

officers in the communities they swear an oath to serve. That is why I am working with colleagues of both parties on legislation to support law enforcement as they do their jobs. I am joined by Arkansas Republican Senator COTTON to reintroduce our Protecting First Responders from Secondary Exposure Act to protect first responders when they encounter dangerous substances like fentanyl on the job. We introduced the Providing Officers With Electronic Resources Act to help State and local law enforcement organizations secure high-tech, portable screening devices to detect fentanyl—similar equipment and detection devices that our men and women serving us at the border have.

Our law enforcement officers are on the frontlines of the addiction crisis. They are dealing with evermore dangerous forms of fentanyl on the job. It is why I work with Members of both parties on a plan to target the illicit fentanyl supply chain, from the chemical suppliers in China to the cartels that transport the drugs in Mexico.

I am pleased the Presiding Officer today is someone who has great expertise in that, representing his State of New Mexico in that part of the world.

I will keep fighting to make sure police officers can retire with dignity. My bipartisan Social Security Fairness Act will ensure that Social Security benefits will be there when officers retire from a life of dedicated service—officers who pay into the State retirement system but also paid into Social Security.

I will work to ensure first responders have the support they need to cope with stresses of responding to crisis situations.

This Police Week, let's offer law enforcement officials and public servants more than empty words. Let's honor the memory of these women and men who laid down their lives and served their communities by getting their fellow officers the tools and training they need to do their jobs and to build trust with communities they are sworn to protect.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

DEBT CEILING

Mr. WYDEN. Mr. President, as chairman of the Senate Finance Committee, I am pleased to be joining my colleagues on the Senate floor today to discuss the importance of Medicaid to American families.

Right now, Republicans in the House of Representatives are pushing a scheme that threatens Medicaid coverage for over 20 million Americans.

Over the course of the evening, my colleagues on the Senate Finance Committee and I will make clear why this is a bad deal for all Americans. Democrats in the Senate won't stand for it.

Now I am going to turn it over to Senator CASEY for his remarks, and I believe we will have other Senators from the Finance Committee coming next. And I will wrap it up.

Senator CASEY.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. CASEY. Mr. President, I want to start by thanking Chairman WYDEN for his leadership on a range of issues that are important to vulnerable Americans, Medicaid being in the lead of that.

Over and over again, Chairman WYDEN has led us to ensure that we don't provide the kind of cuts that have been proposed in this debate about the next steps on ensuring that America doesn't default. And there is no question that not just people on both sides of the aisle but the American people want us to ensure that we do not default.

The consequences of default—I won't itemize them. I think Americans are well familiar with them, but the consequences of default in a word would be “catastrophic” for every family, for every community in the country, and the consequences are too numerous to cite for tonight's purposes.

But here is the problem: Even as most Americans want to take default off the table—most Members of Congress do—there are still some Members of the House, House Republicans, who want to keep default on the table or, in order to agree with the consensus, their pathway to avoiding default is to cut and cut and cut and decimate programs that are important to vulnerable Americans.

They would cut tens of billions, for example, from the Supplemental Nutrition Assistance Program, and the TANF Program, the Temporary Assistance for Needy Families Program, and the Children's Health Insurance Program. There are tens of billions just in those programs alone.

And then, as Chairman WYDEN made reference to, Medicaid. The proposed cuts by House Republicans would devastate so many Americans who rely upon Medicaid: children, seniors, people with disabilities.

It would also, at the same time, not just be cuts of millions or tens of millions, it would be a \$100 billion cut to Medicaid over 10 years. That is the proposal. That is what we are supposed to accept as the only pathway, the only pathway to avoiding default.

Everyone knows that is a lie. Everyone knows that is throwing sand in the eyes of the people so that they can't see the truth right in front of them. We must reject any bill that will increase poverty and take away healthcare from Americans.

What is Medicaid? I think we found out a lot more about what that program means to so many Americans over the last 10 years, when there were proposals over and over again to cut by 10 billion a year or 20 billion or 50 billion a year, proposed by House Republicans over and over again.

Medicaid tells us who we are as a people, as a country. It also tells us whom—whom—we value. We value our children, whether they live in rural

areas or small towns or in cities or suburban communities. We value those children. And that is what Medicaid is all about, making sure those children have healthcare.

We value people with disabilities. We say to ourselves as a people, we have to help folks who have a disability so they can lead a full life. Medicaid does that by providing healthcare to people with disabilities, especially children with disabilities. We found that out in a very real way when we were debating the proposal right here on the Senate floor in the summer of 2017.

When some said we should get rid of the Patient Protection and Affordable Care Act, the consequence of that, of course, was to devastate children on Medicaid who have disabilities.

Thirdly, of course, Medicaid tells us who we are because it protects seniors; it provides healthcare for seniors; it allows seniors to have long-term care. Now the same crowd, Members of Congress, who were proposing cutting Medicaid by \$100 billion over the 10 years, that is the same crowd who voted on a tax bill in 2017. Right around Christmastime, in December of 2017, they voted and passed a tax bill that gave away the store to very wealthy Americans and big corporations.

Now, they didn't have any compunction then about revenue. They said: We have got plenty of revenue so we are going to cut taxes for wealthy people and big corporations.

Now they come to us and say: Oh, we need to make cuts. We need to make cuts, and the cuts go to programs that help the most vulnerable.

Here is what Medicaid does for three groups of Americans: It makes it possible for one-third of all women in the United States of America to receive consistent, comprehensive prenatal care to increase the likelihood of having a healthy baby born at full term.

The House Republican bill puts one-third of pregnant women at risk of losing—losing—prenatal care. Here is what it means for Pennsylvanian families, women, and their children: About 43,700 births in the State of Pennsylvania each year are paid for by Medicaid, covered by the Medicaid Program. So that is one-third of Pennsylvanians or Americans who happen to be women who are pregnant.

Second, Medicaid provides healthcare and services for about half—about 45 percent—of all the adults in the country with disabilities. That is 10 million people in America who are benefited directly by the Medicaid Program.

The House Republican bill would expand the waiting list for home- and community-based services for seniors and people with disabilities. That is what they would do, make that waiting list, which is intolerably too long right now, make that longer.

Third, Medicaid pays for two-thirds of all long-term care for older adults who need nursing home or home care services. Again, the Republican House bill would cut funds for two-thirds of

older adults who live in nursing homes or in their own homes with support.

What does that mean for Pennsylvanians? About 63 percent of nursing home residents use Medicaid as their primary payor. They couldn't get into a nursing home. They would not have long-term care absent the Medicaid Program, but House Republicans want to cut that program.

In our State, nearly 3.7 million people rely upon either the Medicaid Program or the Children's Health Insurance Program, 3.7 million Pennsylvanians, and yet even some Members of the Pennsylvania delegation in the House want to cut the Medicaid Program.

The Republican bill passed by the House would put a million Pennsylvanians at risk of losing Medicaid immediately—1 million Pennsylvanians. So let's take default off the table. Yes, take it off the table.

But let's also take off the table cuts to Medicaid, cuts to the SNAP program, the Temporary Assistance for Needy Families Program, as well as the Children's Health Insurance Program.

These programs, and especially for purposes of tonight's focus on Medicaid, tell us who we are as a country and whom we value. I think we can do better than what has been proposed on the House side.

We can avoid default and make sure we are meeting our obligations, not just to the Nation, in terms of our economy, but meeting our obligations to our families, the most vulnerable families in our Commonwealth and in our country.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. We are going to recognize next our distinguished colleague from Massachusetts. I just want to say, Senator CASEY has made, as is usually the case, an eloquent argument that preventing default and standing up for the most vulnerable people, those two are not mutually exclusive. You can do both.

And Senator CASEY's arguments, as is usually the case in our Senate Finance Committee, really strike home to this Senator. And I want to thank him for day in and day out talking common sense and making it clear that default is unacceptable and harming so many vulnerable Americans, in Pennsylvania, Oregon, Massachusetts, and elsewhere, is also unacceptable. And I thank my friend.

And we have another passionate advocate for people who are vulnerable from the Senate Finance Committee, our friend from Massachusetts Senator WARREN.

The PRESIDING OFFICER. The Senator from Massachusetts.

Ms. WARREN. Mr. President, I want to say a very special thank-you to Chairman WYDEN for coming here tonight to talk about the consequences of default. Our whole Nation needs to tune in and pay attention to this be-

cause this is literally about the future of our country.

KEVIN McCARTHY and House Republicans are holding America's economy hostage. Even worse, the Republicans are holding America's good name around the world and America's promise that we pay our debts hostage.

Instead of passing an increase in the debt ceiling, Republicans have put forward a set of incredibly damaging proposals that would hurt families around the country, proposals that are so unpopular that the only way that Republicans could possibly pass these proposals is to threaten to derail the entire economy if they don't get their way.

Now, let's be clear. KEVIN McCARTHY is the only one who will not take default off the table. Joe Biden has said no default. CHUCK SCHUMER has said no default. HAKEEM JEFFRIES has said no default. Even MITCH McCONNELL has said no default. But KEVIN McCARTHY is still driving this Nation toward default.

Now, every aspect of the House Republican proposal is deeply harmful, but I am here today to talk about three of the most wrongheaded provisions in their plan: the threat to take away health coverage for more than 21 million Americans; the threat to take away food assistance from 1 million people struggling with hunger; and the threat to take away income assistance for our poorest families.

Republicans' assault on Medicaid, SNAP, and TANF is no surprise. For years, Republicans have worked to undermine these programs which protect the most vulnerable Americans.

People enrolled in these programs are already walking a tightrope to make ends meet. Now Republicans want to use an old trick to make it even harder by trapping applicants in a maze of burdensome and unnecessary paperwork.

Republicans call these rules "work requirements." I call them "unworkable requirements." We need to call these proposals for what they are: a bald effort to kick people off the programs they need to survive.

The unspoken Republican mantra is: Let them get sick. Let them starve. And let them live on the streets with no hope.

Let's be clear. The Republican demands are pure politics, not a serious solution to a serious problem.

Currently, over 90 percent of people on Medicaid are either employed, in school, living with a disability or a debilitating illness, or caring for a baby or a disabled loved one. About three in four people receiving food assistance and 60 to 80 percent of parents receiving income assistance were employed within a year of being in the program. In fact, States that had expanded their Medicaid Program report not only better health outcomes and financial stability for people enrolled in the program but also higher employment numbers—that is higher, not lower,

rates of employment when people can just get a little help. In fact, when the Congressional Budget Office studied the Republican Medicaid proposal, they found that it would have "no change in employment or hours worked by Medicaid recipients."

So let's not kid ourselves. This Republican plan is not about work. It is about weaponizing redtape to strip healthcare and other critical assistance from tens of millions of Americans.

But you don't have to take my word for it. In Arkansas, the only State that has implemented Medicaid work requirements, one in four adults who were subject to these rules lost their health coverage, despite the fact that 95 percent of all enrollees were already working or qualified for an exemption. Why? How could this happen? It happened because the reporting requirements were so burdensome, so difficult to navigate, that people—particularly, people with disabilities and people with chronic illnesses—couldn't run through the maze.

That meant that more people in Arkansas were forced to ration medication. More had to delay medical care, and more had to take on medical debt. And for the cherry on the top, there is no evidence—none—that the Arkansas policy increased the rates of employment—which makes sense. If you are not healthy, how are you supposed to work?

Now, Republicans have been down this road before with SNAP and with TANF as well. Indeed, this is where they perfected the redtape scams. Now Republicans are demanding expansions to existing work requirements in SNAP—requirements that we already know kick people out of the program without having any impact on employment.

And after Republicans implemented strict work requirements on TANF families, program participation dropped by nearly 20 percent in just 3 years. Studies show that this redtape increased barriers to employment and led to poorer health outcomes, especially for Black and Brown families. This latest Republican proposal makes the maze of work requirements even more complex.

But, you know, there is one group that profits from making the eligibility maze more complex: private contractors. Private contractors that make their profits by kicking recipients out of the programs or otherwise trapping them in a cycle of poverty. Maximus, for example, has earned \$1.7 billion in the last decade administering redtape for more than half of the States, but it has been caught shoving poor Americans into unsustainable poverty-level jobs or even totally unpaid work. And then Maximus gets paid when these workers cycle repeatedly on and off, on and off welfare.

By kicking millions of Americans off Medicaid, SNAP, and TANF, the Republican redtape scam claims to save

\$120 billion. But keep in mind that the States will be the ones that will be forced to administer all of the redtape and pay the cost for that.

Congressional Republicans are ready to drive our economy off a cliff, and why? To fulfill their dream of erasing America's safety net. KEVIN McCARTHY is the only one who won't take default off the table.

Democrats, including President Biden, have been clear: These dangerous proposals are not going anywhere. We will not create a redtape maze that has been a complete failure every single time it has been tried.

It is long past time for Republicans to stop playing games and to raise the debt ceiling.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Oregon.

Mr. WYDEN. Mr. President, before she leaves, I would like to thank my colleague for an eloquent statement that really lays this case out, and I am going to try to pick up now where you left it, and I thank you for it.

These compelling arguments from the Senators from Pennsylvania and Massachusetts show the importance of Medicaid to all of us on our side, and I am just going to wrap up by laying out three key laws in the House Republican proposal to cut Medicaid.

First, most Americans with health coverage through Medicaid are already working if they are able.

Second, the House Republican plan to cut Medicaid is going to put millions of Americans at risk, including seniors in nursing homes. And I am going to describe a little bit later how that happens.

And, third, the track record laid out by Senator WARREN shows that working requirements have been a bureaucratic nightmare for Americans.

It is hard, Senator WARREN, to figure out how the so-called "small government" Republicans have become so fond of bureaucracy and redtape.

Here is why House Republicans want to slash Medicaid by billions. They say it is about work. It is really about securing an ideological trophy on the evidence-free proposition that Americans near the poverty line are actively choosing to stay there instead of working.

So what has this work reporting requirement really been about? It has been about ripping away health coverage from Americans who Republicans have judged to be unworthy.

Don't take it from me. An analysis from the Kaiser Family Foundation paints a pretty clear picture of who is going to be at risk of losing coverage.

As of 2021, there are 25 million adults ages 19 to 64 who are enrolled in Medicaid. Forty-three percent are working full time, and 18 percent are working part time. I will stop right there and note that that is equal to the national labor force participation rate at 61 percent.

For the remainder with Medicaid coverage who are not working, 13 per-

cent are caregiving for a child or relative; 11 percent are unable to work because of illness or disability; 6 percent are attending school. The remaining 9 percent of Americans are not working because they are retired or unable to work.

Here is the catch. Under the House Republican scheme, the majority of these Americans would be forced to report to the States whether they are working and how much, each and every month, under the threat of losing their health insurance. My Republican colleagues are fond of sharing their small government bona fides, but to me that sounds like a lot of bureaucratic redtape. What is worse, the Congressional Budget Office found in an analysis just last year that these work requirements that we are talking about did not increase employment.

Mr. President, now I am going to explain how this ill-conceived proposal is going to hurt more Americans than those who are subject to work requirements.

The House Republican bill cuts Medicaid by over \$100 billion. It comes from one source: Americans getting kicked off Medicaid. The only way for Americans to retain Medicaid coverage would be for States to pick up the whole bill. That means you are just shifting the Federal share of Medicaid on to States that don't want to saddle their health programs with more bureaucracy and bureaucracy that has never been shown to increase employment.

Shifting Medicaid costs to States has real consequences. This is not some kind of abstract theory. When the Federal Government reduces how much it contributes to a State's Medicaid Program, the State has to make up the difference. That means States face tough choices about which Americans will have health coverage and whether hospitals and nursing homes are going to face funding cuts which threaten their ability to stay open. Doctors could see their pay cut. State options, like a full year of postpartum care, which Congress created on a bipartisan basis, something which has been of special importance to the Presiding Officer, would be subject to cancellation.

These cuts will jeopardize our parents' or spouse's access to Medicaid nursing home benefits or cut resources for home care, which allows people with disabilities and the elderly to receive care in their homes instead of moving into an institution.

Unfortunately—and I will close with this—there are real-world examples to illustrate what happens when a State conducts counterproductive bureaucratic requirements. During the Trump administration, Federal health Agencies allowed Arkansas to conduct this work reporting experiment. Within the first year, 18,000 people lost Medicaid coverage, about a quarter of those subject to work reporting. A year later, nearly 90 percent of those who lost coverage had not reenrolled. Those who were enrolled in the Arkansas Works,

as it was titled, program painted a very bleak picture. Reporting their work was all kinds of redtape. The website was down nights and weekends, supposedly for maintenance, and plagued by errors, difficult to access on mobile devices. Calling the help line resulted in an endless parade of robotic questions and dead ends.

These are just some of the hoops that bureaucrats designed primarily to keep Americans from health coverage. Keep in mind that these are families who walk an economic tightrope every week, balancing food against housing, housing against transportation. Many don't have reliable access to the internet or a cell phone, especially true in rural areas.

It is no secret that affordable health coverage is critical to staying healthy and financially stable. If you need medical treatment but you can't afford it, getting or keeping work up is going to be that much harder. That is why this policy envisioned in the House is upside down and cruel. It slams the door and throws away the key on Americans trying to get back on their feet. The reality is that having Medicaid health coverage supports Americans' ability to join the workforce. It doesn't deter them from working.

And it is not just Medicaid that the House Republicans want to come after. My colleagues talked about food assistance, like SNAP. I mean, you talk about food assistance, a real lifeline to people staying healthy.

Even in the early months of this Congress, I want to say tonight that it is possible to find lots of room for bipartisan agreement on healthcare. Right now, I am working closely with my partner on the Senate Finance Committee, my colleague from Idaho Senator CRAPO, to take on the drug middlemen known as the pharmacy benefit managers. I am confident that we can find common ground, and we will be on the Senate floor with this idea to make a positive, bipartisan change for American families.

For everybody who is paying attention to this, it is not a big secret that there are other ways to save taxpayer dollars. You know, last week, the Senate Finance Committee dug into the question of how the big pharma companies generate their sales. Almost all of them are in the United States, and then for purposes of paying taxes, they race overseas for lower rates and hiding their profits.

I will close by saying that, in cutting vulnerable people, like I think is going to happen with all of this back-and-forth in States that are trying to figure out how to pay their bills, it is going to hurt nursing home patients.

What this is all about is the House is going to create an entirely new level of bureaucracy and paperwork, all in the name of taking away health coverage for more Americans. This is not a proposition that colleagues on this side of the aisle are going to support.

I want it understood as we wrap up, as chairman of the Senate Finance

Committee, I am going to work with my colleagues on our committee and throughout this side of the Chamber to fight these policies that come after Medicaid. We will fight them every step of the way because they are wrong, wrong, wrong.

I yield the floor.

The ACTING PRESIDENT pro tempore. The majority leader.

LEGISLATIVE SESSION

Mr. SCHUMER. Mr. President, I move to proceed to legislative session.

The ACTING PRESIDENT pro tempore. The question is on agreeing to the motion.

The motion was agreed to.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. SCHUMER. Mr. President, I move to proceed to executive session to consider Calendar No. 175.

The ACTING PRESIDENT pro tempore. The question is on agreeing to the motion.

The motion was agreed to.

The ACTING PRESIDENT pro tempore. The clerk will report the nomination.

The senior assistant legislative clerk read the nomination of Jeremy C. Daniel, of Illinois, to be United States District Judge for the Northern District of Illinois.

CLOTURE MOTION

Mr. SCHUMER. Mr. President, I send a cloture motion to the desk.

The ACTING PRESIDENT pro tempore. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The senior assistant 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 Executive Calendar No. 175, Jeremy C. Daniel, of Illinois, to be United States District Judge for the Northern District of Illinois.

Charles E. Schumer, Raphael G. Warnock, Mazie K. Hirono, Jeanne Shaheen, Elizabeth Warren, Catherine Cortez Masto, Margaret Wood Hassan, Jack Reed, Mark Kelly, Tammy Duckworth, Chris Van Hollen, Amy Klobuchar, Peter Welch, Jeff Merkley, Richard J. Durbin, Alex Padilla, John Fetterman, Robert P. Casey, Jr., Sherrod Brown.

LEGISLATIVE SESSION

Mr. SCHUMER. Mr. President, I move to proceed to legislative session.

The ACTING PRESIDENT pro tempore. The question is on agreeing to the motion.

The motion was agreed to.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. SCHUMER. Mr. President, I move to proceed to executive session to consider Calendar No. 177.

The ACTING PRESIDENT pro tempore. The question is on agreeing to the motion.

The motion was agreed to.

The ACTING PRESIDENT pro tempore. The clerk will report the nomination.

The senior assistant legislative clerk read the nomination of Darrel James Papillion, of Louisiana, to be United States District Judge for the Eastern District of Louisiana.

CLOTURE MOTION

Mr. SCHUMER. Mr. President, I send a cloture motion to the desk.

The ACTING PRESIDENT pro tempore. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The senior assistant 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 Executive Calendar No. 177, Darrel James Papillion, of Louisiana, to be United States District Judge for the Eastern District of Louisiana.

Charles E. Schumer, Raphael G. Warnock, Mazie K. Hirono, Jeanne Shaheen, Elizabeth Warren, Catherine Cortez Masto, Margaret Wood Hassan, Jack Reed, Mark Kelly, Tammy Duckworth, Chris Van Hollen, Amy Klobuchar, Peter Welch, Jeff Merkley, Richard J. Durbin, Alex Padilla, John Fetterman, Robert P. Casey, Jr., Sherrod Brown.

LEGISLATIVE SESSION

Mr. SCHUMER. Mr. President, I move to proceed to legislative session.

The ACTING PRESIDENT pro tempore. The question is on agreeing to the motion.

The motion was agreed to.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. SCHUMER. Mr. President, I move to proceed to executive session to consider Calendar No. 20.

The ACTING PRESIDENT pro tempore. The question is on agreeing to the motion.

The motion was agreed to.

The ACTING PRESIDENT pro tempore. The clerk will report the nomination.

The senior assistant legislative clerk read the nomination of Nancy G. Abudu, of Georgia, to be United States Circuit Judge for the Eleventh Circuit.

CLOTURE MOTION

Mr. SCHUMER. Mr. President, I send a cloture motion to the desk.

The ACTING PRESIDENT pro tempore. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The senior assistant 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 Executive Calendar No. 20, Nancy G. Abudu, of Georgia, to be United States Circuit Judge for the Eleventh Circuit.

Charles E. Schumer, Richard J. Durbin, Richard Blumenthal, Christopher A. Coons, Benjamin L. Cardin, Tina Smith, Christopher Murphy, Mazie K. Hirono, Tammy Baldwin, Margaret Wood Hassan, John W. Hickenlooper, Sheldon Whitehouse, Catherine Cortez Masto, Brian Schatz, Gary C. Peters, Alex Padilla, Michael F. Bennet.

Mr. SCHUMER. Mr. President, I ask unanimous consent that the mandatory quorum calls for the cloture motions filed today, May 15, be waived.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

LEGISLATIVE SESSION

MORNING BUSINESS

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

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

TRIBUTE TO MAJOR GENERAL TREVOR J. BREDENKAMP

Mr. McCONNELL. Mr. President, I rise today to honor an exceptional officer of the U.S. Army, MG Trevor J. Bredenkamp, chief legislative liaison for the Office of the Secretary of the Army. Major General Bredenkamp has faithfully served our Nation for over 31 years. He has been a voice of reason and sound professional judgment on countless issues of enduring importance to the Army, Congress, and the American people. This Nation and the Commonwealth of Kentucky thank Major General Bredenkamp as he prepares to leave his current post.

Born into an Air Force family, Major General Bredenkamp has had a strong sense of duty from the outset. In 1992, he received his commission as an infantry officer from the U.S. Military Academy at West Point. Like so many brave patriots in the aftermath of September 11, Major General Bredenkamp deployed to combat in Afghanistan and Iraq. He served in multiple staff and command positions in the fight to defend our freedoms abroad, and would go on to command our country's skilled soldiers across the Nation.

On the home front, Major General Bredenkamp has strengthened strategic partnerships between the Army