

functional. We have a good chance of avoiding the fee altogether.

That is the signal which is being sent out to countries and manufacturers all around the world that are dumping or unfairly subsidizing their products and making our products—our competition less competitive.

As I said, GAO has found that out of the 41,000 uncollected bills, the median age is 4.5 years. We need to get them back to the 6-month standard.

Additionally, we have learned that nearly 1,000 of those uncollected bills were between 10 years and 13 years old. That is simply not acceptable. It is a dysfunction of government. It is a dysfunction of the bureaucratic processes we have to deal with in Washington. If it were somebody else's money, maybe we could make an excuse for this dysfunction, but this is taxpayer money. This money is from the hard-earned money each family takes home at the end of the week to pay the bills, to pay the mortgage, to save money for college. It is unacceptable to have this happening in Washington, DC, where this waste, fraud, and abuse continue to ramp up on our calculator.

American manufacturers work tirelessly to compete on a global market and sometimes against those who don't even play by the rules. Those who don't play by the rules have to have the rules enforced. So enforcement of our trade laws through the assessment of anti-dumping and countervailing duties is essential to ensure a level playing field for American workers and to show that predatory practices will not be tolerated. That is one reason I supported bipartisan legislation that was enacted earlier this year that would give the Customs and Border Patrol people the tools necessary to better enforce our trade laws, such as requiring CBP to better track which foreign companies may be less likely to pay fees owed to the United States.

Fortunately, CBP has agreed with the GAO's recommendations. Now that Congress has also provided the Customs and Border Patrol people with the tools to implement and enforce these recommendations, I am hopeful—but also watchful—that CBP will improve its track record in the near future.

We have a responsibility not only to sort out waste of taxpayers' dollars or misuse of taxpayers' dollars, we have a responsibility to try to correct the errors, to give the tools to the agencies to do their job as we have ordered them to do and then to oversee and make sure. It is one thing that the job is done. It is one thing to come to the floor and identify a problem. It is another thing to come down here with my colleagues and offer a solution. It is another thing to follow up and oversee that solution and see what we can do to make sure this doesn't happen again. We are far too short on oversight and far too long on rhetoric.

With that, I am adding \$2.3 billion for uncollected anti-dumping and countervailing duties, bringing our taxpayer

price tag to over \$328-plus billion of waste, fraud, and abuse. Think what we could do with that \$328 billion—help our defense, help the National Institutes of Health produce lifesaving new medical techniques or therapies, pave some roads, pay for essential functions of the Federal Government, or even better, not have to take this money from the taxpayers and simply throw it away.

Mr. President, with that, I yield the floor.

The PRESIDING OFFICER. The Senator from Pennsylvania.

WILLSEYE HOSPITAL

Mr. CASEY. Mr. President, I rise this afternoon to talk for a few minutes about a hospital in Pennsylvania, WillsEye Hospital. This is a hospital which is not only critically important to our State but to the Nation as well. It serves people from across our State and across the country.

WillsEye Hospital is a public trust that was gifted to the city of Philadelphia and founded in 1832. It was the first dedicated eye hospital in the country, providing care to the blind and the indigent—something they still do today. They still have that same mission.

Unfortunately, if the Centers for Medicare & Medicaid Services—what we know as CMS—has its way, WillsEye Hospital will no longer be able to provide this kind of care. This is world-class care that so many Pennsylvanians and so many Americans can speak to personally. I had a personal experience when my daughter Julia had an eye problem years ago, and WillsEye did great work for her.

In this case, CMS is using an arbitrary ratio of the number of inpatients and outpatients to say that WillsEye Hospital is not a hospital and should be what is known as an ambulatory surgery center, which could have drastic implications and ultimately force WillsEye to close. Again, this was an institution founded almost 200 years ago.

Last week I went to WillsEye in Philadelphia to talk about this problem and had the opportunity to meet Joey Povio, whose picture is in this enlarged photograph. Joey is 6 years old, and he has retinoblastoma, a type of ocular cancer which, if left untreated, will lead to his death.

According to the American Cancer Society, there are 200 cases to 300 cases of retinoblastoma diagnosed each year. In the last fiscal year, WillsEye treated 110 unique individuals with a diagnosis of retinoblastoma, or almost 37 percent to 55 percent of the diagnosed cases in the country. So you can see the impact of just one hospital on a substantial problem that Joey and children across the country have. Fortunately for Joey, he is receiving first-rate treatment, but we have to have ask ourselves: What about the others who have retinoblastoma? What about the chil-

dren who will have retinoblastoma in the future? What will happen to them without WillsEye Hospital?

You can tell from this picture not just how dynamic Joey is—and I can attest to that personally, after having met him—but how focused he is on getting better and how confident he and his family are that he can, in fact, get better because of the great work done at WillsEye Hospital.

There are many who might think this is just a unique situation or simply an unfortunate situation, and certainly it is for Joey and his family and for others who have retinoblastoma or a number of other ailments or problems that center on their eyes. Thank God we have WillsEye to treat those problems. But there are other hospitals in the Nation that are dealing with some of these same issues and especially dealing with issues that relate to their interaction with CMS, and these are obviously some great hospitals that I will mention in a moment.

In this case, for whatever reason, I think CMS is treating WillsEye Hospital unfairly. I think that is an understatement. In this case, we have a number of institutions that have a bed ratio—that is the interplay between inpatient and outpatient that CMS is focused on in this circumstance—there are some hospitals that have a bed ratio that is lower than the one at WillsEye. Because those numbers are lower, that would mean those hospitals should be the subject of the same kind of action CMS is taking when it comes to WillsEye.

When WillsEye was first denied hospital status, their bed ratio was 17 percent. But according to the data provided by the American Hospital Association, the Cleveland Clinic, one of our great institutions, has a ratio of 6.14 percent, which is obviously lower than 17 percent, and Stanford Health Care, another great institution, has a ratio of 10.5 percent, which is again lower than the 17 percent at WillsEye Hospital. As I mentioned, these are the bed ratios. So it doesn't make much sense that CMS is focused on WillsEye and is not taking the same action or similar action as it relates to those other two institutions.

Now, no one would doubt that these two premier institutions—Cleveland Clinic and Stanford—are hospitals. There is no question they are hospitals. Yet CMS is focused on WillsEye in a determination they have made that it is not a hospital. It doesn't make any sense.

CMS does not even have a definite ratio that a facility needs to meet in order to have inpatient beds. They simply need to be "primarily engaged" in providing inpatient services. So there is no definite ratio, and yet they are taking action that is to the detriment of WillsEye Hospital, and I believe—and I think the evidence in the record is clear—to the detriment of a lot of people in Southeastern Pennsylvania, a

lot of people throughout our Commonwealth, and indeed throughout our Nation. In this case, I believe, obviously, CMS has made the wrong decision.

One would think, in order to help determine what a hospital is doing, a representative from CMS would visit and would do a thorough review of the hospital that can only be done in person. You can't do that just based upon charts or phone calls. One would think someone from CMS would come and see WillsEye Hospital firsthand. They really haven't done that yet in a manner that is connected to the actions they have been taking. So I have encouraged them to do that. It is not a very burdensome task to get on the train, go to Philadelphia, spend some time in WillsEye Hospital, and use that as part of the basis upon which to make a determination as an agency of government.

In this case, unfortunately, CMS has made an arbitrary decision, which is wrong. This decision threatens this world-class hospital, and that is an understatement. In essence, this decision makes no sense. WillsEye is a hospital. It provides great care for people who can't get this care almost anywhere else in the country, especially when it comes to children and especially when it comes to that diagnosis that families get of retinoblastoma. Without the intervention and the great work at WillsEye, those children will die.

I will continue to urge CMS to work with me and to work with WillsEye on a solution that resolves this bureaucratic problem. That is basically what this is, a bureaucratic approach that doesn't make sense in the real world—the real world of quality medical care, the real world of the services that WillsEye provides, and the real world of Joey's circumstance and children like him across our region in Pennsylvania but also across the country.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

Ms. STABENOW. Mr. President, I ask unanimous consent to speak for 10 minutes, and if the Chair would, let me know when I have spoken for 8 minutes, please.

The PRESIDING OFFICER. The Chair will do so.

Ms. STABENOW. I thank the Chair.

FUNDING FOR FLINT, MICHIGAN

Ms. STABENOW. Mr. President, this has been a roller coaster time for those of us who care deeply about what happened over 2½ years ago in the city of Flint with a system that was not treated properly and exposed 100,000 people in Flint to lead poisoning.

We had a great vote last week, and I am very grateful to Senator INHOFE and Senator BOXER, who came together, working with Senator PETERS and me, to put together a larger water bill that included an effort to help Flint families as well as other communities that have exposure to lead in their water. That effort had a final vote of 95 to 3. This was a very positive moment.

Today, just a little while ago, it was just the opposite. We have an opportunity to complete the job we started last week and include this fully offset package in this budget bill in front of us, the continuing resolution. Yet the Republican leader did not do that. What adds insult to injury is, there is help for Louisiana but not for the families of Flint, and I might add, ours is fully offset. There is no offset in spending, there are no other programs cut to pay for the help for Louisiana, but I offered to phase out a program I sponsored in 2007—that doesn't happen a lot around here—in order to pay for this emergency in Flint and help other communities with lead in their water across the country. So we have something fully paid for and for which there should be absolutely no objection.

I would love to know the objection to helping a group of people—100,000 people in Flint and other families across the country in Jackson, MS, New York, Indiana, Pennsylvania, Texas, and across the country—with something fully paid for. What is the objection to putting that into this continuing resolution if the other side of the aisle is willing to put in something that doesn't have an offset in it to help the people in Louisiana?

I support helping the people in Louisiana. I believe we are in this together as a country. As Americans, I think, no matter the emergency, we should be willing to help each other. We have had a variety of emergencies over the years, such as the fertilizer company in West, TX, where there was an explosion a few years ago. It was not a flood, not a hurricane, not a drought but a fertilizer explosion, and people were exposed. The Federal Government stepped in to help, and that wasn't fully paid for either.

Here we have a situation with 100,000 people—9,000 children under the age of 6—who are seriously exposed to lead and that exposure will affect their development, physically and mentally, for the rest of their lives. They have now waited—they have waited—over 1 year since they knew what was happening. We have finally gotten to a point where we have strong bipartisan support in the Senate, and this is easy to put this in this bill—easy. But we are in a situation where we are saying to the people of Flint: Well, wait just 3 more months. Wait until the end of the year. I guess the other question is, Why don't people in Louisiana wait until the end of the year? I think we should help both of them now.

In Flint, we literally have people getting up in the morning and saying: OK.

I have to take the kids to the school. Should I pick up the bottle of water before I take them to school or after? Gosh. Now, I don't have a car, but can I get somebody to help me go over before I go to work—pick up the bottle of water now or later? We are going to have to spend some time because it is not easy to use bottled water and do a shower for yourself and the kids, let alone for cooking and all of the other things we take for granted every day. People in Flint, for almost 2 years, have been having to deal with this every single day.

If this were happening to us, we would view it as an emergency. A decade ago—I don't know, 10 or 12 years ago—when Washington, DC, had lead in the water, somehow everybody came together to get that fixed. There was a concern about the water in the Cannon House Office Building, and that got fixed. I have a funny feeling if something happened in Wisconsin, the Speaker would decide that was serious enough to fix that, but we have a group of people in Flint, MI, who trusted their elected officials and who have been waiting—actually, incredibly patiently—for action so they can turn on the faucet and have clean water.

They had such hopes last week. This was a great moment of people coming together, 95 to 3, on a bill that would not only help families in Flint but across the country. That is how we are supposed to govern. We did that concerning the lead in the water in Flint. We went the extra mile to make sure that was fully offset by phasing out another program to pay for it.

Literally, this package could go anywhere. It could go by itself by voice vote today. It could go any number of places, but it needs to happen now. To see the continuing resolution come to the floor with help for Louisiana and not for the families of Flint is outrageous. It is just outrageous. I will do everything in my power to make sure this does not happen. We are not—we are not, I am not—going to support an effort that says to the people of Flint: You don't count. Your child doesn't count. We care about people in Louisiana. Oh, they count, but people in Flint, MI, don't count. We don't see them. We don't care.

Well, we do see them. We do care about them. We spent 8 months putting together a bipartisan coalition in the Senate, and I am grateful for that. As I said before, Senator INHOFE has been terrific to work with. We were so pleased last week that we were on track to get this done and then to find out that when we now have this opportunity and we had this huge vote—a bipartisan, fully offset, paid-for package to move it forward—suddenly Flint doesn't count. Flint families don't count. Flint children don't count. But for Louisiana, which wasn't in the WRDA bill—or so far we haven't voted on it separately—we need to help Louisiana. By the way, let me say again, I am happy to support Louisiana, but