

NAYS—13

Blumenthal	Harris	Rubio
Booker	Lee	Sanders
Cruz	Markey	Warren
Feinstein	Merkley	
Gillibrand	Paul	

NOT VOTING—3

Corker	McCain	Scott
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The nomination was confirmed.

The PRESIDING OFFICER. The Senator from California.

CHANGE OF VOTE

Mrs. FEINSTEIN. Mr. President, on rollcall No. 19, I voted yea. It was my intention to vote nay. I, therefore, ask unanimous consent that I be permitted to change my vote since it will not affect the outcome of the vote.

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

(The foregoing tally has been changed to reflect the above order.)

The PRESIDING OFFICER. Under the previous order, the motion to reconsider is considered made and laid upon the table and the President will be immediately notified of the Senate's action.

CLOTURE MOTION

The PRESIDING OFFICER. Pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will state.

The legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Alex Michael Azar II, of Indiana, to be Secretary of Health and Human Services.

Mitch McConnell, John Boozman, Jerry Moran, Marco Rubio, Deb Fischer, John Barrasso, Richard Burr, Ben Sasse, Richard C. Shelby, Cory Gardner, Mike Crapo, James E. Risch, Shelley Moore Capito, John Hoeven, Dan Sullivan, Rob Portman, John Thune.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call has been waived.

The question is, Is it the sense of the Senate that debate on the nomination of Alex Michael Azar II, of Indiana, to be Secretary of Health and Human Services, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The bill clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Tennessee (Mr. CORKER), the Senator from Arizona (Mr. MCCAIN), and the Senator from South Carolina (Mr. SCOTT).

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 54, nays 43, as follows:

[Rollcall Vote No. 20 Ex.]

YEAS—54

Alexander	Boozman	Carper
Barrasso	Burr	Cassidy
Blunt	Capito	Cochran

Collins	Hatch	Murkowski
Coons	Heitkamp	Perdue
Cornyn	Heller	Portman
Cotton	Hoeven	Risch
Crapo	Inhofe	Roberts
Cruz	Isakson	Rounds
Daines	Johnson	Rubio
Donnelly	Jones	Sasse
Enzi	Kennedy	Shelby
Ernst	King	Sullivan
Fischer	Lankford	Thune
Flake	Lee	Tillis
Gardner	Manchin	Toomey
Graham	McConnell	Wicker
Grassley	Moran	Young

NAYS—43

Baldwin	Heinrich	Sanders
Bennet	Hirono	Schatz
Blumenthal	Kaine	Schumer
Booker	Klobuchar	Shaheen
Brown	Leahy	Smith
Cantwell	Markey	Stabenow
Cardin	McCaskill	Tester
Casey	Menendez	Udall
Cortez Masto	Merkley	Van Hollen
Duckworth	Murphy	Warner
Durbin	Murray	Warren
Feinstein	Nelson	Whitehouse
Gillibrand	Paul	Wyden
Harris	Peters	
Hassan	Reed	

NOT VOTING—3

Corker	McCain	Scott
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The PRESIDING OFFICER. On this vote, the yeas are 54, the nays are 43.

The motion is agreed to.

EXECUTIVE CALENDAR

The PRESIDING OFFICER. The clerk will report the nomination.

The legislative clerk read the nomination of Alex Michael Azar II, of Indiana, to be Secretary of Health and Human Services.

The PRESIDING OFFICER. The Senator from Massachusetts.

Ms. WARREN. Mr. President, I rise today to urge my colleagues to vote against the confirmation of Alex Azar to serve as Secretary of the Department of Health and Human Services, or HHS. When Congress confirms somebody to be HHS Secretary, they are putting that person in charge of some of the most important decisions made by the Federal Government—decisions that touch the lives of every family in America. The safety of the food inside our refrigerators, the quality of our nursing homes where our grandmothers live, the price of our health insurance policy, the government's response to a flu outbreak—on these issues and many, many more, the HHS Secretary calls the shots.

When Congress debated Tom Price's nomination to be Secretary of Health and Human Services 1 year ago, I said that we should not hand over the keys to this agency unless we were absolutely sure that he would put the American people first every minute of every day. And let's be honest: Tom Price did not clear that bar; he didn't even come close. No. When he was nominated, Tom Price already had a track record of using his position in government to help exactly one person: Tom Price. But Senate Republicans were so excited to get started gutting the Affordable Care Act and ripping up Medicaid that they jammed his nomination

through without a single Democratic vote.

It turns out we are looking at someone whose record is a pretty good way to judge how they are going to fight for the American people. Tom Price didn't spend his time as HHS Secretary working for American families; he spent it burning taxpayer dollars as he flew around on private jets and military aircraft. During the 8 months Tom Price was on the job, he put his own interests before those of the American people—again and again.

Now President Trump has nominated Alex Azar to be Tom Price's replacement as Secretary of HHS. Republicans have been trying to spin Mr. Azar as a breath of fresh air—someone who can be trusted to stay off private jets while he helps them carry out their plans to gut the Affordable Care Act and Medicaid without attracting quite so much unwanted attention.

The American people aren't fooled by the spin because in the ways that matter most, Alex Azar is like Tom Price. Mr. Azar's resume reads like a how-to manual for profiting off government service. About a decade ago, he worked in government, helping regulate the Nation's most profitable drug companies. When he left, he shot straight through the revolving door and became an executive at Eli Lilly drug company. Last year, they paid him more than \$3.5 million. Not bad. Now he wants to swing right back through the revolving door again and once again regulate those same drug companies—regulate them at least until he decides to spin through the revolving door again and make more money from drug companies.

I don't think private sector experience should disqualify anyone from serving. I am rooting as hard as anyone for an HHS Secretary who actually cares about the job. But the American people deserve to know that the person running HHS is looking out for them and not for his own bank accounts or for the profits of his former employer or what makes him more marketable to his next employer.

That is why Mr. Azar faced some very tough questions in his confirmation hearing before the HELP Committee about whether he would be willing to hold giant drug companies accountable when they break the law. After all, he worked for Eli Lilly while they were cleaning up the mess after being forced to pay the largest criminal fine of its kind in U.S. history—a punishment for lying about one of its drugs and peddling that drug to nursing homes as a treatment for dementia and Alzheimer's with no proof that it worked. The word for that, by the way, is "fraud." Eli Lilly's scheme cost the government, and taxpayers, billions of dollars.

Mr. Azar started out by saying the right thing about this. He said:

Oh, that sort of behavior is unacceptable. Of course, anyone who breaks the law should be held accountable.

Sounds great. But then I scratched the surface just a little. When I pressed just a little bit harder and asked him to give the American people something more than a polished talking point, he started dancing around in his chair, bobbing, weaving, doing everything he could to avoid answering the question. Mr. Azar said he believed lawbreakers should be held accountable. I asked him five separate times during his confirmation hearing whether he thought Eli Lilly's settlement represented adequate accountability for the company's illegal behavior—five times in a row. He dodged, he danced, and he refused to give a straight answer. I asked him twice whether CEOs should be held personally accountable when drug companies like Eli Lilly break the law. Both times, he squirmed away from the question like it was some kind of snake that would bite him.

The American people deserve better than an HHS Secretary who struggles to answer the question of whether giant drug companies and their CEOs should face the music when they cheat taxpayers and lie about drugs.

On the topic of the Affordable Care Act, it is the same story all over again. Mr. Azar spent his whole confirmation hearing before the HELP Committee pretending that the Trump administration hasn't been trying to rip up healthcare coverage for tens of millions of Americans. He sat before the committee, like butter wouldn't melt in his mouth, saying things like "Oh, I don't think the Administration wanted fewer people to enroll in health insurance coverage. I'm sure they just cut the enrollment period in half because they thought it would improve access to insurance." He actually said that.

When I heard that, I wondered if he thought we were stupid. His answer was so ridiculous that I even asked him a followup question in writing to make sure I had it right, and he responded—think about this—that when the Trump administration cut the period of time that people could enroll for health insurance, he said, "I do not agree with the characterization that the Administration or the Department has made an effort to undercut open enrollment." You can't make this stuff up.

Republicans want to pretend that Alex Azar is totally different from Tom Price because Tom Price was a terrible HHS Secretary who didn't put the American people first. I don't see the difference. I see someone who doesn't want to say it out loud but who intends to behave exactly like Tom Price when he sits down behind Tom Price's old desk. He will support efforts to repeal the Affordable Care Act, gut efforts to enroll people in health insurance, and take Medicaid away from people who need it the most.

No one here should be fooled. This week is the 1-year anniversary of Tom Price's confirmation hearing before the Senate, and we know how that ended.

The American people deserve better. They deserve an HHS Secretary who

will put them first. I will be voting against Alex Azar because I don't believe he meets that standard.

Mr. President, I yield.

The PRESIDING OFFICER. The Senator from Michigan.

Ms. STABENOW. Mr. President, I rise today to speak about why I, too, will be opposing Alex Azar to be the Secretary of Health and Human Services.

I appreciate, as always, my great friend from Massachusetts and her advocacy for the people of her State and all of the country.

Perhaps more than any other agency, the Department of Health and Human Services touches the lives of people in Michigan and across the country every single day. It provides families access to Head Start and other early childhood education programs that help our youngest learners get off to a strong start. It helps ensure that families have health insurance, whether through Medicare, Medicaid, children's health insurance, or private insurance. It administers the Food and Drug Administration, which makes sure that medications are safe and effective. It works to ensure that health insurance and prescription drugs are affordable because the best medication and health coverage in the world will not help anyone if they can't afford them.

In short, this position is all about people. I expect our next Secretary of Health and Human Services to, above all, put people before politics or profits. Unfortunately, I do not have confidence that Mr. Azar will do that.

Some of my biggest concerns come in the area of prescription drugs prices—an issue that is extremely important in Michigan. I have spent a tremendous amount of time focused on that over the years, on what needs to happen. Bringing down costs for families is a very, very critical issue for so many, if not every family in Michigan. Far too many of our families are struggling to keep up with the rising cost of prescription drugs.

Take Patricia, who is 73 years old and a retired nurse. Patricia's doctor prescribed Humira for her severe rheumatoid arthritis. When she called the pharmacy, she learned the prescription would cost \$1,405. Patricia told me:

There is absolutely no way I can afford this amount on a monthly basis. Someone somewhere is getting extremely wealthy off of seniors. These companies should be called to task for their greed.

I agree with Patricia.

We know that Patricia is not alone in her struggling to afford her medication. Between 2008 and 2016, prices on the most popular brand name drugs rose over 208 percent—more than double in the United States.

I can tell you that the average Michigan family's income didn't double during that same time. These outrageous price increases force people in Michigan and across the country to do things we have heard so much about—split pills in half, skip doses, and even go

bankrupt—just to stay on the medications they need to stay healthy or to even stay alive. These folks are spending money on prescriptions that they could be using to save for their retirements or to pay for college for their kids. That is wrong, and it needs to change.

I don't believe that Mr. Azar—a longtime pharmaceutical company executive with a track record of dramatically increasing drug prices—is the person who can make that change.

Here is an example: insulin. People who have diabetes, as we know, need it to stay alive—children, adults, seniors. Yet staying alive has become increasingly unaffordable, in part, thanks to Mr. Azar, the former president of Eli Lilly USA. The price of one vial of Eli Lilly's Humalog increased from \$21 in 1996 to \$123, when Mr. Azar became its President, to \$255 in 2017, when Mr. Azar left. As we know, people need more than one vial.

Mr. Azar says he agrees that prices are too high, but he does not seem ready or willing to do much about it. I want to know, if he thought they were too high, why he didn't lower them rather than raise them when he was in his position as president of Eli Lilly USA. I told him that the National Academies of Sciences, Engineering, and Medicine at our Finance hearing recommended allowing HHS to negotiate prices. He said they were wrong, that the Federal Government shouldn't negotiate prices for people to get the best deal. Common sense tells us that that is what should be happening and should have been happening for years.

Mr. Azar also opposes the importation of safe and affordable prescription drugs from Canada. That is despite the fact that his former company, Eli Lilly, sells the identical insulin product in Canada and around the world for less than it sells it for here.

Now, let's get this picture. One can go across a bridge from Detroit, into Windsor, which is 5 minutes, 10 minutes across the bridge, and dramatically drop the cost of one's insulin from the same company. Eli Lilly and other drug companies argue that the problem is it is not safe. So are they saying that Eli Lilly's insulin on one side of the bridge, in Windsor, is not safe to take across to the other side of the bridge? We open our bridges, and we export and import every single day most everything but prescription drugs. Why does Mr. Azar think people in Michigan should pay more for a decades-old drug than the people who are just a few miles away in Canada?

By the way, insulin has been around for—what?—I don't know—100 years or something. I mean, at some point, you recoup your costs, but this particular brand of insulin is sold on one side of the bridge in one country, in Canada, for less than it sells it on the other side. People in Michigan need to know why they think that makes any sense. It sure doesn't make any sense to me, and it sure doesn't make any sense to Steven from Michigan.

Steven is a 47-year-old veteran from Swartz Creek, who has type 2 diabetes. His doctor prescribed an Eli Lilly medication called Glyxambi, which has worked really well to control his blood sugar, but he cannot afford it. The medication costs more than \$2,000 for a 90-day supply, and there is no generic equivalent. Hmm. I wonder what it costs in Canada.

In Steven's words:

The drug companies are holding us hostage! I now see why some seniors cut their meds in half. Something has to be done.

I couldn't agree more. Something has to be done, as Steven has said. Unfortunately, I don't believe that Mr. Azar will do it.

Drug prices aren't the only issue that concern me about this nomination. Last week, we learned that 3.2 million more Americans were uninsured at the end of last year, in December, than at the end of the year before. There were 3.2 million more people who didn't have insurance. It was the largest single year drop in the number of people who have insurance. It was the highest increase since 2008 of those who don't have insurance. This was a huge step backward from just a year earlier when the United States hit an all-time low of 10.9 percent of the number of people who didn't have insurance. Recently, we saw the passage of a tax bill that, among other things, will leave 13 million more Americans uninsured and will drive up the premiums—even higher—by double digits.

They are not done yet.

Right now, the HHS and the Trump administration are considering rules that would expand the availability of insurance plans that don't cover essential health benefits. At another time, they were called junk plans. I can remember before we put in place the requirement for basic health benefits to be covered that someone would call me and say: I have had insurance for years and have never needed it. I got sick and discovered—oh, my gosh—it would only cover 1 day in the hospital. I didn't know. Those are called junk plans. You think you are OK until you actually need medical care, until you actually need coverage. Then you find out you were paying for something that was just a bunch of junk.

We now have in place consumer protections. We have in place consumer requirements that are called essential benefits. Why? Because they are essential. Emergency room coverage is pretty essential as well as hospitalization. Everybody assumes, if one has insurance, one is covered in the hospital for the amount of time one needs to be in the hospital. Mental health and substance abuse treatment, prescription drugs, and maternity care are basic things that every person may need in one's lifetime as it relates to one's health.

When I asked Mr. Azar if he believed plans should have to cover essential health benefits, he avoided really answering the question. He said that he

would “work to ensure the least disruptive approach to implementing these policies and to appropriately consider the concerns expressed by stakeholders”—called people who need healthcare—“during the rulemaking process.” We don't need the least disruptive approach to implement bad rules. Instead, we need an approach that doesn't disrupt people's healthcare. This is a matter of life and death every day for someone in Michigan and across the country.

I also asked Mr. Azar whether he believes that all health plans should be required to cover maternity care and newborn care at no additional cost. It is pretty basic. If you are a woman, it is pretty basic in terms of coverage. Once again, he ducked, saying, “It is critical that every woman have access to high-quality prenatal care.” We know what that means because, before the Affordable Care Act, only 12 percent of the plans in the individual market covered maternity and newborn care.

You find yourself in a situation as a young woman—a very common situation that will happen—where you are newly married and struggling to get started. You don't plan to get sick, and you are not planning to have a baby, so you get the skimpiest health plan that you can have that you think will kind of cover you. Then something happens. Fifty percent of the time, we know that in young couples, there are unexpected pregnancies. Then whoops. It is prior to the Affordable Care Act. Oh, now you have a preexisting condition. You are going to have to pay more if you can get coverage at all.

I cannot tell you how many times I have heard that from women I know, from people I represent in Michigan. It is pretty basic for women that maternity care and newborn care should be covered, and it is now without extra cost because it is basic care for women. Yet we have an HHS nominee who is not willing to say: Yes, maternity care is basic for women, and women shouldn't have to pay more to get basic healthcare, like maternity care and newborn care.

Let me speak about another issue. If confirmed, Mr. Azar would also be in charge of Medicare and Medicaid, which raises additional concerns for me about the people whom I represent.

Thanks to Michigan's Medicaid expansion—a bipartisan effort in Michigan—660,000 more people have insurance, and uncompensated care has been cut by 50 percent—cut in half—which means 50 percent more of the people who walk into the emergency room can actually pay for the care they are getting. It is not rolled over onto everybody else. It used to be, if somebody could not pay, everybody else would see his insurance rate go up, and taxpayers would pay more. Those costs have gone down 50 percent, and 30,000 jobs have been created as part of that process. Projections show that last year, the State of Michigan ended up

saving money for the taxpayers; \$432 million was saved because more people had insurance and could pay for the medical care they were getting. I thought that was what we wanted—for people to be able to pay for their medical care.

Despite the President's promise not to cut Medicaid, every Republican health proposal that came before Congress last year had one thing in common—huge cuts to Medicaid. Then-Secretary Price pushed for the passage of these bills, and during that time, Mr. Azar said he supported those bills to gut Medicaid. In fact, the current budget resolution that we are under, which was passed by this Senate, has \$1 trillion in Medicaid cuts, as well as almost one-half trillion dollars in Medicare cuts. It has not yet taken effect because they have to take another step to actually pass the bills in the Senate, but it is ready to go. It is in the budget resolution.

Mr. Azar said he supported the bills, and it would put Medicaid on a more sustainable footing. Three out of five seniors in Michigan who are in nursing homes get their nursing home care through Medicaid health insurance—three out of five seniors. A more sustainable footing? Not for them and not for their families. I will tell you what is not sustainable—Michigan families trying to survive without health coverage, the medical care that they need.

In conclusion, the people in Michigan know what the next Secretary of Health and Human Services needs to do. It is a pretty big job that affects part of everyone's life in some way.

That person needs to, among other things, bring down the cost of prescription drugs immediately through the power of negotiation. He needs to take the shackles off in terms of exporting and importing prescription drugs. Just like any other product, we ought to have safe importation and competition across the border to bring down prices. We ought to have increased transparency, not the nominee's history of raising prices over and over. That person needs to protect and strengthen Medicaid and Medicare, not cut benefits, and that person needs to enforce patient protections, like the essential health benefits, like the ability for a woman to know that her basic healthcare—and, if she has a baby, prenatal care or postnatal care—will be covered without her having to pay more because she is a woman. That is what should be happening—patient protections. We do not need someone who thinks it is OK to go backward and erode them.

That is why I am voting no on Mr. Azar's confirmation. I hope my colleagues will take a serious look and do the same. The health of the people of Michigan and the people of this country depends on it.

I thank the Presiding Officer.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Montana.

Mr. DAINES. Mr. President, I ask unanimous consent that notwithstanding the provisions of rule XXII, all postcloture time on the Azar nomination expire at 2:15 p.m. tomorrow, January 24, and the Senate vote on confirmation of the Azar nomination with no intervening action or debate; finally, that if confirmed, the motion to reconsider be considered made and laid upon the table and the President be immediately notified of the Senate's action.

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

UNANIMOUS CONSENT AGREEMENT—EXECUTIVE
CALENDAR

Mr. DAINES. Mr. President, I ask unanimous consent that notwithstanding the provisions of rule XXII, following the cloture vote on the Brownback nomination, the Senate proceed to the consideration of the following nomination: Executive Calendar No. 552. I ask consent that the Senate vote on the nomination with no intervening action or debate; that if confirmed, the motion to reconsider be considered made and laid upon the table; that the President be immediately notified of the Senate's action; that no further motions be in order; and that any statements relating to the nomination be printed in the RECORD, and the Senate resume consideration of the Brownback nomination.

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

LEGISLATIVE SESSION

MORNING BUSINESS

Mr. DAINES. Mr. President, I ask unanimous consent that the Senate proceed to legislative session for a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

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

REMEMBERING GLENN CALEBS,
SR.

Mr. MCCONNELL. Mr. President, on November 16, 2017, Laurel County lost a beloved presence in their community with the passing of Glenn Calebs, Sr. He was 92 and dedicated his life to serving this country and those around him.

A Navy veteran of the Second World War and a member of the Greatest Generation, Glenn had a strong sense of patriotism. Those who knew him said he made it a priority to participate in the annual Veterans Day celebrations in Laurel County whenever possible. The judge-executive of Laurel County recalled that he knew he could count on Glenn to be at his side during the parade every year.

Members of the community knew how deeply Glenn cherished his family and his church. One of his friends said it best when he recalled to a local newspaper, "He was a true gentlemen

of Laurel County. . . . He was a pillar of the community and the community will miss him."

We are forever grateful for Glenn's service to our country at a time when we needed it most. I ask my colleagues to join Elaine and me as we send our condolences to his three children and four grandchildren. We hope that their fond memories of his selfless spirit will help them heal from their loss.

Mr. President, the Sentinel Echo recently published an article on Glenn's life and service. I ask unanimous consent that a copy of the article be printed in the RECORD.

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

[From the Sentinel Echo, Nov. 17, 2017]

CALEBS REMEMBERED

(By Nita Johnson)

Although his hair became a silvery white as the years went by, the smile and love for others that marked Glenn Calebs Sr. never did.

The 92-year-old World War II Navy veteran passed away on Wednesday at the University of Kentucky Medical Center, where he had been a patient for the past several weeks.

Calebs spent his life as a farmer after serving his country during the war. He was dedicated to his family, his church, and his community.

He was extremely proud of his military service. It was seldom that Calebs was not present for the annual Veterans Day activities at various locations in the area. In fact, his recent illness that kept him in Lexington during this year's Veterans Day celebrations was a source of worry for the elderly man.

Laurel County Judge Executive David Westerfield got emotional during this year's program, telling that since the ceremonies began six years ago there had been three people who rode in Westerfield's vehicle in the initial parades.

"I've always had Warren Scoville, my brother Johnny and Glenn Calebs ride with me," Westerfield said. "This year none of them are here."

Westerfield paid tribute to Calebs after hearing of his passing.

"Glenn Calebs was a very well respected individual in our community," he said. "He was a very close friend of mine that I enjoyed spending time with. He always went out of his way to help anyone. He proudly served his country and was always involved in our Veterans' parade each year."

"Ironically, my last conversation with Glenn was a phone call he made to me a little over two weeks ago, letting me know that he wouldn't be able to attend the Veterans Parade this year. He was so disappointed that he wouldn't be able to be there."

"I will always treasure his friendship and he will be greatly missed," Westerfield said.

That sentiment was seconded by Charlie Pennington, who served as a U.S. Marshal, board member of the London Laurel County Industrial Development Authority and its eventual director.

"He was a true gentleman of Laurel County," Pennington said. "They don't make them like that every day."

Pennington said he was more familiar with Calebs from his farming ventures.

"He made his presence known at Farmers Markets. He always raised a garden and had a big crop of tomatoes," he said.

"He had a daughter and two sons and all are fine people," Pennington added. "He was

a pillar of the community and the community will miss him."

REMEMBERING BUD HAYS

Mr. MCCONNELL. Mr. President, today I wish to remember the life of Bud Hays of Knott County, KY, who passed away on November 21, 2017, at the age of 98. A veteran of the U.S. Army, Bud received multiple awards for his military service during World War II.

Born in Quicksand, KY, Bud was the youngest of a dozen children. The family moved to Hindman, KY, where Bud grew up in a small log cabin. He later enlisted in the Army at the age of 16. Serving on the front lines during the Second World War, Bud traveled around the world to Germany, Africa, and Australia in service to his Nation. Under the command of General Patton as an Army infantry medic, Bud risked his own life in order to save the lives of other soldiers. Bud was shot in the hand and, after being discharged, received the Purple Heart, Military Heart, and Bronze Star.

After World War II, Bud returned to Knott County, where he ran a grocery store, drove a school bus, and raised a family. Bud and his wife, Elouise, had four children: his son Doug, as well as his three daughters Kathy, Linda, and Marlene. Elaine and I send our condolences to their children, their family, and friends.

TRIBUTE TO STAN STEIDEL

Mr. MCCONNELL. Mr. President, I would like to recognize a legend in Kentucky's high school athletics, Coach Stan Steidel. This month, Dayton High School in Campbell County is marking Stan's decades of service to the school and its students by renaming the basketball court in his honor. I would like to join the community in thanking Stan for his support of Kentucky's student-athletes.

Stan, who graduated from Dayton High School in 1959, has spent more than 50 years in education, helping guide the next generation of Kentuckians to a bright future. Throughout his career, he has earned a long list of accolades as a coach, a teacher, an athletic director, and as an administrator.

In 1979, along with a group of coaches, Stan established Kentucky's "All A" Classic, a tournament for smaller schools. The first basketball tournament in 1980 hosted eight schools, all from northern Kentucky. Through the persistence of many individuals like Stan, the classic continued to grow. In 1990, the founders' dream became reality with a statewide tournament with the winning teams from 16 regions.

The classic has continued to develop, adding more sports, arts, academic team competition, and Junior ROTC tournaments. It has also grown as a program to help student-athletes compete at a collegiate level, giving more