

concerning the suspension of exit permit issuance by the Government of the Democratic Republic of Congo for adopted Congolese children seeking to depart the country with their adoptive parents.

S. RES. 513

At the request of Ms. MIKULSKI, the name of the Senator from Illinois (Mr. KIRK) was added as a cosponsor of S. Res. 513, a resolution honoring the 70th anniversary of the Warsaw Uprising.

AMENDMENT NO. 3594

At the request of Mr. JOHANNIS, his name was added as a cosponsor of amendment No. 3594 intended to be proposed to S. 2569, a bill to provide an incentive for businesses to bring jobs back to America.

AMENDMENT NO. 3598

At the request of Mr. ENZI, the names of the Senator from South Carolina (Mr. SCOTT) and the Senator from Maine (Ms. COLLINS) were added as cosponsors of amendment No. 3598 intended to be proposed to S. 2569, a bill to provide an incentive for businesses to bring jobs back to America.

AMENDMENT NO. 3599

At the request of Mr. ENZI, the name of the Senator from Wyoming (Mr. BARRASSO) was added as a cosponsor of amendment No. 3599 intended to be proposed to S. 2569, a bill to provide an incentive for businesses to bring jobs back to America.

AMENDMENT NO. 3601

At the request of Mr. JOHANNIS, his name was added as a cosponsor of amendment No. 3601 intended to be proposed to S. 2569, a bill to provide an incentive for businesses to bring jobs back to America.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mrs. FEINSTEIN (for herself, Mr. PORTMAN, and Mr. BEGICH): S. 2653. A bill to amend the definition of "homeless person" under the McKinney-Vento Homeless Assistance Act to include certain homeless children and youth, and for other purposes; to the Committee on Banking, Housing, and Urban Affairs.

Mrs. FEINSTEIN. Mr. President, I rise today to introduce bipartisan legislation with my colleagues Senator PORTMAN and Senator BEGICH that would expand the definition of "homeless" used by the U.S. Department of Housing and Urban Development, HUD, to ensure all homeless children and families are eligible for existing Federal homeless assistance programs.

According to the U.S. Department of Education, approximately 1.1 million children were homeless during the 2011–2012 school year; this is a 24 percent increase from the 939,903 homeless students enrolled in the 2009–2010 school year.

In California, nearly 250,000 children experienced homelessness last year, up from 220,000 in 2010 and nearly four times the 65,000 homeless children in the State in 2003.

Unfortunately, the numbers reported by the HUD "Point-in-Time Count" fail to reflect these increasing numbers.

According to the 2012 HUD "Point-in-Time Count," there were only 247,178 people counted as homeless in households that included children, a fraction of the true number.

This is important because only those children counted by HUD are eligible for vital homeless assistance programs. The rest of these children and families are simply out of luck.

The Homeless Children and Youth Act of 2014 would expand the homeless definition to allow HUD homeless assistance programs to serve extremely vulnerable children and families, specifically those staying in motels or in doubled up situations because they have nowhere else to go.

These families are especially susceptible to abuse and trafficking because they are often not served by a case manager, and thus remain hidden from potential social service providers.

As a result of the current narrow HUD definition, communities that receive federal funding through the competitive application process are unable to prioritize or direct resources to help these children and families.

This bill would provide communities with the flexibility to use federal funds to meet local priorities.

I would note that the bill comes at no cost to taxpayers and does not impose any new mandates on service providers.

Finally, this legislation improves data collection transparency by requiring HUD to report data on homeless individuals and families currently recorded under the existing Homeless Management Information System survey.

I am pleased that Senators ROB PORTMAN and MARK BEGICH have joined me as original cosponsors on this bill.

Homelessness continues to plague our nation. If we fail to address the needs of these children and families today, they will remain stuck in a cycle of poverty and chronic homelessness.

It is our moral obligation to ensure that we do not erect more barriers for these children and families to access services when they are experiencing extreme hardship. I believe this bill is a commonsense solution that will ensure that homeless families and children can receive the help they need.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 2653

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Homeless Children and Youth Act of 2014".

SEC. 2. AMENDMENTS TO THE MCKINNEY-VENTO HOMELESS ASSISTANCE ACT.

The McKinney-Vento Homeless Assistance Act (42 U.S.C. 11301 et seq.) is amended—

(1) in section 103—

(A) in subsection (a)—

(i) in paragraph (5)(A)—

(I) by striking "are sharing" and all that follows through "charitable organizations,";

(II) by striking "14 days" each place that term appears and inserting "30 days";

(III) in clause (i), by inserting "or" after the semicolon;

(IV) by striking clause (ii); and

(V) by redesignating clause (iii) as clause (ii); and

(ii) by amending paragraph (6) to read as follows:

"(6) unaccompanied youth and homeless families with children and youth defined as homeless under other Federal statutes who—

"(A) are certified as homeless by the director or designee of a director of a program funded under any other Federal statute; or

"(B) have been certified by a director or designee of a director of a program funded under this Act or a director or designee of a director of a public housing agency as lacking a fixed, regular, and adequate nighttime residence, which shall include—

"(i) temporarily sharing the housing of another person due to loss of housing, economic hardship, or other similar reason; or

"(ii) living in a room in a motel or hotel.";

and

(B) by adding at the end the following:

"(f) OTHER DEFINITIONS.—In this section—

"(1) the term 'other Federal statute' has the meaning given that term in section 401; and

"(2) the term 'public housing agency' means an agency described in section 3(b)(6) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)(6)).";

(2) in section 401—

(A) in paragraph (1)(C)—

(i) by striking clause (iv); and

(ii) by redesignating clauses (v), (vi), and (vii) as clauses (iv), (v), and (vi);

(B) in paragraph (7)—

(i) by striking "Federal statute other than this subtitle" and inserting "other Federal statute"; and

(ii) by inserting "of" before "this Act";

(C) by redesignating paragraphs (14) through (33) as paragraphs (15) through (34), respectively; and

(D) by adding after paragraph (13) the following:

"(14) OTHER FEDERAL STATUTE.—The term 'other Federal statute' includes—

"(A) the Runaway and Homeless Youth Act (42 U.S.C. 5701 et seq.);

"(B) the Head Start Act (42 U.S.C. 9831 et seq.);

"(C) subtitle N of the Violence Against Women Act of 1994 (42 U.S.C. 14043e et seq.);

"(D) section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h));

"(E) section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786);

"(F) the Higher Education Act of 1965 (20 U.S.C. 1001 et seq.); and

"(G) subtitle B of title VII of this Act.";

(3) by inserting after section 408 the following:

"SEC. 409. AVAILABILITY OF HMIS REPORT.

"(a) IN GENERAL.—The information provided to the Secretary under section 402(f)(3) shall be made publically available on the Internet website of the Department of Housing and Urban Development in aggregate, non-personally identifying reports.

"(b) REQUIRED DATA.—Each report made publically available under subsection (a) shall be updated on at least an annual basis and shall include—

"(1) a cumulative count of the number of individuals and families experiencing homelessness;

"(2) a cumulative assessment of the patterns of assistance provided under subtitles

B and C for the each geographic area involved; and

“(3) a count of the number of individuals and families experiencing homelessness that are documented through the HMIS by each collaborative applicant.”;

(4) in section 422—

(A) in subsection (a)—

(i) by striking “The Secretary” and inserting the following:

“(1) IN GENERAL.—The Secretary”; and

(ii) by adding at the end the following:

“(2) RESTRICTION.—In awarding grants under paragraph (1), the Secretary may not consider or prioritize the specific homeless populations intended to be served by the applicant if the applicant demonstrates that the project—

“(A) would meet the priorities identified in the plan submitted under section 427(b)(1)(B); and

“(B) is cost-effective in meeting the overall goals and objectives identified in that plan.”; and

(B) by striking subsection (j);

(5) in section 424(d), by striking paragraph (5);

(6) in section 427(b)—

(A) in paragraph (1)—

(i) in subparagraph (A)—

(I) in clause (vi), by adding “and” at the end;

(II) in clause (vii), by striking “and” at the end; and

(III) by striking clause (viii);

(ii) in subparagraph (B)—

(I) in clause (iii), by adding “and” at the end;

(II) in clause (iv)(VI), by striking “and” at the end; and

(III) by striking clause (v);

(iii) in subparagraph (E), by adding “and” at the end;

(iv) by striking subparagraph (F); and

(v) by redesignating subparagraph (G) as subparagraph (F); and

(B) by striking paragraph (3); and

(7) by amending section 433 to read as follows:

“SEC. 433. REPORTS TO CONGRESS.

“(a) IN GENERAL.—The Secretary shall submit to Congress an annual report, which shall—

“(1) summarize the activities carried out under this subtitle and set forth the findings, conclusions, and recommendations of the Secretary as a result of the activities; and

“(2) include, for the year preceding the date on which the report is submitted—

“(A) data required to be made publically available in the report under section 409; and

“(B) data on programs funded under any other Federal statute, as such term is defined in section 401.

“(b) TIMING.—A report under subsection (a) shall be submitted not later than 4 months after the end of each fiscal year.”.

By Mr. HARKIN:

S. 2658. A bill to prioritize funding for the National Institutes of Health to discover treatments and cures, to maintain global leadership in medical innovation, and to restore the purchasing power the NIH had after the historic doubling campaign that ended in fiscal year 2003; to the Committee on the Budget.

Mr. HARKIN. Mr. President, last year, 2013, marked the 10-year anniversary of the completion of the historic campaign to double funding for the National Institutes of Health.

Beginning in fiscal year 1998, I worked with Congressman John Porter

and Senator Arlen Specter in our leadership roles on the Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies. In that year, 1998, funding for the National Institutes of Health was \$13 billion. By fiscal year 2003, we had increased NIH funding to \$27 billion. We doubled funding in 5 years. We said we were, and we laid out a plan under both Republican and Democratic administrations and we got it done. That was a historic milestone for biomedical research in the United States.

Truly, increasing our Nation's investment in NIH was a bold statement of our Nation's commitment to retaining our standing as the undisputed world leader in biomedical research, and we have reaped extraordinary benefits from that investment. We reaped benefits in terms of new treatments, new diagnostics, and the new jobs and economic growth that biomedical research brings.

But where does NIH stand today, 10 years after the historic doubling of funding for biomedical research, which did so much to advance America's economy and our standing in the world? Where are we today? Sadly, as this chart illustrates, we have been falling behind.

So here we are. We got back up to where we should be by doubling the funding. Since that time, it has basically leveled off. We are now short about \$8 billion below where we would be if we had just kept up with inflation. So NIH has lost about 20 percent of its purchasing power from that time. Success rates for applicants fell from the traditional range of 25 to 35 percent to just 16 percent last year, 2013. Promising research was not funded, and many young scientists had no choice but to find other occupations. This has had profoundly negative consequences. Our biomedical pipeline is clearly showing the negative effects.

So today I am introducing a bill that allows us to find common ground, on a bipartisan basis, to jump-start our reinvestment in the National Institutes of Health and ensure America's leadership in biomedical research.

Republicans and Democrats may disagree on what level of revenue is appropriate. We disagree about the value of investing in education in order to build a stronger workforce. But I have yet to hear any Senator who disagrees with my view that Federal investments in biomedical research are good for the economy and good for our country.

As the chairman of the appropriations subcommittee that funds NIH, I get letters from Senators every year requesting support for research programs, so I can speak with authority when I say the majority of Senators—from both parties—believe we should be investing more strongly in NIH. That is exactly the aim of the bill I am introducing today. The Accelerating Biomedical Research Act makes NIH a priority in our national budget process by

creating a budget cap adjustment for the National Institutes of Health. This bill will put a plan in place for the Appropriations Committee to reverse the 10-year retrenchment in biomedical research funding over the remaining years of the Budget Control Act.

Importantly, the Accelerating Biomedical Research Act is not an appropriation. It is not a mandatory trust fund. It is not a tax credit. The bill that I am introducing does not score for CBO purposes because it does not spend any money now. I am always hearing that we should have a robust debate on the budget and our spending priorities as a country. So this bill starts that debate. I invite Senators to cosponsor this bill if they believe, as I do, that we should change our budget to allow for biomedical research to grow in the United States.

I ask unanimous consent that a list of the organizations who have endorsed this bill be entered into the RECORD at the end of my remarks.

I believe we must do this. I believe we must do this to save lives and to improve the health of the American people. I also believe we must do it because we know that investing in biomedical research creates jobs and spurs the economy.

Some may say that changing the budget allows for more spending so it should be offset by cuts to other programs. Well, to that I say there can be little doubt that NIH funding abundantly pays for itself in expanded economic activity. Respected economists have studied this, and they have estimated that each dollar of investment in the National Institutes of Health generates anywhere from \$1.80 to \$3.20 in economic output.

Let me take just one vivid example of the payoffs from our Federal investments in biomedical research.

In 2003 NIH completed the Human Genome Project started about 13 years earlier. In total, the Federal Government invested \$3.4 billion of taxpayers' money in sequencing the human genome. That project has had a truly staggering economic impact. As of 2012, it had generated \$965 billion in economic activity, personal income exceeding \$293 billion, and more than 4.3 million job-years of employment. For every dollar our government spent on the Human Genome Project, America has reaped \$178 in economic benefits—for every dollar we invest. And this is just the economic impact. The positive impact in terms of cures discovered and lives saved is incalculable.

But research doesn't have to launch an entire industry to contribute significantly to our economy as the Human Genome Project did. I will give an example from my home State.

Dr. Joseph Walder, a researcher at the University of Iowa, received a \$5.7 million research grant many years ago from the National Heart, Lung, and Blood Institute. In the course of his research, he developed synthetic DNA and RNA technology. Realizing that

this was a valuable research tool, Dr. Walder launched a company called Integrated DNA Technologies in 1987. Out of a \$5.7 million Federal investment came a company with \$100 million in annual sales, employing 650 people.

Now, if the creation of all of these companies and products and jobs isn't enough of a reason to expect that this bill will boost the economy and lower the Federal deficit, I have another reason. One of the principal missions of biomedical research is to reduce and improve chronic diseases and health conditions that are a major factor in driving deficit spending. In 2006, economists found that a future 1-percent reduction in mortality rates from cancer would save \$500 billion to current and future Americans. A cure for cancer was estimated to save \$50 trillion to Americans in future expenditures.

Recent estimates indicate the economic cost of Alzheimer's disease is over \$200 billion a year. That is going to rise to over \$1 trillion a year by 2050 unless a prevention or cure is found. The Centers for Disease Control and Prevention reports that annual costs from undiagnosed diabetes are about \$245 billion a year. And a recent study projects that, by 2030, nearly 45 percent of the United States population will face some form of cardiovascular disease, costing a total of \$1.2 trillion between now and 2030.

I could go on and on with examples and studies, but no matter what I say, some will say we can't afford this bill. But we can't afford not to do this. The status quo confronts our Nation with what those in the military call a "clear and present danger."

The United States has been the global leader in research, but that standing is now in jeopardy. While the United States has been retrenching in biomedical research, other countries, including China, India, and Singapore, have been redoubling their investments and surging forward. Of the 10 leading countries in the field of scientific research, the United States is the only one that has reduced its investment in scientific research.

Let me repeat that. Of the 10 leading countries in the world in the field of scientific research, the United States is the only one that has reduced its investment in scientific research.

According to an NIH study:

Other countries are investing more in biomedical research relative to the size of their economies. When it comes to government funding for pharmaceutical industry-performed research, Korea's government provides seven times more funding as a share of GDP than does the United States, while Singapore and Taiwan provide five and three times as much, respectively. France and the United Kingdom also provide more than the US, as a share of their economies.

This chart here vividly shows what has been happening in research investment just since 2011 as a percent of GDP: China, Brazil, South Korea, India, UK, France, Japan, Germany, and Russia are increasing. In the United States we are going in the wrong direction.

Dr. Francis Collins, Director of NIH, testified before my subcommittee about the ambitious investments of America's rivals. He said this:

China has made policy changes to invest heavily in the life sciences industry, moving [China] closer to becoming a world leader in science and technology by the end of the decade. Over the past decade, Singapore has also pursued a prominent role as a global leader in the life sciences. For example, their pharmaceutical industry R&D funding was five times greater than that of the United States in 2009 as a share of GDP.

I will say one more thing about China's ambitious plans. China has identified biotechnology as one of seven key "strategic and emerging pillar" industries. They have pledged to invest \$308.5 billion in biotechnology over the next 5 years. By contrast, the U.S. investment over the same period of time will be roughly \$160 billion, just about half of what China is doing.

It is a shocking and disturbing fact that, if current trends continue, the U.S. Government's investment in life sciences research as a share of GDP will soon be about one quarter of what China is doing.

According to the NIH, China already has more gene sequencing capacity than the entire United States, and they have about one third of global capacity.

Imagine that. We are the ones that mapped and sequenced the entire human genome. We are the ones that put the \$3.6 billion into that. We reaped some rewards and benefits—as I just said—but right now China has more gene sequencing capacity than we do. That, again, illustrates my point that they are moving ahead and we have sort of slowed down and stopped, resting on our laurels, so to speak.

The budget caps enacted by Congress are forcing disinvestments in a whole range of priorities that are the key to our Nation's prosperity. These disinvestments are having devastating impacts across our economy—lower growth and fewer jobs.

Again, I appreciate there are honest disagreements about the appropriate levels of investment in education, job training, and other domestic priorities. But from countless conversations with Senators from both parties, there seems to be one area of broad agreement, and that is that we should invest robustly in the National Institutes of Health. And that is why I have introduced this bill today. It is time for us on a bipartisan basis to reverse this erosion of support for biomedical research to ensure America's standing as a world leader in this field. This is what we are talking about, a discretionary cap adjustment. That is what our bill would do to allow NIH to make up for lost ground.

Here is what is happening. We are about \$8 billion behind. By providing a budget cap adjustment we can close this gap by 2021 and bring it up to where it should be if we could allow for increases due to inflation. Quite frankly, I guess I could argue we have to do

even more than that, but this is the minimum we ought to do, a minimum to close the gap in biomedical research.

We have to do this for the health of our people, our economy, and our Federal budget. So I urge my colleagues to join in supporting the Accelerating Biomedical Research Act.

I yield the floor.

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

NATIONAL GROUPS SUPPORTING THE BILL

AcademyHealth, Ad Hoc Group for Medical Research, Alliance for Aging Research, Alzheimer's Association, Alzheimers North Carolina, American Academy of Neurology, American Aging Association, American Association for Cancer Research, American Association for Long Term Care Nursing, American Federation for Aging Research, American Geriatrics Society, American Lung Association, American Thoracic Society, American Cancer Society Cancer Action Network, American College of Cardiology, American Diabetes Association, American Heart Association, American Society for Pharmacology & Experimental Therapeutics, American Society of Clinical Oncology, amfAR, The Foundation for AIDS Research.

Association for Clinical and Translational Science, Association of American Cancer Institutes, Association of American Medical Colleges, Association of American Universities, Association of Independent Research Institutes, Association of Public and Land-grant Universities, Association of Schools and Programs of Public Health, Children's Cardiomyopathy Foundation, The Clinical Research Forum, Coalition for Clinical and Translational Science, College on Problems of Drug Dependence, Cure Alliance for Mental Illness, Cure Alzheimer's Fund, Dystonia Medical Research Foundation, Epilepsy Foundation, Federation of American Societies for Experimental Biology (FASEB), Friends of the National Institute on Drug Abuse, GBS/CIDP Foundation International, Gerontological Society of America, Huntington's Disease Society of America.

Inspire, Interstitial Cystitis Association, Juvenile Diabetes Research Foundation, Keep Memory Alive, LuMind Foundation (formerly the Down Syndrome Research and Treatment Foundation), Lupus Research Institute, The Marfan Foundation, Melanoma Research Foundation, Memory Training Centers of America, Mended Hearts, National Alliance on Mental Illness, National Alopecia Areata Foundation, National Brain Tumor Society, National Coalition for Cancer Research, National Coalition for Heart and Stroke Research, National Down Syndrome Society, NHLBI Constituency Group, National Stroke Association.

National Task Group on Intellectual Disabilities and Dementia Practices, NephCure Foundation, Neurofibromatosis Network, in particular: Neurofibromatosis Inc., California; Neurofibromatosis, Michigan; Neurofibromatosis, Midwest; Neurofibromatosis, Northeast; Texas Neurofibromatosis Foundation; and Washington State Neurofibromatosis Families, One Voice Against Cancer, OWL-The Voice of Women 40+, Parkinson's Action Network, Pediatric Stroke Network, Pulmonary Hypertension Association, ResearchAmerica!, Scleroderma Foundation, Sleep Research Society, Society for Neuroscience, Society of Toxicology, Sudden Arrhythmia Death Syndromes Foundation, United for Medical Research, USAgainstAlzheimer's.

RESEARCH INSTITUTIONS SUPPORTING THE BILL

Arizona: Banner Alzheimer's Institute, Biondesign Research Institute of Arizona.

California: Cedars-Sinai Medical Center, Salk Institute for Biological Studies, Sanford-Burnham Medical Research Institute, UC San Diego Moores Cancer Center, UCSF Helen Diller Family Comprehensive Cancer Center.

Delaware: Yale University and Yale Cancer Center.

District of Columbia: The GW Cancer Institute.

Florida: Moffitt Cancer Center.

Georgia: Emory University Winship Cancer Institute.

Illinois: University of Chicago Medicine Comprehensive Cancer Center.

Iowa: University of Iowa Health Care.

Kansas: University of Kansas Cancer Center.

Louisiana: Tulane University School of Medicine.

Maryland: Johns Hopkins University and the Sidney Kimmel Comprehensive Cancer Center.

Massachusetts: Dana Farber Cancer Institute, Northeastern University, Tufts University.

Michigan: Karmanos Cancer Center, University of Michigan Comprehensive Cancer Center.

Minnesota: Mayo Clinic, University of Minnesota Masonic Cancer Center.

Nebraska: Fred & Pamela Buffett Cancer Center.

New Jersey: North Shore-LIJ Health System and its Feinstein Institute for Medical Research.

New Mexico: Taos Health Systems, Inc., University of New Mexico Cancer Center.

New York: Associated Medical Schools of New York, Memorial Sloan-Kettering Cancer Center, New York Academy of Sciences, The NYU Langone Medical Center, Roswell Park Cancer Institute, The State University of New York System.

North Carolina: Duke Cancer Institute, UNC Lineberger Comprehensive Cancer Center.

Ohio: Cleveland Clinic Foundation, The Ohio State University Comprehensive Cancer Center, James Cancer Hospital, and the Solove Cancer Institute, The Ohio State University Wexner Medical Center, University of Cincinnati.

Pennsylvania: University of Pittsburgh School of Medicine, The Wistar Institute.

South Carolina: Hollings Cancer Center.

Tennessee: Vanderbilt University Medical Center and Vanderbilt-Ingram Cancer Center.

Virginia: University of Virginia.

Washington: Fred Hutchinson Cancer Research Center.

Utah: Huntsman Cancer Institute.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 517—EXPRESSING SUPPORT FOR ISRAEL'S RIGHT TO DEFEND ITSELF AND CALLING ON HAMAS TO IMMEDIATELY CEASE ALL ROCKET AND OTHER ATTACKS AGAINST ISRAEL

Mr. GRAHAM (for himself, Mr. SCHUMER, Ms. AYOTTE, Mr. CARDIN, Mr. RUBIO, and Mr. BLUMENTHAL) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 517

Whereas, on July 17, 2014, the Senate unanimously passed a resolution supporting Israel's absolute right to defend its citizens

and ensure the survival of the State of Israel, condemning the actions of Hamas, and calling for the President of the Palestinian Authority to dissolve the unity government with Hamas;

Whereas, since June 2014, Hamas has fired over 1,800 rockets at Israel;

Whereas Hamas has used a system of tunnels to smuggle weapons and launch attacks on Israel;

Whereas, since ground operations in Gaza began, the Israeli Defense Forces (IDF) have discovered 28 of these tunnels whose only purpose is to kill and kidnap Israelis;

Whereas Hamas' weapons arsenal includes approximately 12,000 rockets that vary in range;

Whereas innocent Israeli civilians are indiscriminately targeted by Hamas rocket attacks;

Whereas 5,000,000 Israelis are currently living under the threat of rocket attacks from Gaza;

Whereas the Iron Dome system has saved countless lives inside Israel;

Whereas, consistent with Article 51 of the United Nations charter, which recognizes a nation's right to self-defense, Israel must be allowed to take any actions necessary to remove those threats;

Whereas the IDF has used text messages, leaflet drops, phone calls, and other methods to clear out areas and avoid unnecessary civilian casualties;

Whereas Hamas uses civilians in Gaza as human shields by placing missile launchers next to schools, hospitals, mosques, and private homes;

Whereas Hamas' interior ministry has called on residents of Gaza to ignore IDF warning to get out of harm's way; and

Whereas any effort to broker a ceasefire agreement that does not eliminate those threats cannot be sustained in the long run and will leave Israel vulnerable to future attacks: Now, therefore, be it

Resolved, That the Senate—

(1) reaffirms its support for Israel's right to defend its citizens and ensure the survival of the State of Israel;

(2) calls on the United Nations Secretary General to immediately condemn the terrorist attacks by Hamas on Israel;

(3) urges the international community to condemn the unprovoked rocket fire at Israel;

(4) recognizes that the Government of Israel must be allowed to take actions necessary to remove the present and future threats posed by Hamas' rockets and tunnels;

(5) calls on Hamas to immediately cease all rocket and other attacks against Israel;

(6) opposes any efforts to impose a cease fire that does not allow for the Government of Israel to protect its citizens from threats posed by Hamas rockets and tunnels; and

(7) calls on Hamas to stop using residents of Gaza as human shields.

SENATE RESOLUTION 518—DESIGNATING THE WEEK OF OCTOBER 12 THROUGH OCTOBER 18, 2014, AS "NATIONAL CASE MANAGEMENT WEEK" TO RECOGNIZE THE ROLE OF CASE MANAGEMENT IN IMPROVING HEALTH CARE OUTCOMES FOR PATIENTS

Mr. PRYOR (for himself and Mr. BOOZMAN) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 518

Whereas case management is a collaborative process of assessment, education,

planning, facilitation, care coordination, evaluation, and advocacy;

Whereas the goal of case management is to meet the health needs of the patient and the family of the patient, while respecting and assuring the right of the patient to self-determination through communication and other available resources in order to promote high-quality, cost-effective outcomes;

Whereas case managers are advocates who help patients understand their current health status, guide patients on ways to improve their health, and provide cohesion with other professionals on the health care delivery team;

Whereas the American Case Management Association and the Case Management Society of America work diligently to raise awareness about the broad range of services case managers offer and to educate providers, payers, regulators, and consumers on the improved patient outcomes that case management services can provide;

Whereas through National Case Management Week, the American Case Management Association and the Case Management Society of America aim to continue to educate providers, payers, regulators, and consumers about how vital case managers are to the successful delivery of health care;

Whereas the American Case Management Association and the Case Management Society of America will celebrate National Case Management Week during the week of October 12 through October 18, 2014, in order to recognize case managers as an essential link to patients receiving quality health care; and

Whereas it is appropriate to recognize the many achievements of case managers in improving health care outcomes: Now, therefore, be it

Resolved, That the Senate—

(1) designates the week of October 12 through October 18, 2014, as "National Case Management Week";

(2) recognizes the role of case management in providing successful and cost-effective health care; and

(3) encourages the people of the United States to observe National Case Management Week and learn about the field of case management.

SENATE RESOLUTION 519—DESIGNATING AUGUST 16, 2014, AS "NATIONAL AIRBORNE DAY"

Ms. MURKOWSKI (for herself, Mr. REED of Rhode Island, Mr. REID of Nevada, Mr. MCCONNELL, Mrs. HAGAN, Mr. WHITEHOUSE, Mr. BLUMENTHAL, Mrs. MURRAY, Mr. MANCHIN, Mr. CASEY, Mr. RUBIO, Mr. BLUNT, Mr. BURR, Mr. BEGICH, Ms. AYOTTE, Mr. MORAN, Mr. COCHRAN, Mr. TESTER, and Mr. WALSH) submitted the following resolution; which was considered and agreed to:

S. RES. 519

Whereas the members of the airborne forces of the Armed Forces of the United States have a long and honorable history as bold and fierce warriors who, for the national security of the United States and the defense of freedom and peace, project the ground combat power of the United States by air transport to the far reaches of the battle area and to the far corners of the world;

Whereas the experiment of the United States with airborne operations began on June 25, 1940, when the Army Parachute Test Platoon was first authorized by the Department of War, and 48 volunteers began training in July 1940;

Whereas August 16 marks the anniversary of the first official Army parachute jump,