

the U.S. Forest Service are developing a drought vulnerability model, a carbon storage map, and an alpine monitoring program to help land managers in southwestern Colorado cope with the effects of a changing climate. The Centers for Disease Control and Prevention have a Climate-Ready States and Cities Initiative to help local health departments prepare for changes in health risks driven by climate change. EPA partnered with New York City's Department of Environmental Protection to develop a software tool that helps drinking water and wastewater utility operators understand how climate change poses risks to their facilities.

Rhode Island, I am proud to say, is one of many States that have formed a climate change commission. The commission is coordinating with Federal officials to identify specific State and local challenges that are presented by our changing climate. Twenty other States have similar climate action plans developed or underway.

Despite the actions by States, the actions in the private sector, and the warnings in the GAO High Risk List, special interest politics in Congress prevent the Federal Government from using our resources effectively and efficiently against this threat. The polluting special interests have Washington gripped in a barricade of obstruction, and the effect truly is disgraceful.

Consider, for example, NOAA's proposal to create a National Climate Service, akin to its renowned National Weather Service. This was a no-cost restructuring that would have centralized NOAA's work on understanding the climate, including its observations of climate change. The National Climate Service would have helped meet the growing local demand for climate change science information. This proposal was blocked by Republicans over in the House who simply don't want to hear about climate change. That kind of thinking will not get climate change off the High Risk List.

According to GAO, "The Nation's vulnerability can be reduced by limiting the magnitude of climate change through actions to limit greenhouse gas emissions. . . . While implementing adaptive measures may be costly, there is a growing recognition that the cost of inaction could be greater and—given the government's precarious fiscal position—increasingly difficult to manage given expected budget pressures."

Congress has been asleep long enough. We have a tradition in this body of taking the accounting of GAO—our nonpartisan watchdog—seriously and of taking GAO's High Risk List seriously. GAO now joins our defense and intelligence communities, our scientific research communities, our State and local governments, and major sectors of private industry that have all elevated climate change from their to-do list to their must-do list. It is time for Congress to wake up to its duties and to get to work.

I yield the floor, and I note the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. REID. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

The Republican leader is recognized.

UNANIMOUS CONSENT AGREEMENT—S. 16

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Inhofe-Toomey bill at the desk be considered as the bill that qualifies for introduction under the February 14 consent agreement.

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

TO PROVIDE FOR A SEQUESTER REPLACEMENT—MOTION TO PROCEED

CLOTURE MOTION

Mr. MCCONNELL. I now move to proceed to S. 16, and I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, hereby move to bring to a close debate on the motion to proceed to Calendar No. 19, S. 16, an Inhofe-Toomey bill to cancel budgetary resources for fiscal year 2013:

Mitch McConnell, John Cornyn, Patrick J. Toomey, James M. Inhofe, Johnny Isakson, Richard Burr, John Thune, Tom Coburn, Jeff Sessions, Roger F. Wicker, Mike Johanns, Mike Crapo, Pat Roberts, Ron Johnson, James E. Risch, Jerry Moran, John Barrasso.

The PRESIDING OFFICER. The majority leader.

Mr. REID. Mr. President, I ask unanimous consent that tomorrow, February 28, at a time to be determined by the majority leader, after consultation with Senator MCCONNELL, the Senate proceed to vote on the motion to invoke cloture on the McConnell motion to proceed to Calendar No. 19, S. 16; that if cloture is not invoked, the motion to proceed be withdrawn and the Senate then proceed to vote on the motion to invoke cloture on the Reid motion to proceed to Calendar No. 18, S. 388; further, if cloture is invoked on the McConnell motion to proceed, the motion to proceed be agreed to and the Senate resume consideration of the Reid motion to proceed to S. 388 and vote on the motion to invoke cloture on the Reid motion; that if cloture is invoked on the Reid motion, the motion to proceed be agreed to; that if the motion to proceed to S. 16 was pre-

viously agreed to, the Senate then resume consideration of the bill and, upon disposition of S. 16, the Senate resume consideration of S. 388 if the motion to proceed was previously agreed to.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

MORNING BUSINESS

Mr. REID. Mr. President, I ask unanimous consent that the Senate proceed to a period of morning business with Senators allowed to speak therein for up to 10 minutes each.

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

REMEMBERING C. EVERETT KOOP

Mr. DURBIN. Mr. President, I rise to speak about the passing of an extraordinary American, a man who received the Presidential Medal of Freedom. I think he was one of the true leaders in my lifetime when it came to issues related to health care. Of course, I am referring to former U.S. Surgeon General C. Everett Koop.

It is hard to imagine today, as we reflect on all that has happened in the last several decades, the courage it took for Dr. Koop to step up and honestly describe the HIV/AIDS epidemic to the American people. This socially conservative doctor went so far as to make sure there was a mailing to every household in America that described the threat of this disease. There were many who thought that would never happen because of the political environment of the day. But Dr. Koop rose to the challenge and, in doing that, he saved lives in America. And he informed this country in a way that no other Surgeon General has about this looming danger.

If only that alone were his legacy, it would be more than enough. But I had a special personal friendship with him that related to our mutual efforts against the scourge of tobacco and the deaths related to that product. We have come a long way in America, and Dr. Koop was part of the progress we made. He was resolute in making it clear that tobacco was the No. 1 avoidable cause of death in America at his time, and is still today.

He was helpful in so many ways. When Senator FRANK LAUTENBERG and I, more than 25 years ago, teamed up—I was then in the House; FRANK in the Senate—to ban smoking on airplanes, it was something that neither Senator LAUTENBERG nor I could have predicted would have had the impact it did. It is one of the Malcolm Gladwell tipping points in health history in this country because when we took smoking off airplanes, people started asking the obvious question: If secondhand smoke is not healthy on an airplane, why is it healthy in a train, in a bus, in an office, in a hospital, in a restaurant, in a government building? And all of the dominoes started to fall.

America is a different place today. C. Everett Koop was one of the most courageous medical voices who stepped out time and time again to remind us of the importance of that issue. Once again, his leadership saved lives.

On the back pages of yesterday's Washington Post was an editorial entitled: "PEPFAR's glowing report card, 10 years later."

PEPFAR—the President's Emergency Plan for AIDS Relief—was begun under President George W. Bush. While President Bush and I haven't always seen eye to eye, I have the greatest respect for his leadership in the effort to end the global AIDS pandemic.

PEPFAR is the largest global health initiative ever undertaken focused on a single disease. When Congress reauthorized it in 2008, we asked for a report card on its effectiveness.

Well, a remarkable—and remarkably thorough—analysis of PEPFAR was just released by the National Institute of Medicine of the National Academy of Sciences. The verdict: PEPFAR has been "globally transformative," a "lifeline" and credited around the world for "restoring hope" in the long, difficult struggle against HIV/AIDS.

The report goes on to say that the program has set big goals "and has met or surpassed many of them" and it "has saved and improved the lives of millions" of men, women and children throughout the world.

That is an achievement that all Americans can be proud of.

On the front page of yesterday's newspapers was the story of one American who could take a special pride in our Nation's efforts to end the global AIDS pandemic.

C. Everett Koop died Monday at the age of 96.

He was called "America's Doctor." As U.S. Surgeon General during the Reagan administration, Dr. Koop informed—and really transformed—Americans' understanding of HIV/AIDS.

He saw beyond politics and ideology and understood that HIV/AIDS were not punishments, they were a public health emergency.

At a time when there was great fear and ignorance about HIV/AIDS and little treatment for the illness, Dr. Koop saw that information was the most useful weapon against AIDS.

In May 1988, he mailed a seven-page brochure, "Understanding AIDS," to every household in the country. It was an audacious act of leadership, especially in an administration in which almost no one else would even utter the word "AIDS" in public.

Dr. Koop was also a tireless campaigner against tobacco. As surgeon general, he released a report in 1982 that attributed 30 percent of all cancer deaths to smoking.

He wrote that nicotine was as addictive as heroin, warned against the hazards of secondhand smoke, and demanded that the warning labels on cigarette packs be rewritten to reflect the lethal dangers of tobacco.

It is probably hard for anyone younger than 40 and perhaps even 50 to understand how Dr. Koop's courage and candor fundamentally changed the public debate on smoking.

Before the Surgeon General's report, smoking was common in offices and restaurants and public buildings throughout America—even in the confined space of airline cabins.

In 1986, I cosponsored a bill in the House—and Senator LAUTENBERG cosponsored a measure in the Senate—to ban smoking on domestic flights of 2 hours or less. We didn't know it then but that law, which passed in 1987, was the beginning of a smoke-free revolution that has saved countless lives.

Dr. Koop provided the facts and the leadership to make that change possible.

Remarkably, Charles Everett Koop had no background in public health when he was appointed by President Reagan in 1981 to head the commissioned corps of the U.S. Public Health Service.

He was, at the time, 64 years old and one of the world's leading pediatric surgeons. He was also a socially conservative Christian who had written a popular treatise against abortion.

He was born in Brooklyn, an only child, and he used to say that he had wanted to be a surgeon since he was 6 years old.

He attended Dartmouth College and Cornell University's Medical College and began his residency at the University of Pennsylvania Hospital in 1942.

In 1946, when he was not yet 30 years old, Dr. Koop became chief of surgery at Children's Hospital of Philadelphia.

Pediatric surgery as a medical specialty barely existed at that time. Most doctors viewed children then as little adults. Operations on newborns were rare and often fatal.

Dr. Koop established what is considered by many the first neonatal intensive care unit in the country.

President Bill Clinton awarded Dr. Koop the Presidential Medal of Freedom in 1995.

Dr. Koop's legacy will live on in the scores of pediatric surgeons he trained, many of whom went on to head pediatrics departments in hospitals in America and around the world.

His legacy will live on through the institute that bears his name, the C. Everett Koop Institute at Dartmouth University.

And Dr. Koop's legacy will live on in the millions of lives his work has helped save.

I want to read a quote from one of those millions of people. This is what one man wrote on the Washington Post Web site following the front-page story announcing Dr. Koop's death:

"When I was 6 months old, Dr. Koop was a pediatric surgeon in Philadelphia. On Thanksgiving night, he left his family dinner to perform an emergency operation on me for pyloric stenosis," a condition which prevents the stomach from emptying into the small intestine. "The surgery saved my life."

The man continued: "That was 68 years ago. I grew up . . . went to college and two graduate schools . . . got a commission in the Army . . . served 7½ years active duty with 2½ years in Vietnam in 2 infantry divisions . . . 25 years in the Army Reserves . . . and 30 years as a civilian intelligence officer in DC, with 15 years on the [Joint Chiefs] staff. [I was] in the Pentagon during the 9/11 attack."

He ends by saying: "I can only hope that in some small way, I have been worthy of the life Dr. Koop gave me although I could never adequately repay him."

Dr. Koop's wife of 67 years, Elizabeth, died in 2007. He remarried in 2010.

I want to offer my condolences to his widow, Cora Hogue, to Dr. Koop's children and grandchildren and his many friends and colleagues.

As I mentioned, Dr. Koop lived to the impressive age of 96 years. But what is truly impressive is the fact that untold millions of people around the world have lived, and will continue to live longer, healthier lives, because of the professional excellence, wisdom, and courage of Dr. Charles Everett Koop. He served America well and he will be missed.

SELECT COMMITTEE ON ETHICS

RULES OF PROCEDURE

Mrs. BOXER. Mr. President, in accordance with rule XXVI(2) of the Standing Rules of the Senate, Senator ISAKSON and I ask unanimous consent that the Rules of Procedure of the Select Committee on Ethics, which were adopted February 23, 1978, and last revised November 1999, be printed in the RECORD for the 113th Congress. The committee procedural rules for the 113th Congress are identical to the procedural rules adopted by the committee for the 112th Congress.

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

RULES OF THE SELECT COMMITTEE ON ETHICS

PART I: ORGANIC AUTHORITY

SUBPART A—S. RES. 338 AS AMENDED

S. Res. 338, 88th Cong., 2d Sess. (1964)

Resolved, That (a) there is hereby established a permanent select committee of the Senate to be known as the Select Committee on Ethics (referred to hereinafter as the "Select Committee") consisting of six Members of the Senate, of whom three shall be selected from members of the majority party and three shall be selected from members of the minority party. Members thereof shall be appointed by the Senate in accordance with the provisions of Paragraph 1 of Rule XXIV of the Standing Rules of the Senate at the beginning of each Congress. For purposes of paragraph 4 of Rule XXV of the Standing Rules of the Senate, service of a Senator as a member or chairman of the Select Committee shall not be taken into account.

(b) Vacancies in the membership of the Select Committee shall not affect the authority of the remaining members to execute the functions of the committee, and shall be