

moment to congratulate another historic college hoops team.

The NCAA recently announced that the 1963 NCAA Men's Basketball Champions, the Loyola University Chicago Ramblers, would become the first team ever enshrined into the National Collegiate Basketball Hall of Fame.

In an era when racism gripped the game, Loyola Coach George Ireland assembled the first predominately black team to win an NCAA Championship. Loyola's starting lineup featured four African Americans. This was unheard of in those days.

Despite hateful comments from the public and threatening letters from the Ku Klux Klan, Loyola lost only two games all season and marched through the Final Four. In the championship game they faced Cincinnati, a team which had been ranked No. 1 all season and had won the tournament the 2 previous years. If this wasn't pressure enough, the 1963 NCAA championship was also the first nationally televised NCAA title game.

Les Hunter, starting center for Loyola, remembered it as an opportunity to show "that the brand of black basketball was exciting and it provided for more exposure and recruiting for future players."

The championship game was an uphill battle for Loyola. After missing 13 of its first 14 shots, they trailed by 15 points with less than 15 minutes to play. Then, with only 9 seconds left and the score tied, Walter Vic Rouse tipped in a missed shot to put the Loyola Ramblers ahead by 2 points. When the final buzzer sounded, the Loyola University Chicago Ramblers were national champions.

To this day, Loyola remains the only school from Illinois to have won the NCAA Division I Men's Basketball Championship.

To most players, winning the NCAA championship would be unquestionably the highlight of the season.

As Ramblers point guard and All-American Jerry Harkness says, now that he has gotten older he is even more proud of a game Loyola played earlier in that championship season.

On March 15, 1963, Loyola and Mississippi State played a game the NCAA calls The Game of Change. It was a game which changed college basketball forever—and helped change race relations in America.

Mississippi State had won their conference for the past 3 years, but it appeared they would be unable to compete in the 1963 NCAA tournament because of an unwritten State law barring the team from competing against teams with black players. Rather than forfeit their place, Mississippi State's president and coach decided to defy Governor Ross Barnett's vow of "segregation now and forever." They snuck their team out of town under the cover of darkness to avoid being served an injunction barring them from leaving the State.

Loyola won The Game of Change, but both teams, together, made history.

The Game of Change altered college basketball and became a watershed event in the civil rights era. Three years later, for the first time in NCAA history, Texas Western, with an all-black starting lineup, won the championship. The 1963 Loyola University Chicago Ramblers helped make this possible.

Loyola's basketball team was led by Coach Ireland and Assistant Coach Jerry Lyne, and featured starters John Egan, Jerry Harkness, Les Hunter, Ron Miller, and Vic Rouse, as well as reserves Dan Connaughton, Jim Reardon, Rich Rochelle, and Chuck Wood. All of those individuals are members of the Loyola Athletics Hall of Fame, and each of the five starters has also had his jersey number retired.

I congratulate the 1963 Loyola University Chicago Ramblers on their accomplishments and look forward to their induction ceremony in the National Collegiate Basketball Hall of Fame on November 24, 2013.

HONORING MILDRED MANNING

Mrs. MIKULSKI. Mr. President, today I honor the legacy of Mildred Manning, the last surviving American female WWII POW, who died March 8 at age 98. Mrs. Manning's heroics in Bataan and Corregidor are an enduring example of the bravery of American servicemembers and of nurses' dedication to caring for patients. I wish to share her amazing story.

Mrs. Manning, born in 1914 on a poor Georgia farm, aspired to escape the poverty which surrounded her. She attended nursing school during the Depression, and in 1939 she joined the Army Nurse Corps. Wishing to see the world, she requested assignment in the Philippines.

Weeks after Mrs. Manning arrived in Manila, Japanese forces attacked Pearl Harbor in Hawaii and a U.S. air base near Manila. During the months-long Battle of the Philippines which forced an American retreat to the peninsula of Bataan and the island of Corregidor, Mrs. Manning was one of a handful of Army and Navy nurses who braved the relentless attacks to treat wounded and dying soldiers. When Americans surrendered in May, 1942, Mrs. Manning was one of 77 Army and Navy nurses who were captured and spent the rest of the war in harrowing imprisonment.

The prison, built on the grounds of Manila's Santo Tomas University, held nearly 4,000 people in squalid conditions. There were no showers, beds, or kitchens. Hundreds of people were forced to share a single toilet. Food was so scarce prisoners suffered severely from malnutrition.

Despite these trials, Lieutenant Manning and her fellow nurses remained fiercely dedicated to providing medical care to those around them. For 2½ years, they maintained strict order, wore uniforms, and cared for their fellow prisoners. For their efforts, she and her fellow nurses earned the moniker,

"Angels of the Pacific." Upon their return to the U.S. in 1945, Mrs. Manning and her fellow nurses were honored by President Roosevelt with the Bronze Star Medal and a Presidential Unit Citation.

We are all so grateful for Mildred Manning's service. Her legacy will live on in our Nation's history, reminding us of the horrors of war and of the bravery of the special people who persevere by helping others. Mrs. Manning's unwavering dedication to serving our Nation in the midst of hardship continues to inspire me, and I am honored to commemorate her today.

ISRAEL'S 65TH ANNIVERSARY

Mr. CARDIN. Mr. President, today I wish to express my congratulations to Israel on the 65th anniversary of its independence.

Today, America's closest ally in the Middle East, Israel, commemorates its Independence Day, Yom Ha'atzmaut—one day after its Memorial Day, Yom Hazikaron, and one week after Holocaust Remembrance Day, Yom HaShoah.

While Independence Day is a celebration for the people of Israel, this Memorial Day was marked by somber ceremonies and national grief over the loss of their soldiers. Nationwide sirens and moments of silence emphasize the sacrifices Israelis have made to protect their thriving, free and democratic state. These intensely personal losses in such a small country underscore the continuing threats faced by Israelis, the scale of their efforts and the importance of a Jewish homeland. And Yom HaShoah reminds Israelis of the terrible devastation of the Holocaust that happened to the Jewish people in a time before they could celebrate the existence of the modern State of Israel.

As we celebrate Israel's Independence Day, we must continue to reduce the key threats to Israel's security. We must focus on opportunities for peace in the Middle East. Israel has always been prepared to pursue those opportunities and make peace with its neighbors. Over the past six decades, despite diplomatic gestures, multiple Arab countries have repeatedly attacked Israel. We should not forget that it was Palestinian, not Israeli, leaders who walked away from the negotiation table at Camp David in 2000, on the eve of what would have been a historic breakthrough for peace.

Today, it is Israel who continues to acknowledge the necessary framework for any peace agreement—a two state solution. While Israel has shown willingness for direct negotiations, the Palestinians continue to be an unreliable partner in moving toward peace. It is vitally important to stress the importance of the Palestinian Authority's close security cooperation with Israel. If peace is to be possible, the Palestinian Authority also needs to confront the recent surge in violence in the

West Bank, cease all anti-Israel incitement and renounce Hamas until it unequivocally meets the three Quartet requirements.

I am proud to have joined with 78 of my colleagues in reminding President Obama in a letter on the eve of his visit to Israel that the U.S. and Israel share common values and interests, and that Israel stands ready for peace. Top among these interests is restarting the peace process and preventing Iran from becoming a nuclear state.

This is precisely why the role of the United States in this process must be one of an honest broker. President Obama must make clear that the pathway for peace is through unconditional direct negotiations between both the Israelis and Palestinians and that the United States vigorously opposes any Palestinian efforts to circumvent direct negotiations. I commend President Obama for pursuing peace during his recent trip to the Middle East, and for working on policy solutions to address the urgent and important threats facing Israel and the United States today.

Since Israel's founding 65 years ago, every American administration has worked to strengthen the bonds between our two nations. This support has been vital for Israel, as the nation is under the constant threat of military and terrorist attacks, economic boycotts and diplomatic hostility—often merely due to the fact of its very existence. At this critical moment, when Iran is moving forward with its nuclear program and simultaneously strengthening Hezbollah's capacity to attack Israel, it is imperative that the Obama administration say in clear and unambiguous language that we stand with the people of Israel and will do all in our power to protect our shared values and national bonds.

As Israel celebrates its 65th anniversary, let us all proclaim that the U.S. continues to value its unbreakable alliance with our closest ally in the Middle East.

NATIONAL HEALTHCARE DECISIONS DAY

Mr. WARNER. Mr. President, I wish to recognize that today, April 16, 2013, is National Healthcare Decisions Day.

National Healthcare Decisions Day exists to inspire, educate and empower the public and providers about the importance of advance care planning. It began as a local, grassroots effort 7 years ago in the Commonwealth of Virginia, started by a Virginia Attorney, and it became an annual event in 2008.

It now is recognized across all 50 States as an annual initiative to provide clear, concise and consistent information on health care decision making to the public and providers. This year over 100 national organizations, including groups like the AARP, Volunteers of America, government groups like the Veterans Health Administration, providers like the hospital company HCA, American College of Nurs-

ing, and American Academy of Nursing, along with faith-based groups like B'nai B'rith International have all pledged to participate today to spread the word on the value of conversations about our goals and values and preferences about medical treatment.

I know how important this is, not just from my time serving both as a Governor and as a Senator, but also through the eyes of a loved one who struggled with these issues. My mother suffered from Alzheimer's disease for 10 years, and for 9 of those years, she could not speak. My father, sister and I found grappling with the challenges of caring for her difficult. The difficulty was greater because, when she was first diagnosed, my family did not take the opportunity to talk in a frank and fully informed way with her and her health care providers about the full array of health care options available or about what her priorities would be during the final years of her life.

It is so frustrating that some have labeled advance care planning as efforts to take away choice from patients. This is ignorant and is disrespectful to those struggling with illness and caregiving. In fact, what we are trying to do is the opposite, give patients and their families the ability to make decisions when they can and provide enough support and information so that they can make informed choices based upon their own values and goals.

It is not easy, this is a subject that most people do their best to avoid: who will decide how we will live when we are unable to make our own decisions. But it is critical.

Most of us, more than 80 percent, will be unable to make decisions about what medical treatments we will receive for some period in our lives. The lucky will regain decision-making ability, but most of us will lose it for good.

Family or friends are then asked to step in. Sometimes they are asked to make routine decisions, like using antibiotics to treat an infection. Sometimes it is more significant. Would a hip replacement improve quality of life when you are physically pretty healthy, but substantially impaired by Alzheimer's or another dementia? Or would it cause more harm than good?

Often proxies are forced to choose between terrible options. Should they consent to an amputation of a gangrenous leg of a loved one who can no longer get out of bed, communicate, or recognize family for the remote chance that doing so will slow, but not cure, the progression of vascular disease?

State laws and Supreme Court decisions direct proxies to make the decision that a now-incapacitated loved one would have made.

But research says this often does not work. It might not work, for example, because a widow never told her adult children what she would want.

Maybe she assumed that her children knew.

Maybe she feared that they would disagree with her preferences.

Whatever the reason, those who make decisions for her do so blindfolded with their hands tied behind their backs.

Too often, proxies are left with guilt, anxiety, and depression.

But some are at peace because they know what the person wants. They know because they talk about how decisions should be made and who should make them. They talk about when a decision best honors the person by pulling back on treatments designed to treat the disease and instead forge ahead with aggressive symptom control. They talk about when a hospital bed at home is the right choice over tubes and needles and monitors in the ICU, or vice versa.

After talking, they write it down in an advance directive.

Each of us has an obligation to our families and friends to think about what we want, to talk to them about what we want, and to document our choices.

In the last two sessions of Congress, I have introduced a bill to help patients, providers, and caregivers get the support and education they need. Among other things, it will make advance directives more accessible, and it will make it easier for providers to follow them. I am planning on introducing a bill, the Senior Navigation and Planning Act, in the coming weeks.

However, today, I urge you all, on this National Decisions Day, to discuss your preferences and goals with your family and friends. Fill out an advance directive. Think of it as a gift.

NATIONAL HEALTHCARE DECISIONS DAY

Ms. KLOBUCHAR. Mr. President, today I wish to discuss a very important issue—living well at the end of life.

Today is National Healthcare Decisions Day. It is a day dedicated to reminding people to plan for the future, to encourage discussions—no matter how difficult—to let families, friends, and caregivers know your wishes, whatever they may be.

This is an incredibly important and pressing issue, but it is one that no one likes to talk about. No one likes to face their own mortality. But we must because we know that more often than not, patients' preferences are not known or adhered to near the end of life.

In the absence of clearly defined expectations and wishes, death can be an incredibly scary and confusing time for a patient and their family. Misunderstanding among physicians and family members about a loved one's final wishes can cause significant psychological and emotional hardship. Families may disagree about treatment options and argue about whether their loved one should get more or less treatment, aggressive intervention or palliative care.