

Assistant Director of the Asset Forfeiture Division. The email included the resume of an applicant for a highly paid contractor position.

Beal apparently went to unusual lengths to ensure that the applicant, who knew Director Hylton in college, was hired. Emails indicate that Ms. Beal inserted herself into the hiring process even though a contractor representative told her the applicant was unqualified. She directed subordinates to remain silent about the applicant's lack of qualifications. Ms. Beal traveled to Boston to interview the applicant in person. According to the whistleblower, she did not travel to interview other candidates for similar positions.

After the contractor hired the applicant, Director Hylton placed Ms. Beal in the position of Acting Assistant Director of the Asset Forfeiture Division—a position she now holds permanently.

In yet another example, an Assistant Director reportedly directed subordinates to offer a lucrative contract position to a person with whom she allegedly had a personal relationship. Gamesmanship of this sort undermines the confidence of dedicated Marshals Service employees in their leaders.

I could go on and on with examples such as these that have been pouring into my office.

Another problem area is the alleged mismanagement of the Assets Forfeiture Fund. The law requires that proceeds generated from asset sales be used to operate the Asset Forfeiture Program, compensate victims, and support law enforcement. Yet, it appears that some in leadership use the funds to feather their own nests. Money is spent on the "best of the best" in office furnishings and decorations instead of what is really needed to enhance law enforcement. In one example, the fund was used to purchase a \$22,000 conference table. In another example, the fund was used to buy 57 square feet of top-of-the-line granite for the Asset Forfeiture Training Academy in Houston. The Marshals Service claims it cannot even figure out how much the granite cost. Whistleblowers say the official who approved it told the supplier that "cost was not a factor." And that official has dismissed concerns about wasteful spending of asset forfeiture money on the grounds that it does not come from appropriated funds.

That is not responsible leadership. All money collected through the power of government needs to be spent carefully. Every dollar wasted on unnecessary luxuries in Marshals Services offices is a dollar that cannot be used to support real law enforcement priorities as the law requires. The proceeds of asset forfeitures should not be a slush fund for the personal whims of unaccountable bureaucrats.

How has the Justice Department responded to these allegations? When I asked the Department to explain the efforts to have Director Hylton's favor-

ite candidate hired by a contractor, the Department told me that Director Hylton "did not recommend" the applicant "for any position." And the words "did not recommend for any position" is a quote.

The Marshals Service says it consulted with its Office of General Counsel before the Department sent its letter denying any improper hiring practices. That is disturbing because the Office of General Counsel has known about these allegations since December 2013. Still, the Justice Department told me that no one did anything wrong. Someone in the Marshals Service General Counsel's Office had an obligation to speak up before the Justice Department issued a false denial. They should have known better.

About 3 weeks later, the Department retracted its earlier denial. In a second response, the Department attached additional evidence that, in its words, "appears to be inconsistent with representations" that it had previously made. That evidence was an email chain showing that then-Deputy Assistant Beal had, in fact, received the applicant's resume from Director Hylton's personal email address. She then forwarded it to other senior leadership, stating that the "Director . . . highly recommends" the applicant. That evidence directly contradicts the denial that the Department initially sent to the Judiciary Committee.

You would think the Department would insist on an independent inquiry after being misled like that. Unfortunately, the Department is still allowing the Marshals Service to investigate itself. Justice Department headquarters is not doing its job when it fails to supervise components within DOJ. There needs to be better supervision and a truly independent inquiry to get to the bottom of these allegations.

Finally, I recognize the courageous whistleblowers who are bringing these shortcomings to Congress's attention. As often happens, many of these whistleblowers have faced retaliation for just speaking up, just telling the truth, just helping Congress do its constitutional responsibilities. But they have been retaliated against, and even today they fear more retaliation will come. Multiple whistleblowers allege that senior leaders submit FOIA requests to seek information on employees who may have made protected disclosures. How sneaky. This is not the purpose of the Freedom of Information Act. Multiple whistleblowers also allege that since receiving my letters, managers within the U.S. Marshals Service have been on the hunt for the identities of those who have made protected disclosures to my office. This behavior is absolutely unacceptable and contrary to the intent of whistleblower protection legislation. Maybe instead of spending time targeting the people who are trying to bring wrongdoing to light, the marshals should focus on providing full and accurate answers to my questions.

The work of the Marshals Service is vital. The men and women doing that work deserve not just our gratitude but our support as well. That support includes demanding responsible and accountable leadership from the Marshals Service.

I yield the floor.

The PRESIDING OFFICER. The Senator from Pennsylvania.

#### MEDICAID

Mr. CASEY. Mr. President, I rise to speak about one aspect of the budget debate that has been before us, and it involves a major program that affects the lives of not just millions of Americans but literally tens of millions.

We have debates and discussions in this body all the time about our commitment to children, our commitment to older citizens, and a whole range of folks we are concerned about. All of us at one time or another have made pronouncements about how important it is to support children, especially vulnerable children. We also are very concerned that as our parents or older relatives reach a certain age, they get the quality care in the twilight of their lives that we would expect. They are helped through a range of programs and services, actually starting with Medicare.

So we are concerned about our children, we are concerned about our older citizens, and we are also concerned about the middle class. We hear a lot of us speaking about strategies or efforts to help boost the middle class and all of the challenges of the middle class. It is interesting, though, that some issues affect all three of those broad groups of Americans. The issue I am going to talk about is Medicaid. It affects, obviously, children. It affects individuals with disabilities. It certainly affects older citizens across the country. And, indeed, it affects the middle class.

The Senate Republican budget cuts Medicaid funding by more than \$1.3 trillion, and in my judgment—and this is an assertion of an opinion—it would end the program as we know it because of the dimensions of those cuts. The budget would repeal the Medicaid expansion, threatening health insurance for some 14 million Americans, and convert much of the program's funding into block grants.

Let me talk about seniors for a moment. We have had lots of debates about the best policy going forward in the budget as it relates to a whole range of issues, especially programs such as Medicaid. But at the end of the day, it is not the rhetoric or the speeches; it is the votes that tell where one stands and what we prioritize.

We all have our own personal stories about those who have gone before us, and we, of course, always remember our own parents. But when we are talking about our seniors, we are talking about Americans who fought our wars, worked in our factories, taught our children, built the middle class, and

did so much for us, including giving us life and love. We want to make sure we are doing everything possible to provide them with the quality care they deserve when they reach the age of 65 or older.

We know Medicaid provides older beneficiaries the dignity in their later years that they should have a right to expect, as well as the flexibility to design where they receive care.

In my home State of Pennsylvania, over 40 percent of Medicaid spending on long-term services and supports goes towards home and community-based care. Many assume the Medicare Program—Medicare, not Medicaid—will cover long-term care. In fact, it is Medicaid that is the largest single provider of long-term care in America—not Medicare, but Medicaid.

Medicaid covers approximately 40 percent of all long-term care services provided in the United States, and 4 out of 10 people is a big number, obviously. It is lots of folks we care about and interact with in the course of a day, whether they are neighbors or family members or coworkers across the board.

As enrollment continues to grow, more Americans are relying upon Medicaid than ever before. Medicaid is the major long-term care program for the middle class. So I would ask we all keep that in mind as we consider the determinations made through the budget process.

Let me give one example of a man living in Philadelphia—his example and his mother's. After her husband's passing, this individual's mom had health problems and her health deteriorated quickly. Kidney problems forced her in and out of the hospital. She was living on a fixed income, with medical bills piling up. She sold her apartment and used that money to pay for a few more years of care. This woman and her son were using every penny they could to help with her care, but it wasn't enough. She needed constant assistance. Her son, as the only child in the family, couldn't do it himself while raising his own two children.

Eventually, this man's mother received Medicaid benefits and moved into a nursing home in Philadelphia. Her son says he doesn't know what his family would have done without Medicaid. Paying for nursing home care would have quickly eaten his salary, and he would have had to sell his family home. Again, he was raising two children. Medicaid allowed him to avoid that vicious cycle.

Like millions of Americans, this man went to school and worked hard to get a good job so he could make a decent living. But despite being employed as a professional, without Medicaid to help his mom, he would have had to impoverish his own family—his two children—to care for his aging mom. This would have put his children's future at risk.

Medicaid offered this individual some help—obviously, his mother some

help—in providing for his family and offering a way to have his mother get the care she needed.

This is not atypical. This is reality for so many families. Here is one quick statistic. Then I will move to children, and then I will wrap up.

In Pennsylvania, seniors accounted for just 10 percent of Medicaid enrollees but over 22 percent of spending in 2011. The national numbers aren't much different than that. The number of enrollees might be around 10 percent or in that lower range, but the spending, because of the kind of care they received, is of a higher cost.

Let me talk for a couple of minutes about children. Together, Medicaid and the Children's Health Insurance Program, which we know as CHIP, served more than 45 million children in Federal fiscal year 2013, representing one in three children in the United States. So Medicaid plus CHIP is the health care for more than one in three children.

We know CHIP is the health insurance program that impacts a lot of middle-income or at least lower-income families with children. In Pennsylvania, for example, just the Medicaid Program covered 34 percent of children ages 0 to 18. So just a little more than a third of Pennsylvania children rely upon Medicaid—a critically important program for those children.

One of the groups here in Washington that tracks programs and policies for children is First Focus. They had a report in September of 2014 where they reported that in calendar year 2012, 47 percent of rural children were covered by public insurance, meaning Medicaid or the Children's Health Insurance Program or maybe a third option. So 47 percent of rural children were covered by public health insurance and only 38 percent of urban children.

I know that sounds counterintuitive for some here, but rural children in America rely substantially upon Medicaid and the CHIP program. So improving access to health insurance for low-income children not only leads to better health outcomes in the short run and in the long run, but it also improves educational outcomes and government savings in the long term.

Compared to their uninsured counterparts, children covered by Medicaid or CHIP are more likely to complete high school and college. These important programs help children literally succeed in life because they stay in school, whereas they would not at that rate if they were uninsured.

Some claim Medicaid is a highly inefficient program—that is one of the charges against it—whose costs are growing out of control. In fact, Medicaid's cost per child is 27 percent lower than the per-child cost for private insurance. And Medicaid's costs per beneficiary have been growing more slowly—per beneficiary costs—than under private coverage. I would argue it is not only efficient but effective in delivering quality health care to our children.

We know there is more to be done. We know there are improvements that Medicaid could incorporate. We need to improve dental and behavioral health care for children and increase access to screenings and vaccinations to make sure our children are protected.

Let me just close with a couple of observations about children and pregnant women. We know that Medicaid is also an important addition for children, but it is very important for pregnant women, with prenatal, labor, delivery, and postpartum care.

Nationwide, Medicaid finances 45 percent of all births—45 percent. We have a lot of folks in both parties who say how much they care about pregnant women and children. Well, if 45 percent of all births are in Medicaid, we better protect Medicaid. It is vitally important.

Children who have health insurance, such as Medicaid and CHIP, are more likely to receive vaccinations, have regular medical checkups, and avoid preventable childhood illnesses.

So let me conclude with this thought. We know we have to find savings. We know we have to work towards a fiscally responsible budget. But I don't think anyone here believes the way to do that is to do it on the backs of children who are poor but receive good health care through Medicaid or to do it by way of short-circuiting or limiting substantially the opportunities that older citizens have to go to a nursing home. Everyone in this building knows someone who is in a nursing home solely because of Medicaid—not everyone, but plenty of people either we know and love or people we know and encounter during the course of the year.

So if we care about pregnant women, if we care about kids, if we care about older citizens and individuals with disabilities, we should think long and hard before we substantially cut, as this budget does, Medicaid.

With that, I yield the floor.

#### BULLETPROOF VEST PARTNERSHIP GRANT PROGRAM REAUTHORIZATION ACT

Mr. LEAHY. Mr. President, this week, the Senate is poised to pass the Bulletproof Vest Partnership Grant Program Reauthorization Act of 2015. The law enforcement community is unified in its support of this program because it quite simply saves lives. To date, this program has provided more than 13,000 State and local law enforcement agencies with nearly 1.2 million bulletproof vests, including nearly 4,400 to officers in Vermont.

Senator GRAHAM and I have been working to address any and all concerns that certain Republican Senators have raised about the bill. We are prepared, for example, to accept an amendment from Senator LEE that would reduce the authorization level from \$30 million annually to \$25 million. Unfortunately, I learned yesterday that a single Republican Senator