

## TRIBUTE TO IRENE GAINER

Mr. DURBIN. Mr. President, I want to congratulate Irene Gainer on her upcoming retirement from Federal service. Most of my colleagues know Irene through her husband, Senate Sergeant at Arms Terry Gainer, but today Irene gets the spotlight as I take a few minutes to recognize her impressive career.

Many great things come from Chicago, including Irene, who was born and raised in Chicago. Chicago is also where she met her husband Terry and started her first career as a nurse. She attended the College of St. Francis and St. Bernard's School of Nursing. During the early years of their marriage, Irene joined Terry as the Navy moved them around the country from Rhode Island to Virginia and then to California. In each State Irene worked as a nurse, and to this day she maintains her licenses and professional credentials in all three States.

Irene also worked in Illinois hospitals, including St. Bernard's Hospital, Christ Hospital, Central Community Hospital, and for 14 years at the Little Company of Mary Hospital.

In 1988, Irene started her second career—she began law school at John Marshall. Irene attended law school during the day, continued working nights as a nurse at Little Company of Mary Hospital, and—did I mention?—she and her husband were raising their six children.

After law school graduation in 1990, Irene accepted a job as Clerk in the Circuit Court of Cook County. She also worked for the State of Illinois as Assistant Director of Health and Energy Policy, served as General Counsel and Executive Director of the Illinois Alcoholism and Drug Dependence Association, and as an associate in a law firm.

Irene and Terry moved to Washington, DC in 1998. While living here in DC, Irene has worked for the National Treatment Accountability for Safer Communities, Sibley Memorial Hospital, and the Peace Corps. And for the past 5 years, she has been Director of the Hearing Office for the Department of Health and Human Services' Office of Medicare Hearings and Appeals.

If Irene's busy career is any indication, there is little chance she will spend much idle time in retirement. Between volunteering with her local Catholic church and staying in touch with her six children spread around the world, she is sure to stay active.

I thank Irene for her many years of Federal service and wish her all the best in retirement. And I especially hope that she and Terry find lots of time to spend with their 14 grandchildren.

## REMEMBERING ALEXIS "LEXIE" KAMERMAN

Mr. DURBIN. Mr. President, on January 17, just days before our Nation observed a day in remembrance of Martin Luther King, Jr., a man recognized for

his nonviolent activism during the civil rights movement, a restaurant in Kabul, Afghanistan, popular with foreigners and expatriates, including Americans, was rocked by a terrorist attack, killing 21 people.

Tragically, we lost one of our own from Illinois during this act of senseless violence: Ms. Alexis "Lexie" Kamerman, a Chicago native who for years had dedicated herself to serving others and only the year prior had moved to Afghanistan, working with the American University there to help increase access to education for Afghan girls and women.

Lexie grew up in Chicago in my home State. She was a 2004 graduate of the Latin School of Chicago, a 2008 graduate of Knox College—where she was also an all-star conference water polo player—and she went on to receive her Masters in Higher Education from the University of Arizona.

Countless friends and family have described Lexie as generous, fearless, and passionate about helping to create a better world. It's no surprise that the 27-year-old found herself in Kabul, working as a student development specialist with American University of Afghanistan. American University of Afghanistan has been committed for years to extend high-quality, affordable education for Afghans, especially girls, who may not have had access to it otherwise.

Sadly, American University of Afghanistan lost another member of its family in the same attack: 29-year-old political science professor Alexandros Petersen from Washington, DC. He and Lexie both were too young, too bright, and too dedicated to helping others to be leaving the world so soon.

Afghanistan has seen many ups and downs over the years. But these heinous attacks on innocent civilians, people such as Lexie who work every day to help the Afghan people achieve a better future, are among the lowest of lows.

My deepest sympathies go out to Lexie's parents, Jack and Alison, and the rest of her family, as well as the family at American University of Afghanistan and to all victims of the attack and their loved ones. It is only fitting that Knox College has created a scholarship in Lexie's name, a well-deserved tribute for a young woman who was so dedicated to others and to the value of education during her all-too-short life.

DEPARTMENT OF DEFENSE  
MEDICAL RESEARCH

Mr. HARKIN. Mr. President, I rise today to correct some unfortunate remarks made on the floor this month and reaffirm my long-standing support for the medical research programs at the Department of Defense, most of which fall under the Congressionally Directed Medical Research Program, or CDMRP. This program has led to major scientific breakthroughs since its cre-

ation in 1992 and it is one of my proudest accomplishments here in the U.S. Senate.

This program was created by me and together with my Defense Appropriations colleagues Senator Ted Stevens and Senator Daniel Inouye specifically in response to grassroots advocacy spearheaded by those who suffer from breast cancer, those who have survived it, and their families. The Department of Defense runs one of the largest health systems in the country, serving 9.6 million servicemembers, their families and military retirees, and as a result offered a unique opportunity to undertake Breast Cancer Research. Military families suffer from the same conditions and diseases that affect our society at large, and they also have disproportionate rates of some diseases as a result of their service. My colleagues and I believed that offering potentially lifesaving research specifically focused on this population was a logical step.

So we started with Breast Cancer research in 1992. In the 22 years this program has been funded, we have spent almost \$3 billion on Breast Cancer research, and \$7.5 billion overall on important research on numerous conditions through the Department of Defense. Millions of Americans, including those who receive their health care from DOD, have been touched by conditions such as amyotrophic lateral sclerosis—or Lou Gehrig's disease—autism, lung cancer, multiple sclerosis, neurofibromatosis, ovarian cancer, prostate cancer, tuberous sclerosis complex and many others.

And what has that investment yielded? It has paid dividends, with breakthroughs in our understanding of breast cancer. It led to the development of the revolutionary drug Herceptin that is saving and prolonging the lives of millions of American women every day. DOD breast cancer research directly contributed to the discovery of a frequently mutated gene that contributes to several cancers and the OncoVue breast cancer risk assessment test.

But this program's payoff has not been limited to breast cancer: Those who receive Coenzyme Q10 treatment for gulf war illness can thank DOD medical research. The prostate cancer treatment Zytiga received FDA approval in 2011 due to the rapid early-phase clinical testing funded by DOD. Research jointly funded by CDMRP, the National Institutes of Health—NIH—and the Defense Advanced Research Projects Agency are creating advanced prosthetics that are accurately recreating the movement of the human hand—which in recent trial allowed a quadriplegic to feed herself for the first time in years. These are just a few small examples of the many research, diagnosis, and treatment breakthroughs this research has brought about.

DOD medical research has also made direct contributions to the understanding and treatment of medical conditions that uniquely or acutely affect those who serve. In addition to the research on gulf war illness, servicemembers and veterans who suffer from traumatic brain injury, tinnitus, or vision problems know that they can receive the most advanced treatment possible thanks to this medical research. DOD medical research is also finding biomarkers to better treat mental illness, so individual servicemembers do not have to go through the trial and error of being prescribed psychotropic medications that may or may not be effective for them. These research programs are helping to provide a better quality of life for those who have recently served in Iraq and Afghanistan.

For a number of years now, some in Congress have made the argument that this program does not belong at the Department of Defense, suggesting that these programs are duplicative and that this funding should be spent elsewhere. In fact, the medical research done at the Department of Defense is complementary to and coordinated with the research done at NIH, and other Federal agencies including the Department of Veterans Affairs. While the medical research done at DOD and NIH may have overlapping goals, including many research grants that have been jointly funded, CDMRP has a different mandate, uses different criteria in selecting grants, and uses a unique two-tiered review process that assures high quality of research.

I simply say to those critics of the program, the outcomes speak for themselves. Any suggestion that I believe this program should have been created elsewhere or should be moved is incorrect, and I want to make sure the RECORD is clear on this point.

I thank my colleagues on the Defense Appropriations Subcommittee, Chairman DURBIN and Ranking Member COCHRAN, and the chair and ranking member of the Appropriations Committee, Senator MIKULSKI and Senator SHELBY, for providing \$1.55 billion in funding for these critical and successful medical research programs in Fiscal Year 2014. I look forward to many more years of breakthrough medical research conducted by the DOD that will directly address the needs of our military members and that will have broad application to millions of Americans.

#### MENTAL EXERCISES FOR SENIORS

Mr. NELSON. Mr. President, today I wish to call attention to the ACTIVE, or Advanced Cognitive Training for Independent and Vital Elderly, study on mental exercises for seniors. The study, conducted by researchers at the University of Florida College of Public Health and Health Professions, showed that older adults who receive cognitive training can significantly improve their reasoning and mental processing

skills. Elderly patients were coached and assessed in memory, reasoning, and processing speed at baseline. The study participants were then reassessed at intervals of 2, 3, 5, and 10 years. The result was that participants who received cognitive training reported significantly less difficulty with activities of daily living. Most patients achieved improved reasoning and mental processing speed at the end of the study, the results of which may be found in the January 13 online issue of the *Journal of the American Geriatrics Society*.

These results echo findings from Senate Special Committee on Aging in its recent work on improving quality of life for seniors who suffer from Alzheimer's and dementia. The Committee's 2012 report, entitled "Alzheimer's Disease and Dementia: A Comparison of International Approaches," stated that "individuals who are cognitively active—such as individuals who regularly read or do crossword puzzles—are at a lower risk of developing mild cognitive impairment (MCI)—an early symptom of dementia and AD, Alzheimer's disease—because they have increased cognitive reserve."

The Senate Special Committee on Aging is also committed to embracing innovative brain health care advances for seniors. During our committee's recent Healthy Aging Forum, various groups invested in senior health care shared novel ideas for better mental health care and quality of life. These included research and medical technology devices that sharpen senior memory, thinking, and cognitive processing skills. Among these were Microsoft Kinect software, which uses cognitive and mental diagnostic, rehabilitative, and routine mental game-based exercises to help improve senior brain health and fine motor skills. Loneliness, which adversely impacts brain health and increases risk for dementia in seniors, can be minimized by engaging seniors with the GeriJoy avatar—also showcased at the Healthy Aging Forum—an interactive virtual pet companion that strengthens seniors' mental capabilities by providing opportunities for meaningful interaction.

The University of Florida Institute on Aging, another invited exhibitor at the Senate Health Aging Forum, is currently conducting a LIFE, Lifestyle Interventions and Independence for Elders, study in which the effect of physical activity and/or aging health education on senior mobility and independence are being assessed. Cognitive function and impairment are also being examined as a part of the study.

The Senate Special Committee on Aging has conducted numerous hearings on Alzheimer's in recent years, coinciding with my cosponsorship of the HOPE for Alzheimer's Act, S.709/H.R.1507, which will improve diagnosis and care planning services for patients with Alzheimer's. A panel of witnesses from the government, academia, and the Alzheimer's Association discussed

recent advancements in these areas in an April 2013 hearing entitled, "The National Plan to Address Alzheimer's Disease: Are We On Track to 2025?" An updated 2013 version of the national plan also highlights anticipated milestones in prevention of the disease. Lifestyle modifications and identification of Alzheimer's and dementia risk factors are included as part of the plan.

I have long been a tireless advocate in the fight against Alzheimer's and dementia. As the chairman of the Senate Special Committee on Aging, I am committed to doing whatever I can to ensure the health and well-being of our seniors. Although much progress has been made, we still have a long way to go in ensuring the best possible quality of life for Americans in their later years.

#### ADDITIONAL STATEMENTS

##### TRIBUTE TO LIEUTENANT COLONEL CATHERINE M. BLACK

• Mr. KIRK. Mr. President, I rise to pay tribute to my constituent LTC Catherine M. Black for her exemplary dedication and service to the United States Army and to the United States of America. She has served for the last 2 years as a congressional budget liaison for the Secretary of the Army.

A native of Chicago, IL, Lieutenant Colonel Black enlisted in the Army in the summer of 1994. She was selected as the Soldier of the Year at Fort Gordon, GA, and was subsequently selected for the Officer Candidate School, earning a commission as a finance officer in April 1997.

Lieutenant Colonel Black has served in a broad range of duty stations and assignments over her two decades of service. As a Lieutenant, she served as a disbursing officer in a finance group at Fort Bragg, NC. This culminated in a rotation through the U.S. Army Forces Center in Doha, Qatar. Following the horrific attacks on September 11, 2011, she provided financial management services during the ground invasion in support of Operation Enduring Freedom.

As a Captain, Catherine Black served as a finance detachment commander and battalion operations officer at Fort Richardson, AK, and later as a financial management operations officer at Fort Belvoir, VA. After promotion to major, she commanded the 126th Financial Management Unit for a year and a half, while simultaneously serving as the Battalion Executive Officer for the Special Troops Battalion, 1st Sustainment Brigade at Fort Riley, KS. She trained and deployed her three financial management detachments to both Iraq and Afghanistan. She then deployed her headquarters to Kandahar, Afghanistan and stood up financial operations throughout southern Afghanistan. There she provided finance support to joint and coalition