

laws to better attract highly skilled and entrepreneurial immigrants. One of those countries, Canada, even went so far as to buy a billboard in Silicon Valley in an attempt to poach the best and brightest.

We must address this problem, and the best way to do so is in a measured and incremental way. The benefits to our Nation's economy will be great and the goodwill produced by working in a bipartisan manner on targeted solutions will sow the seeds of trust necessary to solve the problems where disagreement remains.

So we will see what happens now in the immigration debate, but my hope is that if we are unable to pass so-called broad-based immigration reform, if we are unable to come up with sensible solutions in an understandable legislative package, let's at least work to accomplish those things on which there is broad agreement and continue to solve those problems where there remains disagreement today.

Mr. President, I yield the floor, and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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 President, I ask unanimous consent the order for the quorum call be rescinded.

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

NATIONAL INSTITUTES OF HEALTH FUNDING

Ms. KLOBUCHAR. Mr. President, I rise today to discuss an issue that is vital for the future health and well-being of citizens in our country; that is, funding for medical research for the National Institutes of Health. Unfortunately, NIH funding, like many other important Federal priorities, is being impacted by the across-the-board spending cuts. As we all know, we want to see that budget go down, we want to see the debt reduced, but we have to do it in a sensible way, not with a hammer.

Sequestration was never intended to be implemented and was supposed to bring Democrats and Republicans together to focus on smart solutions to reducing our debt.

I am a supporter of the work of the debt commission. I believe there is a way we can bring down our debt in a significant way. But I do not think we meant to have sequestration implemented in the way it is being implemented and seeing the kind of cuts we are seeing. These cuts are creating headwinds against short-term economic growth, reducing access to important services, and threatening our Nation's leadership in areas such as medical research. Congress needs to take a broader, long-term view toward our debt and deficit. That is why I support the Senate budget which would replace the sequester with targeted spending cuts and additional revenue, reducing the deficit in a balanced way.

I know Senator MURRAY, who heads up the Budget Committee, has been trying valiantly to get this budget to a conference committee, which is supported by the Democrats in the Senate and supported by Republicans such as Senator MCCAIN and Senator COLLINS. We have been stopped every step of the way, but this should go through regular order, into a conference committee so we can work out these differences with the House and replace sequester with something that makes sense.

Today I want to focus on the impact of sequestration on this particular area of the Federal budget; that is, medical research. It may not be the first thing you think of when you think about these cuts and what they mean, but I hope when you listen to my stories it brings out a whole new significance.

In the last century we have made enormous strides through medical and scientific research to understand the world around us. This research has led to a greater understanding of the nature and cause of disease and spurred a new generation of therapies and intervention to treat diseases.

Our country has been a leader in this era of scientific discovery, and we are responsible for developing many of the innovative therapies and scientific advances that have changed the face of science and given hope to millions of patients across the world. These advancements have been made possible by our commitment to funding research through the National Institutes of Health.

Currently, the NIH is the largest source of medical research funding in the world. Through its 27 Institutes, NIH funds research to prevent, detect, better treat, and even cure fatal and debilitating diseases such as cancer, heart disease, stroke, Alzheimer's, arthritis, diabetes, and mental health issues. The Institutes also fund basic science which provides the foundation for future breakthroughs in all fields of scientific discovery.

Researchers in my State tell me they cannot think of anything they do clinically that was not influenced by basic research made possible by NIH funding. Think of the advancements we have made. These clinical advancements are critical to improving health and saving the lives of millions of Americans.

To truly understand the importance of NIH, I think it is important to understand the impact on our own people, so I want to share some of the ways NIH funding has had influence in my State on people, on people such as Jim from Edina, MN.

Jim was 36 when he was diagnosed with an inoperable brain tumor in 1998. He was a professional engineer. He had an MBA from Northwestern Kellogg School of Management and worked in the family's 56-year-old air-conditioning and heating business, Owens Companies, Inc. He had everything to live for. But when Jim was diagnosed, there were almost no treatment op-

tions beyond radical surgery and radiation, so Jim looked for other options.

Over the course of the next 10 years he participated in multiple clinical trials and some seven treatments—all made possible by research grant funding. Jim passed away at age 46. But thanks to the clinical trials, he lived over 10 years, allowing his young son Max the chance to get to know his dad. He also was able to continue his lifelong athletic endeavors with a ride across the country with Livestrong in 2004 as part of the Tour of Hope, spreading the message of hope and survivorship.

The clinical trials, however, did not just help Jim. This is the key part, Mr. President, whether you are from Connecticut or from Minnesota. One of the trials in which Jim participated proved so effective that it is now the standard treatment regimen for people who are diagnosed with the same cancer as Jim. That would not have been possible if Jim had not been willing to go through those treatments and if they had not been funded by NIH.

Then there is Karen, a 48-year-old wife, mother of two teenagers, and a teacher. She was diagnosed with leukemia in August of 2005. With her type of leukemia, the prognosis is relatively good, and using the current treatments available she remained in remission until 2009. Then in the summer of 2009 she started feeling sick again and received news that the cancer had returned. Her only treatment option was a bone marrow transplant which had a 25-percent mortality rate. She and her husband visited with specialists and discovered that she had a mutation that did not respond to the current—at that time—frontline medication.

That is when she learned about clinical trials. In January 2010 she began her clinical trial journey and has now been involved in two clinical trials. She responded well to the second clinical trial and has been in remission for over 2 years. Her kids are now 17 and 13, and she and her husband are preparing to send their oldest daughter off to college in the fall of 2014.

NIH funding supports the research centers that make these stories like Jim's and Karen's possible. In Minnesota we have the Paul and Sheila Wellstone Muscular Dystrophy Center, which is supported by NIH funding. This center has 46 faculty members in 7 University of Minnesota colleges and schools and receives \$6 million in annual funding from NIH.

Together, these scientists are conducting over 10 active clinical research studies that are giving hope to parents and patients with muscular dystrophy. This facility believes science is more than just about the research. The researchers here have volunteered hundreds of thousands of hours helping to educate the people they serve and ensuring these families have access to support networks. All of this is made possible in part because of Federal investment in the NIH.

These are inspiring stories, but supporting NIH is important for another reason—meeting the skyrocketing cost of treating chronic diseases. In total, today more than half of Americans are suffering from one or more chronic diseases. According to the Centers for Disease Control and Prevention, taken together these chronic diseases cause 7 in 10 deaths and account for about 75 percent of the \$2 trillion we spend on medical care. This year it is estimated that almost 1.7 million people will be diagnosed with cancer, and almost 600,000 are projected to die from this devastating disease. That is approximately 1,600 people a day.

Everyone in this room knows someone who had cancer or has cancer now, and 26 million Americans are living with diabetes, with a new case diagnosed every 30 seconds. An estimated 5.2 million Americans are living with Alzheimer's disease, and we know this number will escalate rapidly in the coming years as the baby boom generation ages.

The growing prevalence of chronic disease is having an impact not just on Americans' physical health but on our economy as well. In 2008 cancer cost our country over \$200 billion. A recent report on diabetes costs shows that the money spent on diabetes care has risen 41 percent, from \$174 billion to \$245 billion in the last 5 years, and Alzheimer's alone is expected to cost our country over \$1 trillion by 2050.

All of us as taxpayers help pay that bill because public programs such as Medicare and Medicaid cover a significant amount of the cost of care and treatment.

If we had earlier interventions and treatments that delayed the onset of these diseases, we would be able to reduce spending significantly. Take Alzheimer's as an example.

The PRESIDING OFFICER. The majority leader is recognized.

EXECUTIVE CALENDAR—UNANIMOUS CONSENT AGREEMENT

Mr. REID. Mr. President, I ask unanimous consent the Senate proceed to executive session and it be in order to file cloture on Executive Calendar Nos. 201 and 220; further, that the mandatory quorum under rule XXII be waived; finally, that if this request is granted, the Senate resume legislative session after the final cloture motion is reported pursuant to this order.

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

The Senate will proceed to executive session.

EXECUTIVE SESSION

NOMINATION OF BYRON TODD JONES TO BE DIRECTOR, BUREAU OF ALCOHOL, TOBACCO, FIREARMS, AND EXPLOSIVES

The PRESIDING OFFICER. The clerk will report the nomination.

The bill clerk read the nomination of Byron Todd Jones, of Minnesota, to be Director, Bureau of Alcohol, Tobacco, Firearms, and Explosives.

The PRESIDING OFFICER. The majority leader.

CLOTURE MOTION

Mr. REID. I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The bill 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, hereby move to bring to a close debate on the nomination of Byron Todd Jones, of Minnesota, to be Director, Bureau of Alcohol, Tobacco, Firearms, and Explosives.

Harry Reid, Patrick J. Leahy, Mark Begich, Christopher A. Coons, Thomas R. Carper, Patty Murray, Martin Heinrich, Bernard Sanders, Jeanne Shaheen, Benjamin L. Cardin, Al Franken, Sherrod Brown, Tom Harkin, Jack Reed, Sheldon Whitehouse, Bill Nelson, Charles E. Schumer.

Mr. REID. Mr. President, before I proceed, I would just note it is coincidental that the Senator from Minnesota is on the floor. I have heard her often speak about what a wonderful job this man has done as U.S. attorney in the State of Minnesota, in addition to his other duties. I am glad she is on the Senate floor to understand we are moving forward on this nomination.

Mr. President, there is another matter to be reported.

NOMINATION OF SAMANTHA POWER TO BE THE REPRESENTATIVE OF THE UNITED STATES OF AMERICA TO THE UNITED NATIONS, WITH THE RANK AND STATUS OF AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY, AND THE REPRESENTATIVE OF THE UNITED STATES OF AMERICA IN THE SECURITY COUNCIL OF THE UNITED NATIONS

The PRESIDING OFFICER. The clerk will report the nomination.

The bill clerk read the nomination of Samantha Power, of Massachusetts, to be the Representative of the United States to the United Nations with the rank and status of Ambassador Extraordinary and Plenipotentiary, and Representative of the United States America in the Security Council of the United Nations.

CLOTURE MOTION

Mr. REID. I send a cloture motion to the desk on Calendar No. 220.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The bill 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, hereby move to bring to a close debate on the nomination of Samantha Power, of Massachusetts, to be the Representative of the United States of America to the United Nations, with the rank and status of Ambassador Extraordinary and Plenipotentiary, and the Representative of the United States of America in the Security Council of the United Nations.

Harry Reid, Robert Menendez, Patrick J. Leahy, Mark Begich, Christopher A. Coons, Martin Heinrich, Parry Murray, Bernard Sanders, Jeanne Shaheen, Benjamin L. Cardin, Al Franken, Sherrod Brown, Tom Harkin, Thomas R. Carper, Sheldon Whitehouse, Bill Nelson, Charles E. Schumer.

LEGISLATIVE SESSION

The PRESIDING OFFICER. Under the previous order, the Senate will resume legislative session.

JONES NOMINATION

Ms. KLOBUCHAR. I thank the majority leader for his work and the Members of the Senate for allowing Todd Jones to get a vote to head the Alcohol, Tobacco and Firearms Bureau. This is a job that has gone unfilled, as you know, for 7 years, since it became confirmable under law—7 years, under President Bush, under President Obama. These 2,400 agents have had no leader.

During that time they have investigated extensive crimes, including just this year the Boston Marathon bombing, as well as the explosion in Texas. These are just examples of what these agents are doing. They deserve a full-time leader.

Mr. Jones is a former marine. He has five children. He has been going back and forth in Minnesota between the U.S. attorney's job and doing the ATF job for 2 years.

Enough is enough. I am glad we are moving forward with this nomination. I am glad for Mr. Jones, who deserves it, and who has been willing to put his name forward, willing to come in, clean up this agency after Fast and Furious and all the concerns we all had with that effort. He was willing to come in, take over this very difficult job, and do two jobs at once. He deserves to be confirmed for this job.

I am pleased for the agents as well, those 2,400 hard-working people who simply go to work every day, immune from the politicians, immune from what Democrats think or what Republicans think. They just deserve a boss. That is what this vote is about.

NIH

Mr. President, I want to finish my remarks about NIH. It is incredibly important in my State. It is the home of the Mayo Clinic, the home of the University of Minnesota where they are now undertaking the simple task of mapping the brain. And talk about what these cuts mean—I focused before