

her poor vision keeps her from seeing herself clearly unless she holds a mirror up close. "I don't yet feel it is my face," she wrote in a recent blog post. "I feel like I am still borrowing it."

Ms. Tarleton's former husband, Herbert Rodgers, 58, pleaded guilty to a charge of maiming and is serving a prison sentence of at least 30 years. Mr. Rodgers told the police that he had been angry at Ms. Tarleton, believing she was seeing another man after they separated.

Ms. Tarleton underwent a number of reconstructive surgeries, but with little success. When Dr. Pomahac called in May 2011 to propose a face transplant, Ms. Tarleton's mind first leapt to a "Twilight Zone" episode that had jarred her as a child, about a man who could change his appearance to look like other people.

"Initially I felt that it was very sci-fi," she said in a recent interview while curled on the couch in the modest home she shares with her two daughters. But she and her family started researching, and after a few weeks of weighing the pros and cons—for one thing, she is likely to be on immunosuppressant drugs for the rest of her life, raising her risk of infection and cancer—Ms. Tarleton decided to forge ahead.

After a number of trips to Boston for physical and psychological screening to determine if she was a good candidate, she got on the donor list that fall. "It was like a big surprise, a big gift," she said. "I'd already accepted my disfigurement, fine. But I accepted it believing there wasn't an alternative."

The things Ms. Tarleton wanted from a new face were more pragmatic than aesthetic. Tight bands of scars ringed her neck, causing debilitating pain. She drooled constantly and could not blink, jeopardizing a synthetic cornea in her left eye. And with her face frozen from scarring, it was hard for others to read her emotions.

For a time, she was devastated that she could not see "the old me," as she put it. But she moved on, writing a book about her physical and emotional recovery from the attack and speaking publicly about the experience. She seemed mostly unconcerned about her appearance.

But in December 2012, she gained a more urgent desire for a new face. She had started taking piano lessons at a music shop not far from her home. Her teacher was Sheldon Stein, an earthy, soft-spoken musician with whom she felt an instant affinity. The feeling, it turned out, was mutual. The two say they are in love.

"I kept looking in the mirror all of a sudden when I met Sheldon," she said. "I wasn't insecure before. But now—now you have feelings for somebody and now you have something to lose, when before, one of the reasons I did so well is I had nothing to lose anymore."

After the operation, she went through a harrowing three weeks when her immune system rejected the face. But medications helped her accept the new tissue. And some of the improvements she had hoped for came shortly after. Her neck pain disappeared, and her left eyelid, immobile for years, began to blink again. The drooling diminished, and is likely to stop once she gets more feeling in her lips.

The transplant did not make Ms. Tarleton look like her donor, Cheryl Denelli Righter of North Adams, Mass., who died at 56 after a stroke. That is a typical outcome for face transplant recipients, partly because their bone structures are different from their donors'. Mysteriously, she now has a cleft in her chin, something neither Ms. Denelli Righter nor Ms. Tarleton's old face had.

Yet to Ms. Denelli Righter's daughter, something of her mother lives on in Ms.

Tarleton's new face. "I get to feel my mother's skin again, I get to see my mother's freckles, and through you, I get to see my mother live on," the daughter, Marinda Righter, told Ms. Tarleton in May. The two have kept in touch, and Ms. Tarleton said she could feel Ms. Righter's loss "so strongly"—another complicating factor as she adjusts.

One Tuesday in August, Ms. Tarleton made her way yet again to Brigham and Women's, where doctors monitor the level of anti-rejection medications in her blood and take biopsies of the skin on her neck—which is the donor's—to look for any sign of rejection.

Ms. Tarleton has undergone nearly 60 operations, mostly skin grafts, at Brigham and Women's and has visited 21 times since her latest release in March. On this day she was exhausted, recovering from a bad headache the previous night and a recent fall that had left her with an aching foot. But she had a bit of good news for her doctors.

"If I put my head on Sheldon's chest, I can feel his hair," she said, "and I couldn't before."

Ms. Tarleton also met with Bridget Bowler, a speech therapist who is helping her learn to move her new lips—where nerve function typically takes the longest to return in transplant recipients—and practice facial expressions. She still has an air of the ventriloquist when she speaks, a habit that Ms. Bowler is trying to help her shake.

"One of these days in the near future," Ms. Tarleton said, "when I start to cry or I laugh, you're going to be able to tell by looking at me how I feel."

These days, Ms. Tarleton has returned to her hard-charging self. Her summer included speaking engagements, weekend road trips and late-night jam sessions with Mr. Stein and his musician friends. She decided to take up the banjo in addition to the piano, because she wanted to join in the jams. "Our whole lives," she said, "are just about experience."

Ms. Blandin said Ms. Tarleton's new face has helped mute the grief she still feels about the horrible damage done by the lye attack. "Now I just feel like a warm nostalgia: I know you and I haven't forgotten you," she said of her sister's original face. "She's still Carmen in some ways, but in other ways she's someone new and the face transplant represents that."

But Ms. Tarleton's daughters, Liza, 21, and Hannah, 19, who live with her in a red barn that has been converted to apartments, on a hill thick with wildflowers, were more matter-of-fact when discussing her transformation, perhaps intentionally.

"Mom's going to do what she's going to do," Liza said.

Hannah chimed in. "And we're going to get used to it," she said, laughing.

"And we're going to support it," Liza added, "for sure."

With that, Liza got up to make her mother a hot dog. Ms. Tarleton took her spot on the couch, a barely perceptible smile flickering across her face.

HOMEOWNER FLOOD INSURANCE AFFORDABILITY ACT

Mr. COCHRAN. Mr. President, I am pleased to be a cosponsor of the Homeowner Flood Insurance Affordability Act. This bipartisan, bicameral legislation seeks to protect homeowners across the country from severe flood insurance rate hikes until Congress is provided assurances from the agency related to flood mapping methodologies and affordability.

The long-term solvency of the National Flood Insurance Program is critical to protecting taxpayer investments, communicating perceived flood risk to homeowners, and encouraging communities to invest in mitigation measures. The rates imposed by the legislation we adopted last summer are working against those worthy goals.

A constituent from Ocean Springs, MS, contacted my office to give her perspective on the legislation. She wrote: "Built in 1986, [my house] survived all hurricanes including Katrina. I used my retirement savings to buy the house. Before closing, flood insurance was grandfathered at \$245.00 per year. After closing, the rate skyrocketed to \$18,450. You can understand my shock." If you do the math, her new rates are more than 75 times the rate when she purchased her home.

I heard from Thomas Schafer, the Mayor of Diamondhead, MS. This city in Hancock County was "ground zero" for Hurricane Katrina in 2005. Mayor Schafer called this legislation a "devastating loss to [his] community," pointing specifically to "plummeting property values with increased cost of flood insurance."

These are communities that suffered the greatest natural disaster in our Nation's history in 2005, the effects of the Deepwater Horizon oil spill in 2010, and now this.

The bill I join my colleagues in introducing today aims to restrain the rate increases to homeowners that are very troublesome.

Under this bill, the Federal Emergency Management Agency must provide assurances to Congress that it is using sound mapping methods to make flood insurance rate determinations. A study by the National Academies of Science produced in March of this year has called into question some of the engineering practices FEMA uses to determine rates. Before we let these rates devalue private property and perhaps even devastate local economies, we need to be absolutely sure our practices and procedures are as sound as possible.

Second, FEMA must complete the affordability study mandated by the same legislation that is driving insurance rates up. If rates become so high that homeowners cannot participate in the program, or entire communities opt out of the program, all participants in the program will suffer from a smaller risk pool. It is important that we understand the implications of these rates before we allow them to ruin people's lives and communities.

I am pleased with the work accomplished by the bipartisan group of Senators who introduced this bill. The bill reflects the priorities of Senators from both parties and several regions. I believe it gives the Senate a strong starting point to address this important issue.

NATIONAL MEDICINE ABUSE AWARENESS MONTH

Mrs. FEINSTEIN. Mr. President, as Chairman of the Senate Caucus on International Narcotics Control, I rise in strong support of efforts being made across the country to reduce prescription drug abuse as part of National Medicine Abuse Awareness Month. In California, and throughout the country, the misuse and abuse of prescription and over the counter drugs is a significant problem. While the consequences are tragic and profound, they are also preventable.

According to the Office of National Drug Control Policy, prescription drug abuse is our Nation's fastest-growing drug problem. The U.S. Substance Abuse and Mental Health Services Administration's 2012 National Survey on Drug Use and Health found that over the past decade, the non-medical use of prescription drugs among persons 12 years or older rose from 1.9 million in 2002 to 11.1 million in 2011. The 2012 National Survey on Drug Use and Health estimates that the abuse of prescription medications such as pain killers, tranquilizers, stimulants, and sedatives is second only to marijuana, the No. 1 abused drug in the United States. The Centers for Disease Control have classified prescription drug abuse as an epidemic.

To combat the epidemic of prescription drug and over the counter medicine abuse, many community anti-drug coalitions are working to raise awareness about the negative consequences associated with the misuse of these drugs.

The North Coastal Prevention Coalition in California is just one example of a coalition pushing back against this problem. Together with San Diego County's Prescription Drug Task Force, the Coalition has worked to create county-wide Pain Prescribing Guidelines. They have helped facilitate National Take Back Days during which individuals are able to turn over unused prescription drugs. They also developed and disseminated a brochure on "Safe Pain Prescribing" to emergency room physicians.

I would like to acknowledge the critical efforts of the North Coastal Prevention Coalition and other anti-drug coalitions throughout the country in raising awareness about and combating the misuse of prescription medications. By designating October 2013 as National Medicine Abuse Awareness Month, Americans are able to reaffirm our national, state and local level commitment to living healthy, drug-free lives.

VA EMERGENCY CARE

Ms. HIRONO. Mr. President, on Monday I introduced a bill, S. 1588, with Senators MORAN, ISAKSON, and BEGICH to provide an emergency safety net to roughly 144,000 veterans waiting for VA care. I thank my colleagues for their

support. This bill fixes a catch-22 in current law that puts veterans who have recently returned from overseas at financial risk if they experience a medical emergency.

Under current law, a veteran enrolled in the VA system who receives emergency care at a non-VA facility can be reimbursed for those costs only if the veteran had also received care at a VA facility in the preceding 24 months. The intent of this requirement is to encourage veterans to seek preventative care, which decreases the need for more expensive emergency care. The problem is thousands of veterans have recently come home from overseas and they can't meet the 24-month requirement through no fault of their own. These veterans have scheduled their first new patient examination with VA, but they have not yet received their examination because of VA waiting times.

In other words, they haven't received their first VA appointment because of VA waiting times, but if they need to go to a non-VA hospital for a medical emergency VA cannot reimburse them because they haven't received their first VA appointment.

VA estimates 144,000 veterans are caught in this catch-22. With the war in Afghanistan ending, even more veterans will be affected. This is why veteran service organizations such as the Iraq and Afghanistan Veterans of America are supporting this measure.

This bill gives VA the flexibility to reimburse veterans who have not yet received their new patient examination if the veterans have to go to a non-VA hospital for a medical emergency. For Hawaii veterans in rural Oahu or the neighbor islands who live far from VA facilities, emergency care outside the VA may be their only option. Just last week I met a veteran from Waianae who had a medical emergency while waiting 4 months for his first appointment at VA. Veterans such as he who were denied VA reimbursement would get much needed relief under this legislation.

In its FY2014 budget request, VA asked for the statutory authority provided by this legislation. The VA has already budgeted for this new authority in its FY2014 budget request, and the funding provided in H.R. 2216, as reported by the Senate Appropriations Committee on June 27, 2013, is sufficient to cover any additional costs VA will incur using this new authority.

I urge my colleagues to cosponsor this commonsense legislation. We owe it to our brave men and women in uniform who put their lives on the line for our country that the VA has the tools it needs to better serve new veterans accessing the care they have earned.

CONGRATULATING AZERBAIJAN

Mr. BURR. Mr. President, today I wish to congratulate and offer my support and encouragement to the people and government of Azerbaijan. On Oc-

tober 9 Azerbaijanis overwhelmingly reelected President Aliyev to a third five year term in only their fifth Presidential election since Azerbaijan gained its independence in 1991.

I, along with several of my colleagues, met privately with President Aliyev in Baku several months ago to discuss the great challenges facing Azerbaijan, the United States, and our allies in the region.

I took this opportunity to personally thank President Aliyev, his government, and the Azerbaijani people for their unwavering support for the United States government and its people.

President Aliyev was among the first few foreign leaders to call President Bush immediately after the attacks on 9/11 to offer his country's prayers and tangible support at a time of great crisis in our Nation.

The United States and Azerbaijan share many common strategic interests. Azerbaijan plays a vital role in efforts ranging from counter-terrorism, energy security, to the transit of U.S. and NATO supplies to and from Afghanistan.

As an important partner in the region, Azerbaijan is an active participant in NATO's Partnership for Peace program and was among the first nations to militarily support American led efforts in Iraq and Afghanistan.

Azerbaijan's stability and prosperity in the South Caucasus, along with its continued commitment to democratic reforms, will serve as an important beacon of hope in a complex region.

NATIONAL LIBERTY MEMORIAL

Mr. MURPHY. Mr. President, I wish to speak today about an effort long championed by my predecessors in the Senate, Senators Dodd and Lieberman, and to express my commitment to carry on their work. That important project, the National Liberty Memorial, will commemorate the patriotism of African American soldiers during the American Revolution.

From the very first days of the American Revolution, African Americans took part in the effort to establish a new nation and secure liberty's blessings. They did this despite the fact that the vast majority of their brothers and sisters remained slaves.

Many of these African American patriots were from Connecticut. In 1776, the town of Milford established a memorial to six black soldiers of the Revolutionary War. Nero Hawley, a slave who joined the Continental Army and served at Valley Forge, was later freed after the war. You can visit his grave today at Riverside Cemetery in Trumbull. Jupiter Mars lived an extraordinary life, serving in the Continental Army during the war. He now rests in peace in beautiful Norfolk, CT. Cato Meed enlisted in the Continental Army in Norwich in 1777, and served at Valley Forge with General Washington.

These soldiers fought in every battle of the Revolutionary War, from the