

faced questions and investigations relating to questions of ethics. There have been no such allegations—none—that have been raised against Loretta Lynch.

Senate Republicans have the capability to bring up nominations promptly. The majority leader, Senator MCCONNELL of Kentucky, can walk to this floor and within a minute call her nomination, and it will be voted on immediately. It is in his power to do it. Why will he not do it? Why will he not give this woman, who has such an extraordinary life story, a chance to serve as the first African-American woman in the history of the United States to serve as Attorney General?

There is no substantive reason—not one. I welcome any Republican Senator to come to the floor and make the case against Loretta Lynch. No one did it in committee. No one has done it on the floor. It is time for us to move forward and approve this nomination.

60TH ANNIVERSARY OF POLIO VACCINE

Mr. DURBIN. Mr. President, the Presiding Officer probably does not remember these days because of his age, but I do. When I was a child, polio was a scare that every family felt. I had friends in school who were stricken with polio. Some of them, in the most extreme cases, ended up in something called an iron lung. The Presiding Officer has probably seen pictures of it. It is an incredible situation where someone would be encased in this tube, this metal tube that would help them breathe.

Many were stricken with polio and ended up crippled, and their lives were compromised to some degree in those days because disabilities were not treated as well then as they are now. Parents did not know what to make of this. No one knew what caused polio. My mother, God bless her, had a theory that one of the things that might cause polio was playing in the street after a rainstorm in the flooded waters.

She would just ban me from doing that. “That can cause polio,” she said. That was my mother’s theory. It was as valid as any other theory in those days. No one knew what was going on, what was causing it. Many Americans lived in fear of that infectious, viral disease that attacks the nerve cells and the central nervous system causing muscle wasting, paralysis, and sometimes death.

In 1952, nearly 60,000 children in the United States were reported to have polio, with more than 20,000 cases of paralysis. There was a panic about this epidemic. Families were afraid for their kids and the scientists struggled to understand the disease. Dr. Jonas Salk, a pioneer in the field of vaccine research, was recruited in 1947 by the University of Pittsburgh to be the director of virus research and to work on finding a polio vaccine.

His work caught the attention of Basil O’Connor, the president of the

National Foundation for Infantile Paralysis, now known as the March of Dimes Foundation. The organization decided to fund Dr. Jonas Salk’s work to develop a vaccine against polio. For 5 years, Dr. Salk worked tirelessly on this effort while the country donated their dimes to the foundation to support his work.

Then, on April 12, 1955, Dr. Thomas Francis, Jr.—an epidemiologist at the University of Michigan and a mentor to Salk—announced that Salk had discovered a polio vaccine that was safe and effective.

When the announcement was made, it was as if time stood still. I still remember it as a kid. Americans turned on their radios and TVs to hear the details. Department stores set up loudspeakers and judges suspended trials so everyone in the courtroom could hear this good news.

April 12 was deliberately chosen for the announcement because it marked the 10th anniversary of the death of the most famous polio survivor of all, former President Franklin Delano Roosevelt. Roosevelt also founded what would become the March of Dimes Foundation in 1938, without which Salk might not have been able to complete his work.

A massive field trial, the first of its kind, was conducted on over 1.8 million children to prove the vaccine was 80 to 90 percent effective. Church bells rang across the country, factories observed moments of silence, and parents and teachers wept to finally be relieved of this fear.

But it had only just begun. The U.S. Government invested heavily in mass production of the polio vaccine and led campaigns across the Nation to see that every kid was vaccinated. I hated the thought of getting a shot, but the notion that I would be protected from polio for life was certainly worth it.

As a result, polio was eradicated from the United States in 1979.

Sunday, we marked the 60th anniversary of the announcement of the discovery of the first safe and effective polio vaccine. In commemoration of that announcement, I submitted a resolution last month celebrating the discovery of the polio vaccine and supporting the efforts to eradicate that disease around the world.

The resolution also encourages Federal funding for the Global Polio Eradication Initiative for biomedical and basic scientific research so more life-saving discoveries can be made. Thanks to the work of scientists funded by the CDC and nonprofit organizations such as the Bill and Melinda Gates Foundation, polio has been eradicated in all but a handful of the world’s poorest nations.

The success of the polio vaccine shows us what medical research can accomplish. If we can do this with polio, then we can do it again.

I thank Senators KIRK, LEAHY, SHAHEEN, MURRAY, BOXER, COONS, MARKEY, ISAKSON, AYOTTE, and REED of Rhode Island for cosponsoring my resolution.

I also thank the March of Dimes, the American Academy of Pediatrics, the U.N. Foundation’s Shot@Life campaign, the Rotary Club, and RESULTS for supporting this resolution.

But today, America’s place as world leader in cutting-edge biomedical research is at risk. We no longer invest as we should in basic scientific research.

From 2003 to 2012, the U.S. investment in the NIH research didn’t even keep up with inflation, and the number of research grants awarded by the National Institutes of Health has declined every year for the past 10 years.

This is shameful. It is shameful in a great Nation such as the United States, where we have seen achievements such as a polio vaccine, for us to walk away from medical research.

One decade ago, 30 percent of qualified NIH proposals were funded. Today, it is half that—15 percent, the lowest rate in America’s modern history.

Dr. Francis Collins, who directs the National Institutes of Health, told me that inadequate funding of basic medical research will cause some of America’s best young researchers to take their talents to other places and even other countries. It has already started.

We are on the verge of losing a generation of medical researchers in America. In 1982—listen—18 percent of NIH primary investigators, medical researchers, were under the age of 36—1982, 18 percent under the age of 36. Today, 3 percent are under the age of 36. Young researchers have given up.

If Congress and the President don’t want to put money into the NIH, they are going to go someplace else. How many Jonas Salks are we losing because of our cuts to basic medical research? How many lifesaving discoveries are being delayed and ignored? With the right commitment, we can change this.

I tried to gather on the floor—during the debate on the budget resolution—a dozen different Senators who cosponsored amendments calling for more money for medical research. They were from both sides of the aisle: Senator COLLINS on the Republican side of the aisle, interested in Alzheimer’s; Senator WICKER of Mississippi, also interested in medical research.

I brought them all together and said: Why don’t we cosponsor the same amendment. We are all trying to reach the same goal. They agreed, and it passed unanimously on a voice vote as I hoped it would.

This is what we need to do. Dr. Collins spelled this out in clear terms. We need to increase the funding in biomedical research by 5 percent over inflation every year. Five percent over inflation for 10 years, Dr. Collins tells me, will dramatically change medical research in America.

Can we afford it? Can we afford a 5-percent real growth in biomedical research? Think about it for a second. Do you know what that will cost us over 10 years—5 percent real growth in biomedical research. It is going to cost us

\$150 billion. That is a lot of money, isn't it?

Do you realize that once every 68 seconds in America someone is diagnosed with Alzheimer's? I didn't believe that when my staff told me. I checked it, and it is true. Once every 68 seconds an American is diagnosed with Alzheimer's, and we know what that means: for most of those patients, a steady decline to death, and for their families, the heartbreak of losing communication with someone they love and then caring for them in this state of Alzheimer's disease—once every 68 seconds.

Do you know what it costs us as a government to care for Alzheimer's victims last year, Medicare, Medicaid? We estimate \$200 billion.

Now, step back, a 5-percent growth in biomedical research over 10 years will cost \$150 billion. What if that research could find a way to delay the onset of Alzheimer's for months—maybe for years—and, God willing, find a cure.

What I am saying is whether it is Alzheimer's, cancer, heart disease, diabetes, each and every one of these is praying for and depending on medical research to give Americans who are stricken a fighting chance. It is up to us. We have to make that decision.

I would take this question to the Iowa caucus, to the New Hampshire primary, any State, any city in the Nation, and ask the crowd that you would assemble, that anyone assembles, what do you think is a high priority? Do you think biomedical research by our government is a high priority?

I know the answer, because every one of us lives in fear that someone we love will be diagnosed with a serious illness. You know the first questions you would ask that doctor: Doctor, is there a medicine, is there a surgery, is there something I can do, something that can be done?

And you pray, pray to God, that the doctor says: Yes, we have a new medication in clinical trials at the NIH. It is very promising, and this may be the answer for your son, your daughter, your wife, your mother, and your father. That is what this comes down to—real life, real family challenges.

The American Cures Act I introduced a couple of years ago sets this 5 percent funding goal. I have talked to my colleagues on both sides of the aisle and asked them to join me. This shouldn't be a Democratic idea, not a Republican idea. This is as basic as it gets.

The next great scientific and medical breakthroughs will be discovered by researchers if we fund the research, but it isn't just a matter of biomedical research at the NIH. I had a visit with Department of Energy Secretary Ernest Moniz, and over breakfast we talked about the American Cures Act.

He said: Senator, let me put in a word here. Do you know who develops the technology for diagnostic evaluations—whether it is MRIs, PET scans, and things of that nature? Do you know who develops the technology for

the application of radiation therapy for cancer victims? A lot of it is done right here at the Department of Energy.

He awakened me to the fact that we think about NIH automatically in biomedical research—and we should. There is more to the story.

So I have really reached out and said: American Cures Act, 5 percent real growth for biomedical isn't enough. We need 5 percent growth when it comes to innovation, the next breakthrough when it comes to diagnosing breast cancer at an early stage, treating cancers with radiation, other things. The American Innovation Act would provide an annual budget increase of 5 percent for the National Science Foundation, the Department of Energy Office of Science, the Department of Defense science and technology programs, the National Institute of Standards and Technology Scientific and Technical Research, and the NASA Science Directorate.

You say to yourself, can we afford it? I will say what I know. I know that when we embark on scientific research of real value, it not only can cure disease, in the process it will create a company. It will create many companies. It could create many jobs in the right fields and develop our economy in the right way.

We are debating this now on the floor of the Senate. They are not debating it in Beijing. They have decided they are going to pass us. The Chinese have embarked on a medical program in medical research and other research, determined—within the next 20 years—to pass the United States.

Will we let that happen? The men and women of the Senate will make that decision, and the men and women of the House and the President.

All told, the American Innovations Act would invest \$100 billion over 10 years; the American Cures Act, \$150 billion—\$250 billion.

How much money will we spend on our budget in that 10-year period of time? Somewhere in the range of \$18 trillion to \$20 trillion. This is a tiny, little decimal point, but what a difference it could make.

Some of my colleagues talk about burdening our children and grandchildren with debt. I agree. We shouldn't. But the way to reduce our deficit and grow our economy is not by killing research and innovation. It pays for itself many times over. We have cut the budget deficit by two-thirds since the start of the recession which we just went through 7 or 8 years ago.

Now it is time to close the innovation deficit. In the last years of Jonas Salk's life, he was searching for an AIDS vaccine. He didn't need to do that. His place in history was assured, but Jonas Salk wasn't content to rest on past achievement. After all, he was an American, and when his early efforts failed, he was undeterred. Jonas Salk said: "You can only fail if you stop too soon."

This is a decisive moment of a historic opportunity for America and for Congress. We must continue to invest in basic science and research in order to reap the rewards of decades of work by the best scientific and medical minds of the world. The only way we can fail is by stopping too soon.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. COTTON). The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

TAX DAY

Mr. THUNE. Mr. President, it has been said that April is the cruelest month. I think that pretty much captures how Americans feel as tax day approaches each year. This year, Americans will spend 114 days working to pay their Federal, State, and local taxes. In other words, Americans may have submitted their Federal tax returns or be getting ready to submit them tonight, but they are still not done working off their taxes. In fact, Americans won't start earning a dollar for themselves until April 25, almost one-third of the way through the year.

Americans spend 6.1 billion hours every year trying to comply with the Tax Code. That is an average of 19 hours for every man, woman, and child in the United States or an average of 76 hours for a family of four. Almost half of small businesses spend more than \$5,000 each year on tax compliance; that is \$5,000 on top of their tax bill.

Paying taxes is never going to be on the top of Americans' list of favorite activities, but it doesn't have to be the torturous process it has become. The Tax Code takes too much time to comply with, and it takes too much money from hard-working Americans.

Comprehensive tax reform is long overdue. Unfortunately, instead of tax reform, under the Obama administration Americans have just gotten more taxes. The President's health care law created or raised taxes to the tune of more than \$1 trillion over the first decade. Several of those taxes have hit families making less than \$250,000 a year, despite the President's campaign pledge not to raise taxes on families making less than \$250,000.

Let's take the ObamaCare medical device tax. Thanks to this tax, families are now facing higher prices on life-saving medical equipment such as pacemakers and insulin pumps. ObamaCare taxes are also driving up prices for families on essential drugs such as EpiPens and asthma medications. Other ObamaCare taxes are costing American families in other ways.

The ObamaCare employer mandate tax is discouraging employers from expanding and hiring, which means fewer