

both Republican and Democratic administrations. Again, I think it is important to point out she has support on both sides of the aisle.

Ms. Millett has argued 32 cases before the Supreme Court as well as dozens of others at the circuit court level, and she currently manages her law firm's Supreme Court and national appellate practice.

She was unanimously rated "well qualified" by the American Bar Association's Standing Committee on the Federal Judiciary, and that is their highest rating.

In addition to her professional work, Ms. Millett is very active in her community. She has been a literacy tutor for over 20 years, and through her church she volunteers at homeless shelters.

Ms. Millett has strong support across the political spectrum. Again, as Senator DURBIN pointed out, she has been endorsed by seven former Solicitors General of the United States, three former Republican attorneys general, law enforcement groups, and civil rights groups. She also has tremendous support from retired members of the military and groups representing military families.

In addition to being a highly qualified nominee, Ms. Millett will fill one of three current vacancies on the 11-member DC Circuit Court. Again, as Senator DURBIN pointed out, the DC Circuit is considered the second-most important court in our Nation. It is critical that it be fully staffed with qualified judges. The court handles important terrorism and detention cases, it hears a large volume of complex issues involving administrative actions of the Federal Government. The DC Circuit is also considered the most important civilian court for members of the Armed Services and veterans.

Former DC Circuit Chief Judge Patricia Wald noted "the DC Circuit hears the most complex, time-consuming, labyrinthine disputes over regulations with the greatest impact on ordinary Americans' lives: clean air and water regulations, nuclear plant safety, health care reform issues, insider trading and more."

The Senate should have the opportunity to vote up or down on all of President Obama's nominees to this important court. It is way past time we took action on this nomination.

I urge my colleagues to support the Millett nomination.

I yield the floor.

Mr. KING. Mr. President, I wish to discuss the nomination of Patricia Millett to be a judge on the D.C. Circuit Court of Appeals. Pattie, as she is known, is clearly well qualified. She has received support from Attorneys General appointed by Republican Presidents, and from conservative Solicitors General such as Ken Starr, Theodore Olson, and Paul Clement. Her resume is stellar, her qualifications unquestioned, and her support broad.

Although Senator DICK DURBIN claims she is an "Illinois native" in a

letter of support to President Obama—and Senator TIM Kaine, in his own letter of support to the President claims her as living in Virginia—she is actually a daughter of the State of Maine. Her mother grew up in the small town of Dexter, where Pattie went to school through high school. She also attended school in Bangor, and for a time, even worked at Eastern Maine General Hospital as it was then known. She truly comes from good Maine stock.

Millett also juggles an extremely full life while excelling at most everything she tries. The wife of a veteran, Pattie herself holds a black belt in taekwondo—a pastime that she took up in order to spend more time with her kids. She is also very engaged with her community and volunteers at local homeless shelters. And when her husband was deployed to Iraq, she single-handedly took care of their kids and managed to continue with her incredible career. She does all of these things while preparing for and arguing cases before the United States Supreme Court. In fact, she has argued more cases than any other woman—over 30 cases to date.

I am pleased to fully support the confirmation of Patricia Millett, a true daughter of Maine, to serve on the D.C. Circuit Court of Appeals.

MORNING BUSINESS

TRIBUTE TO CARMEN TARLETON

Mr. LEAHY. Mr. President, I would like to take a moment to pay tribute to a Vermont woman who personifies inspirational. Carmen Tarleton's journey as a survivor of domestic violence began nearly 6 years ago, when her estranged husband broke into her home, attacked her with a baseball bat and doused her with industrial-strength lye. She suffered severe burns over 80 percent of her body.

I have followed Carmen's recovery with great interest and even greater awe. Despite the scars that left her blinded and severely disfigured, Carmen made no effort to hide the effects of that attack. She never sought pity, nor did she dwell on the past. Instead, Carmen wrote a book and went on television, talking bravely and candidly about her long road back. She learned how to play the banjo and piano, and through the many surgeries and long hospital stays, Carmen's determination and spirit remained unbroken.

Last February, Carmen underwent a miraculous face transplant at Brigham and Women's Hospital in Boston, which was detailed in an October 26 front-page story in *The New York Times*. As that piece pointed out, "There is evidence that Ms. Tarleton's new face is more than just donated tissue, (it) is becoming part of who she is."

I ask unanimous consent to have *The New York Times* article inserted in the RECORD. I believe everyone will be as inspired by Carmen Tarleton as I have been.

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

[From the *New York Times*, Oct. 25, 2013]
FOR VICTIM OF GHASTLY CRIME, A NEW FACE,
A NEW BEGINNING
(By Abby Goodnough)

THETFORD, Vt.—At 1:30 a.m. on Valentine's Day this year, Carmen Tarleton left her rural home here and drove through the frigid dark to Brigham and Women's Hospital in Boston. Her doctor had called hours earlier with the news she had been waiting for: a suitable donor had been found. She would get a new face.

Almost six years had passed since her estranged husband broke into her house one spring night, beat her with a baseball bat and soaked her with industrial lye that he squirted from a dish-soap bottle. The attack nearly blinded Ms. Tarleton, a nurse and mother of two, and burned her beyond recognition. She lost her eyelids, upper lip and left ear. What remained of her face and much of her body was a knobby patchwork of scar tissue and skin grafts, painful to look at and far more painful to live with.

Now, after overcoming some initial fears, she was ready to receive someone else's features. After 15 hours of transplant surgery, Ms. Tarleton, 45, emerged from the operating room with what looked to her mother, Joan VanNorden, like a puffy, surreal mask. At first she wanted to faint as she stared at the new face, smooth and freckled, stitched to her daughter's pale scalp. But when Ms. Tarleton started talking in her old familiar voice—"Can't you just get in here?"—Mrs. VanNorden relaxed.

"I said, 'This is who Carmen is now,' and it really looked beautiful," she recalled. "Although it didn't look anything like her, it was her face."

Face transplants are still an experimental procedure, the first having taken place just eight years ago in France. Some two dozen full or partial transplants have been completed worldwide, including five at Brigham and Women's, which used nearly \$4 million in research grants from the Department of Defense to do four of the surgeries. Arteries, veins, nerves and muscles from the donor face must be painstakingly connected to the recipient's, in what Dr. Bohdan Pomahac, Ms. Tarleton's chief transplant surgeon, called "by far the most complicated operation that I do."

Yet the psychological impact of a face transplant is perhaps as far-reaching as the surgical one. Unlike a kidney or liver or heart, a donated face is visible to all, challenging recipients and their loved ones to incorporate an entirely new countenance into long-held perceptions of a person's identity.

Ms. Tarleton's appearance is still evolving: her scalp was so badly burned that hair will never return to parts of her head, but her donor's hair, the same shade of brown as her own, is growing around her forehead and temples. Her right eye remains closed, and her left droops. Her face is sometimes mask-like, betraying little emotion, because the muscles are still reconnecting and she cannot yet move them well. And that mask, oddly enough, looks like neither her nor the woman who donated it.

But eight months after the operation, there is evidence that Ms. Tarleton's new face is more than just donated tissue, and is becoming part of who she is.

When her family thinks, or even dreams, about her, they imagine her new visage. "When someone at work asks me, 'How's Carmen?' the picture that comes up in my mind more and more is that face," said Ms. Tarleton's sister, Kesstan Blandin.

Yet for Ms. Tarleton herself, the process of acceptance has been trickier. For one thing,

her poor vision keeps her from seeing herself clearly unless she holds a mirror up close. “I don’t yet feel it is my face,” she wrote in a recent blog post. “I feel like I am still borrowing it.”

Ms. Tarleton’s former husband, Herbert Rodgers, 58, pleaded guilty to a charge of maiming and is serving a prison sentence of at least 30 years. Mr. Rodgers told the police that he had been angry at Ms. Tarleton, believing she was seeing another man after they separated.

Ms. Tarleton underwent a number of reconstructive surgeries, but with little success. When Dr. Pomahac called in May 2011 to propose a face transplant, Ms. Tarleton’s mind first leapt to a “Twilight Zone” episode that had jarred her as a child, about a man who could change his appearance to look like other people.

“Initially I felt that it was very sci-fi,” she said in a recent interview while curled on the couch in the modest home she shares with her two daughters. But she and her family started researching, and after a few weeks of weighing the pros and cons—for one thing, she is likely to be on immunosuppressant drugs for the rest of her life, raising her risk of infection and cancer—Ms. Tarleton decided to forge ahead.

After a number of trips to Boston for physical and psychological screening to determine if she was a good candidate, she got on the donor list that fall. “It was like a big surprise, a big gift,” she said. “I’d already accepted my disfigurement, fine. But I accepted it believing there wasn’t an alternative.”

The things Ms. Tarleton wanted from a new face were more pragmatic than aesthetic. Tight bands of scars ringed her neck, causing debilitating pain. She drooled constantly and could not blink, jeopardizing a synthetic cornea in her left eye. And with her face frozen from scarring, it was hard for others to read her emotions.

For a time, she was devastated that she could not see “the old me,” as she put it. But she moved on, writing a book about her physical and emotional recovery from the attack and speaking publicly about the experience. She seemed mostly unconcerned about her appearance.

But in December 2012, she gained a more urgent desire for a new face. She had started taking piano lessons at a music shop not far from her home. Her teacher was Sheldon Stein, an earthy, soft-spoken musician with whom she felt an instant affinity. The feeling, it turned out, was mutual. The two say they are in love.

“I kept looking in the mirror all of a sudden when I met Sheldon,” she said. “I wasn’t insecure before. But now—now you have feelings for somebody and now you have something to lose, when before, one of the reasons I did so well is I had nothing to lose anymore.”

After the operation, she went through a harrowing three weeks when her immune system rejected the face. But medications helped her accept the new tissue. And some of the improvements she had hoped for came shortly after. Her neck pain disappeared, and her left eyelid, immobile for years, began to blink again. The drooling diminished, and is likely to stop once she gets more feeling in her lips.

The transplant did not make Ms. Tarleton look like her donor, Cheryl Denelli Righter of North Adams, Mass., who died at 56 after a stroke. That is a typical outcome for face transplant recipients, partly because their bone structures are different from their donors’. Mysteriously, she now has a cleft in her chin, something neither Ms. Denelli Righter nor Ms. Tarleton’s old face had.

Yet to Ms. Denelli Righter’s daughter, something of her mother lives on in Ms.

Tarleton’s new face. “I get to feel my mother’s skin again, I get to see my mother’s freckles, and through you, I get to see my mother live on,” the daughter, Marinda Righter, told Ms. Tarleton in May. The two have kept in touch, and Ms. Tarleton said she could feel Ms. Righter’s loss “so strongly”—another complicating factor as she adjusts.

One Tuesday in August, Ms. Tarleton made her way yet again to Brigham and Women’s, where doctors monitor the level of anti-rejection medications in her blood and take biopsies of the skin on her neck—which is the donor’s—to look for any sign of rejection.

Ms. Tarleton has undergone nearly 60 operations, mostly skin grafts, at Brigham and Women’s and has visited 21 times since her latest release in March. On this day she was exhausted, recovering from a bad headache the previous night and a recent fall that had left her with an aching foot. But she had a bit of good news for her doctors.

“If I put my head on Sheldon’s chest, I can feel his hair,” she said, “and I couldn’t before.”

Ms. Tarleton also met with Bridget Bowler, a speech therapist who is helping her learn to move her new lips—where nerve function typically takes the longest to return in transplant recipients—and practice facial expressions. She still has an air of the ventriloquist when she speaks, a habit that Ms. Bowler is trying to help her shake.

“One of these days in the near future,” Ms. Tarleton said, “when I start to cry or I laugh, you’re going to be able to tell by looking at me how I feel.”

These days, Ms. Tarleton has returned to her hard-charging self. Her summer included speaking engagements, weekend road trips and late-night jam sessions with Mr. Stein and his musician friends. She decided to take up the banjo in addition to the piano, because she wanted to join in the jams. “Our whole lives,” she said, “are just about experience.”

Ms. Blandin said Ms. Tarleton’s new face has helped mute the grief she still feels about the horrible damage done by the lye attack. “Now I just feel like a warm nostalgia: I know you and I haven’t forgotten you,” she said of her sister’s original face. “She’s still Carmen in some ways, but in other ways she’s someone new and the face transplant represents that.”

But Ms. Tarleton’s daughters, Liza, 21, and Hannah, 19, who live with her in a red barn that has been converted to apartments, on a hill thick with wildflowers, were more matter-of-fact when discussing her transformation, perhaps intentionally.

“Mom’s going to do what she’s going to do,” Liza said.

Hannah chimed in. “And we’re going to get used to it,” she said, laughing.

“And we’re going to support it,” Liza added, “for sure.”

With that, Liza got up to make her mother a hot dog. Ms. Tarleton took her spot on the couch, a barely perceptible smile flickering across her face.

HOMEOWNER FLOOD INSURANCE AFFORDABILITY ACT

Mr. COCHRAN. Mr. President, I am pleased to be a cosponsor of the Homeowner Flood Insurance Affordability Act. This bipartisan, bicameral legislation seeks to protect homeowners across the country from severe flood insurance rate hikes until Congress is provided assurances from the agency related to flood mapping methodologies and affordability.

The long-term solvency of the National Flood Insurance Program is critical to protecting taxpayer investments, communicating perceived flood risk to homeowners, and encouraging communities to invest in mitigation measures. The rates imposed by the legislation we adopted last summer are working against those worthy goals.

A constituent from Ocean Springs, MS, contacted my office to give her perspective on the legislation. She wrote: “Built in 1986, [my house] survived all hurricanes including Katrina. I used my retirement savings to buy the house. Before closing, flood insurance was grandfathered at \$245.00 per year. After closing, the rate skyrocketed to \$18,450. You can understand my shock.” If you do the math, her new rates are more than 75 times the rate when she purchased her home.

I heard from Thomas Schafer, the Mayor of Diamondhead, MS. This city in Hancock County was “ground zero” for Hurricane Katrina in 2005. Mayor Schafer called this legislation a “devastating loss to [his] community,” pointing specifically to “plummeting property values with increased cost of flood insurance.”

These are communities that suffered the greatest natural disaster in our Nation’s history in 2005, the effects of the Deepwater Horizon oil spill in 2010, and now this.

The bill I join my colleagues in introducing today aims to restrain the rate increases to homeowners that are very troublesome.

Under this bill, the Federal Emergency Management Agency must provide assurances to Congress that it is using sound mapping methods to make flood insurance rate determinations. A study by the National Academies of Science produced in March of this year has called into question some of the engineering practices FEMA uses to determine rates. Before we let these rates devalue private property and perhaps even devastate local economies, we need to be absolutely sure our practices and procedures are as sound as possible.

Second, FEMA must complete the affordability study mandated by the same legislation that is driving insurance rates up. If rates become so high that homeowners cannot participate in the program, or entire communities opt out of the program, all participants in the program will suffer from a smaller risk pool. It is important that we understand the implications of these rates before we allow them to ruin people’s lives and communities.

I am pleased with the work accomplished by the bipartisan group of Senators who introduced this bill. The bill reflects the priorities of Senators from both parties and several regions. I believe it gives the Senate a strong starting point to address this important issue.