hand of the House on this issue because they went home. They took off. They left, which means that 4,000 people would be furloughed this evening.

TRIBUTE TO DR. PAUL SMITH

Mr. MCCONNELL. Mr. President, I rise today to honor Dr. Paul Smith, a physician whose story has been chosen to be recorded as part of the London, KY, "Living Treasures" project.

Dr. Smith's career path began when he graduated pre-med from Cumberland College in 1949 at age 19. After attending the University of Kentucky, where he hitchhiked to class every day, Dr. Smith was accepted into the University of Louisville medical school. Unable to obtain a rural scholarship through traditional channels, Dr. Smith received a scholarship from the Tri-County Women's Club in Knox, Whitley, and Laurel counties. The only condition was that he return to one of the counties and practice medicine there for 4 years.

Before being called up for service in the U.S. Air Force, Dr. Smith worked for a doctor in Cumberland, where he met his wife. After a year of dating, Dr. Smith and his wife of 53 years, Ann, were married and moved together to the Lake Charles Air Force base in Louisiana. Their daughter Jan was born on base as Smith trained and served as a doctor.

After completing his service with the Air Force, Dr. Smith moved to London and opened up his own practice. He routinely made dozens of house calls to London residents—both in the city and out in the country. Dr. Smith also offered OB services and often worked in the emergency room of nearby Marymount Hospital when other doctors were too busy.

After 38 years of dedicated service to the London community, Dr. Smith retired in 1998. Even in his retirement,

Dr. Smith volunteers at the free medical clinic run at the Community Christian Church.

The State of Kentucky is lucky to have individuals like Dr. Paul Smith, who dedicate their lives to better those of others. As he has shown us all, Dr. Smith is truly a great Kentuckian.

Mr. President, the Laurel County-area newspaper the Sentinel Echo recently published a detailed interview with Dr. Smith and his wife in which they discuss Dr. Smith's accomplishments and contributions. I ask unanimous consent that the full article be printed in the RECORD.

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

[From the Sentinel-Echo, May 25, 2011]

LONDON'S LIVING TREASURES: PART 2

Following is the second installment of the Living Treasures Project. It is the story of Dr. Paul Smith, who served Laurel County as a family physician for 38 years. Dr. Smith shared fascinating details about his life as a medical student and doctor, which meant hitchhiking to class, making house calls and working with the nuns at Marymount Hospital. During his interview, Dr. Smith was joined by his wife of 53 years, Ann.

"I used to go to the library when I was in high school and read all the books I could about family physicians, some of them from Kentucky and otherwise, just the real stories of rural physicians. I took pre-med at Williamsburg's Cumberland College, graduated with a diploma after two years, in 1949. I was 19.

WORKING STUDENT

After I finished Williamsburg, I needed funds to go on to the University of Kentucky. I ended up getting an emergency certificate to teach at Henderson Settlement in Frakes, Ky., for one year and saved up enough. I had an aunt who worked there, and I had room and board pretty much for free except I'm sure my parents gave them a lot of vegetables. I saved all my money and went to University of Kentucky in 1950.

Those years were very lean and, unfortunately with no car or transportation, I hitchhiked every day back and forth to the university. I went to work at the narcotic hospital out at Leestown Pike in Lexington usually at 4 p.m. After classes, I'd have to scurry over to Leestown Pike and put my thumb out and just barely make it to work, usually.

Before I finished my degree, the Korean War started. I had applied for medical school, but I hadn't heard anything. I had already been called up for the draft, passed my physical for the Army. They would defer you a semester at a time but by then they were getting hard up to give deferrals to everybody, so there was a good possibility I was going to have to go to the service.

When I was home for Christmas vacation, I got my letter of acceptance to the medical school at the University of Louisville, the only one I could afford even though the tuition was just \$800 a year. It felt great because that's what I wanted. When I got accepted, my father went to the bank in Pineville to try to borrow money and the banker said, "No, not on a medical student, too many of them flunk out."

I got deferred and finished the year and went on to Louisville.

When I went back to medical school my sophomore year, I got a job as an extern at Baptist. We'd do histories and physicals of patients and, every third night, I was on call for the lab.

When I finished medical school, there was still a doctor's draft. You had to do two years in the service unless you were over 35 or unless you were in the service before. That was looming over me when I finished medical school, but I still had my internship to complete, which I did at Good Samaritan Hospital in Lexington in 1957.

When I finished, I joined the Air Force. I knew I'd be called in six to 12 months, so I had to look for a job. Finally, one of the surgeons told me that he knew this surgeon in Lynch and Cumberland that could use a doctor. I signed on with him and that's the best thing I did in my life because that's where I met my wife.

MARRIAGE MATERIAL

How'd we meet? Her mother had to have her gallbladder out and she can tell it better than I can.

ANN: I went back home to teach school, but they put me in first grade. I did everything to try to do a crash course on elementary. I was cutting paper dolls for my students, preparing for the next day. Paul walked in and when he walked out, I said, "Mother, I think I'm going to marry that guy." She said, "Just hush." He's the only person I ever pursued.

DR. SMITH: I was real impressed with her, but I was a little leery. I rented a room in Cumberland. I'd usually go to the drive-in at night and eat. Well, she and another girl started showing up there about every night. I got suspicious, but my impression was good all along.

I was in Cumberland almost a year to the day. I was called into the service on the 5th of July. In the meantime, though, we dated and got married June 14, 1958, Flag Day. It was a nice wedding. Like most people, I thought we were going to have a little wedding and when I went in, the church was full.

ANN: It was a small church. And my mother had decorated it with a lot of mountain flowers.

DR. SMITH: We went together to the service and we went to basic training. I had to go four weeks in Montgomery, Ala. That was an awakening too because neither one of us liked the racism. I didn't like that at all.

In training, doctors had to go out and shoot one time. I can't say I hit a thing. I'd shot a BB gun before and a .22, but they put a .45 in my hand for the first time. I aimed perfectly at the target and when I pulled it, it went up like that. I shot my however-many rounds I had to shoot. I only went to the rifle range once but we marched and flew in airplanes a lot.

In October '58, I was assigned to Lakes Charles, La. It was a small base, the hospital was constructed during the war so it was not very fancy, but it was a nice base. That's where we had our first daughter, Jan.

Now, I've got to go back and fill in before I went to medical school, because that's important. I'd applied for a rural scholarship and I was sure with my grades I would get one. But it seemed they'd given all of them out. At that time, I was going to have to hold up medical school for a year to earn what I needed, but one of the students ahead of me knew the Tri-County Women's Club from Knox, Whitley and Laurel had raised money for a rural scholarship and, to their knowledge, it had never been filled. I interviewed and they were in favor of me getting it. With the scholarship, I agreed I would go back to practice in Knox, Whitley or Laurel for four years.

That was one reason I didn't even consider staying in the service because I had that obligation, and I felt it was a deep obligation.

LAUREL COUNTY-BOUND

I found out Dr. Robert Pennington in London might need a doctor. I came over here

and it was a Wednesday afternoon and Dr. Pennington was off on Wednesday afternoon and he showed me all around town.

I didn't have an office, but it turns out that Dr. Pennington and his brother had an office built up over the old fire department on Broad Street. It had a space for a lab and space for three examining rooms and a waiting room, already plumbed and wired. So that looked good and the rent looked good, \$65 a month.

Then the next day, Dr. Pennington located me a house I could rent. It was up on Falls Road. We unloaded on July 5, 1983 and I got busy getting my office together because, see, I had no equipment. Marymount Hospital was nice to me, they loaned me one or two of the bedside tables. My brother was doing a residency in surgery in Lexington and they wanted to get rid of an old surgical table. Owner of The Sentinel, Martin Dyche, through him, I got a Cole metal desk, a filing cabinet and a chair.

Next to my office, there was the taxi park and they had five or six taxis there. They were busy all the time. They had a ringer out there on the telephone pole so you could hear it ring all the time.

London was a rural town, everything closed on Wednesday at noon except me. I decided, since most of the doctors took off on Wednesday afternoon that I was going to work and I'd take off on Thursday afternoon.

We had three drug stores, the original Begley's, Robert Dyche had Dyche Drug Store and then there was City Drug Store, it was down near where the theatre is now, where the old Hob Nob used to be. Of course London Bucket was here, which handled plumbing, Hoskin's Five and Ten, and then the department stores, you had Hackney's, Daniel's, and several others. Where Weaver's is now was their pool hall and women were not allowed in the pool hall. If Ann or somebody wanted their hotdog, they had a window up there and they'd sell you the hotdog out the window. It was a bustling little Main Street, but don't expect anything after 5 o'clock.

I opened my practice about July 15, and I averaged four to five patients a day the first year and I couldn't have paid my rent with that because an office visit was \$3 and a house call was \$5 in the city and \$10 outside in the county. But I made a lot of house calls, some I got paid for, some I didn't.

ANN: We ate well. In those first years I learned to can beans, freeze corn, I learned to do so much. They brought not just a bushel of beans, but two or three. It was overwhelming, by then I had three little kids to take care of—Jan, Elizabeth and Paul Ray—but I felt like it was a sin not to use that food. But anyway, we did know it would be slow for the first couple of years, so we planned ahead.

DR. SMITH: We didn't want to go in debt and we didn't. I probably made most of my money in the E.R. The other doctors were all so busy they didn't care about leaving their office full of patients and running to the emergency room. So I got called all the time to the E.R. and that's how I picked up a lot of patients, because they had to be healthy to climb two floors of steps up to my office.

In 1961, in March or April, Dr. D.D. Turner decided he was going to quit general practice and go into the health department in western Kentucky. He came to see me about taking over his practice. I was happy because then I'd be on a ground floor, they wouldn't have to climb those steps. Then things started picking up.

Our days were 24-7. Five of us physicians did OBs. When I came here, three of the doctors were still delivering at home. I told them up front I wasn't going to do home deliveries. I told them I was charging \$50 for

delivery, \$10 for a circumcision. I tell you, you didn't make any money back then if you were in medicine. Not here. Many of a time I would leave at 7 in the morning and make rounds and I'd come home for dinner, maybe, but I'd go out again and make house calls. I would make 10 or 12 house calls a day.

A year after I started, we moved from the house on Falls Street.

ANN: But then Dr. Pennington, he was always finding stuff for us. He knew this house on Ninth Street was going on the market. He said don't tell a soul.

DR. SMITH: So we moved here. Dr. Pennington decided for us. For one thing, look how close it is to the hospital. I could go over there and be in the delivery room in three or four minutes.

Marymount was run by the Sisters. It was great to work with them, I never could remember all their names, I was bad about that, I'd call them all "Sister." We had eight or 10 of them up here. They were great to work with, they were very good nurses.

CHANGES IN MEDICINE

When I first came here, polio was dying down because the first vaccine had come out. But measles was the big thing. We didn't have any measles vaccinations, and it wouldn't be unusual to go out to a house and see a kid with 104, 105 temperature with measles and two or three other siblings with measles. The only thing you could do is advise them how to bathe them, how to cool them off.

Mumps, had a lot of mumps. And, of course, pneumonias and a lot of hepatitis. One year, just in my practice, I had two or three kids from the high schools where they still had outdoor toilets. They would come in with jaundice and they had hepatitis, and of course we didn't have any vaccines.

A lot of changes have occurred. Technology is one of the biggest changes and it's good and bad. It's good because we can now do a better job with some things. In the 1960s, we didn't have any Echocardiograms. CT or MRI hadn't been heard of. The part that I don't like that's changed is doctors no longer sit and do history and physicals and talk to people. When I was externing during medical school, each history and physical, you'd spend 30 to 40 minutes. None of this five-minute stuff.

I quit OB in '85 because we were getting some OB doctors in and also malpractice had gotten so bad. When we got more lawyers, that's when things changed, that's it, that's what changed it. I want to say around early '70s.

Medicine changed so. The insurance companies would fight you constantly in your office and you had to fight constantly to get people in the hospital. You'd be arguing with some nurse up in Chicago or somewhere. That's when my blood pressure started going up, honestly.

I closed my office in 1998, but I've worked some since then, I'd work some now if I didn't have back trouble. I loved being a doctor, listen, I still do. I help with the free clinic now at the Community Christian Church. I liked that you could see people from the time they were born until they died. And you followed them all the way through. I loved all of it, really, just taking care of the families, getting to know the people."

CAMPUS SEXUAL VIOLENCE ELIMINATION ACT

Mr. CASEY. Mr. President, I rise today to speak about legislation I have introduced, the Campus Sexual Violence Elimination Act, or Campus

SaVE Act, and to urge my colleagues to support this bill.

I want to start by sharing some deeply disturbing statistics with you:

Between 20 and 25 percent of all female undergraduates in America are victims of sexual assault or attempted sexual assault each year.

Most cases of sexual assault occur between acquaintances—between 85 and 90 percent of reported sexual assaults on college women are perpetrated by someone they know, and nearly half of such sexual assaults occur on a date.

Young adults age 18 and 19 experience the highest rates of stalking among any age group.

As the father of four daughters, one of whom who just graduated from college and another who is in college now, these statistics are terrifying. But I was even more distressed to learn that many of these victims never come forward. Those who do often do not get the support and the assistance they need to heal and to be able to continue their education safely and successfully.

The Campus SaVE Act will address many of these issues by setting out a clear framework to promote transparency and accountability. The legislation consolidates existing policies under both the Jeanne Clery Act and title IX to ensure that institutions of higher education have comprehensive procedures in place to address domestic violence, dating violence, sexual assault and stalking.

Institutions of higher education are already required to report certain crime statistics as a result of the Clery Act, a law championed by our former colleague, Senator Specter, after Jeanne Clery was raped and murdered in her college dorm room in 1989.

But only one-third of U.S. colleges correctly report their crime statistics, leading to misclassification and underrepresentation of attempted and completed instances of sexual assault. They are not currently required to break down their data on different types of sex offenses, leading to confusion and unclear data about reports of domestic violence, dating violence, and stalking.

The Campus SaVE Act will also address the need for education and awareness in the entire campus community. Currently, less than half of all colleges and universities offer any sexual assault prevention training; the Campus SaVE Act will require that these institutions provide prevention and awareness programs for all incoming students and new employees.

This education is essential. Many students attending college are away from home for the first time and are still in their teenage years and learning about adult relationships. We cannot assume that they know what dating violence is; we cannot assume that they know what constitutes consent in a sexual relationship.

A victim also may not know what to do when something bad happens: less than 5 percent of rapes or attempted

rapes are reported, and fewer than half of colleges and universities spell out policies for filing criminal charges and campus reports. However, when students know how to report victimization and how their school will respond, students are more likely to report instances of sexual assault or attempted sexual assault.

Dickinson College in Carlisle, PA, recently saw students hold a sit-in for 3½ days, displaying their frustration over the college's weak sexual assault policy. One student remarked, "We don't have a consolidated document that runs you through what you should do and also allows you to understand that there are federal laws that protect you."

This is exactly what the Campus SaVE Act would require. It sets standards for institutions so that everyone in the community understands their rights and responsibilities. Fortunately, the administration at Dickinson College later agreed to strengthen its policies relating to sexual assault.

Under the Campus SaVE Act, students will know that if they report being a victim of domestic violence, dating violence, sexual assault, or stalking, they will receive an explanation of their rights. They need to know they have a right to report these offenses to law enforcement authorities. They need to know that the college or university has an obligation to help them seek a protective order, if they want such an order. They need to know that they will receive contact information for the resources available to them, such as counseling and legal assistance. Finally, they need to know about safety planning such as changing their living arrangements, class schedule, work schedule, and travel options so that they feel safe in their environment.

The bill will also ensure that these incidents are properly reported by making institutions include in their annual security reports statistics on domestic violence, dating violence, sexual assault, and stalking that were reported to campus police or local police agencies.

Many colleges and universities are doing this right: they have procedures in place to deal with domestic partner violence, dating violence, sexual assault, and stalking; they provide support to victims, and they have prevention programs to educate the community about these terrible acts.

In another case in Pennsylvania this year, a student at Kutztown University told authorities that she had been raped on campus by a male student. After this young woman reported the assault, a second female student came out and said that she had been raped a few weeks earlier. These two instances of young women standing up and reporting their assaults pulled others out of the shadows. Another two female students went to authorities with reports of sexual assault. All four women knew their attackers. In response to