

Ohio (Mr. PORTMAN) were added as cosponsors of S. 891, a bill to amend the Tariff Act of 1930 to facilitate the administration and enforcement of antidumping and countervailing duty orders, and for other purposes.

S. 901

At the request of Mr. MORAN, the name of the Senator from Idaho (Mr. CRAPO) was added as a cosponsor of S. 901, a bill to establish in the Department of Veterans Affairs a national center for research on the diagnosis and treatment of health conditions of the descendants of veterans exposed to toxic substances during service in the Armed Forces that are related to that exposure, to establish an advisory board on such health conditions, and for other purposes.

S. 928

At the request of Mrs. GILLIBRAND, the name of the Senator from Idaho (Mr. RISCH) was withdrawn as a cosponsor of S. 928, a bill to reauthorize the World Trade Center Health Program and the September 11th Victim Compensation Fund of 2001, and for other purposes.

At the request of Mrs. GILLIBRAND, the name of the Senator from Hawaii (Mr. SCHATZ) was added as a cosponsor of S. 928, *supra*.

S. 1119

At the request of Mr. PETERS, the names of the Senator from New Hampshire (Ms. AYOTTE) and the Senator from Oregon (Mr. MERKLEY) were added as cosponsors of S. 1119, a bill to establish the National Criminal Justice Commission.

S. 1143

At the request of Ms. CANTWELL, the name of the Senator from Washington (Mrs. MURRAY) was added as a cosponsor of S. 1143, a bill to make the authority of States of Washington, Oregon, and California to manage Dungeness crab fishery permanent and for other purposes.

S. 1252

At the request of Mr. CASEY, the name of the Senator from Arkansas (Mr. BOOZMAN) was added as a cosponsor of S. 1252, a bill to authorize a comprehensive strategic approach for United States foreign assistance to developing countries to reduce global poverty and hunger, achieve food and nutrition security, promote inclusive, sustainable, agricultural-led economic growth, improve nutritional outcomes, especially for women and children, build resilience among vulnerable populations, and for other purposes.

S. 1324

At the request of Mrs. CAPITO, the name of the Senator from South Carolina (Mr. SCOTT) was added as a cosponsor of S. 1324, a bill to require the Administrator of the Environmental Protection Agency to fulfill certain requirements before regulating standards of performance for new, modified, and reconstructed fossil fuel-fired electric utility generating units, and for other purposes.

S. 1362

At the request of Mr. CARPER, the name of the Senator from New York (Mr. SCHUMER) was added as a cosponsor of S. 1362, a bill to amend title XI of the Social Security Act to clarify waiver authority regarding programs of all-inclusive care for the elderly (PACE programs).

S. 1383

At the request of Mr. PERDUE, the names of the Senator from Florida (Mr. RUBIO) and the Senator from New Hampshire (Ms. AYOTTE) were added as cosponsors of S. 1383, a bill to amend the Consumer Financial Protection Act of 2010 to subject the Bureau of Consumer Financial Protection to the regular appropriations process, and for other purposes.

S. 1461

At the request of Mr. THUNE, the name of the Senator from New York (Mr. SCHUMER) was added as a cosponsor of S. 1461, a bill to provide for the extension of the enforcement instruction on supervision requirements for outpatient therapeutic services in critical access and small rural hospitals through 2015.

S. 1495

At the request of Mr. TOOMEY, the name of the Senator from Ohio (Mr. PORTMAN) was added as a cosponsor of S. 1495, a bill to curtail the use of changes in mandatory programs affecting the Crime Victims Fund to inflate spending.

S. 1507

At the request of Ms. MIKULSKI, the name of the Senator from Connecticut (Mr. MURPHY) was added as a cosponsor of S. 1507, a bill to amend section 217 of the Immigration and Nationality Act to modify the visa waiver program, and for other purposes.

S. 1513

At the request of Mr. LEAHY, the name of the Senator from Minnesota (Ms. KLOBUCHAR) was added as a cosponsor of S. 1513, a bill to reauthorize the Second Chance Act of 2007.

S. 1524

At the request of Mr. BLUNT, the name of the Senator from Maryland (Mr. CARDIN) was added as a cosponsor of S. 1524, a bill to enable concrete masonry products manufacturers to establish, finance, and carry out a coordinated program of research, education, and promotion to improve, maintain, and develop markets for concrete masonry products.

S. 1611

At the request of Mr. THUNE, the name of the Senator from Mississippi (Mr. WICKER) was added as a cosponsor of S. 1611, a bill to authorize appropriations for the Coast Guard for fiscal years 2016 and 2017, and for other purposes.

S. 1617

At the request of Ms. AYOTTE, her name was added as a cosponsor of S. 1617, a bill to prevent Hizballah and associated entities from gaining access

to international financial and other institutions, and for other purposes.

At the request of Mr. RUBIO, the names of the Senator from Connecticut (Mr. BLUMENTHAL) and the Senator from Idaho (Mr. CRAPO) were added as cosponsors of S. 1617, *supra*.

S. 1618

At the request of Mr. RUBIO, the name of the Senator from Texas (Mr. CRUZ) was added as a cosponsor of S. 1618, a bill to reallocate Federal Government-held spectrum for commercial use, to promote wireless innovation and enhance wireless communications, and for other purposes.

S. 1640

At the request of Mr. SESSIONS, the name of the Senator from Arkansas (Mr. BOOZMAN) was added as a cosponsor of S. 1640, a bill to amend the Immigration and Nationality Act to improve immigration law enforcement within the interior of the United States, and for other purposes.

S. RES. 200

At the request of Mrs. FEINSTEIN, the name of the Senator from Oregon (Mr. MERKLEY) was added as a cosponsor of S. Res. 200, a resolution wishing His Holiness the 14th Dalai Lama a happy 80th birthday on July 6, 2015, and recognizing the outstanding contributions His Holiness has made to the promotion of nonviolence, human rights, interfaith dialogue, environmental awareness, and democracy.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. GRASSLEY (for himself and Mr. GARDNER):

S. 1648. A bill to amend title XVIII of the Social Security Act to create a sustainable future for rural healthcare; to the Committee on Finance.

Mr. GRASSLEY. Mr. President, I come to the floor today to discuss a bill I am introducing, the Rural Emergency Acute Care Hospital Act, or REACH Act.

Since January 2010, 55 rural hospitals have closed their doors. It is even more troubling that the pace of rural hospital closures appears to be accelerating.

As you can see from this chart, the number of hospital closures has increased each year over the past 5 years. These closures are creating a health care crisis for hundreds of thousands of Americans across the country.

The REACH Act will create a new rural hospital model under Medicare that will enable struggling rural hospitals to keep their doors open and maintain the most critical hospital service: emergency medicine.

When a rural hospital closes, the community loses the lifesaving capabilities of the emergency room. According to the National Conference of State Legislatures, 60 percent of trauma deaths in the United States occur in rural areas. After a traumatic event, access to an emergency room within 1

hour can make a big difference between life and death.

Take, for example, Portia Gibbs from North Carolina. At 48, Portia suffered a heart attack 75 miles from the nearest emergency room. She later died while waiting for a helicopter to arrive that would have taken her over the State line to Virginia, where the closest hospital was located. If Portia's heart attack had occurred just 1 week earlier, Portia would have been transported to a hospital in Belhaven, NC, just 30 miles away. Unfortunately, the facility in Belhaven had closed just 6 days before Portia's heart attack, citing insurmountable financial struggles.

Then there is the tragic story of 18-month-old Edith Gonzalez who choked on a grape in her hometown of Center, TX. Edith's frantic parents rushed her to their local hospital, Shelby Regional Medical Center, only to discover that it had closed just weeks earlier. By the time little Edith arrived at the next closest hospital, she had passed away.

While we can't say with certainty that both Edith and Portia would have survived if their local hospitals had not closed, we know the earlier people access care, the better their chances are.

The term used by emergency medical practitioners is the "golden hour." The golden hour is the hour following a traumatic event when lifesaving intervention—like that which can be provided in an emergency room—has the best chance of impacting survival. In other words, the longer a patient has to wait to receive emergency medical care, the lower their chances will be for survival.

Rural hospital closures mean patients have to travel longer distances to access emergency medical care. Ensuring that rural communities keep their emergency care resources could make the difference between life and death. Rural hospital closures also extend beyond the loss of emergency services to include economic consequences for rural communities. Hospital closures can mean the death of a rural community. Approximately 62 million Americans live in rural areas. Rural communities play an integral role in the economic stability of this country through their invaluable contributions in food production, manufacturing, and other vital industries.

In addition to supporting the medical needs of those who participate in rural industry, rural hospitals also serve as the single largest employer in a rural community. The economic impacts of closing a hospital when no other hospital is close by are devastating. If we care about the physical and economic health of rural communities, we must make a change that will reverse the trend of accumulating rural hospital closures.

iVantage Analytics compiled a report for the National Rural Health Association which identified 283 additional hospitals at risk of closure based upon performance indicators that matched those of the 53 facilities that already closed.

Allow me to direct the Presiding Officer's attention to this map. This map depicts the approximate locations of 53 of the 55 hospitals that have closed in the last 5 years.

I would like to point out that between the printing of this chart and today, two additional rural hospitals have closed. That alone is a clear indication of the problem I am trying to convey.

Now, imagine this same map depicting five times the number of hospital closures you see here. That is what is what will happen if we do not act to protect America's rural hospitals. Furthermore, the loss of those additional hospitals would not only impact local economies but would also result in a \$10.6 billion loss in GDP. It must change, not only for the health of rural Americans but also for the health and stability of our economy.

Payment cuts to hospitals are one contributing factor to rural hospital closures. More significant, however, is the current Medicare payment structure that supports rural hospitals. Today, the Medicare payment structure for hospitals is focused on inpatient volume. Emergency rooms act as a loss leader, and income is primary generated through inpatient stays.

A RAND study published in 2013 found that the average cost of an inpatient stay is 10 times the cost of an emergency room visit. Researchers at the University of North Carolina found that many of the at-risk rural hospitals around the country have an average of two or fewer patients admitted to a hospital on any given day. These hospitals can have up to 25 inpatient beds, and if only 2 or fewer of those beds are filled every day, that is a utilization rate of 8 percent or less.

Instead of letting these facilities close because they do not have the needed inpatient volume to generate enough revenue, why not let go of the underutilized inpatient services in favor of sustaining life-saving emergency care. That is what the REACH Act does. It provides a voluntary pathway for rural hospitals to eliminate their underutilized inpatient services and ensure residents have access to emergency medical care that saves lives. A key component of the bill that allows the rural emergency hospital model to function is the requirement for these facilities to have protocols in place for the timely transfer of patients who require a higher level of care or inpatient admission.

The value of the rural emergency hospitals in the case of a life-threatening emergency will be their ability to administer lifesaving measures in order to stabilize a patient before they are transferred to a higher level of care.

In addition to providing lifesaving emergency care, rural emergency hospitals will have the flexibility to provide a wide array of outpatient services, including observation care, skilled nursing facility care, infusion

services, hemodialysis, home health, hospice, nursing home care, population health, as well as telemedicine services. This list is not all-inclusive but is just a sample of the outpatient services rural emergency hospitals could provide to their communities. The door is left open for rural emergency hospitals to design their outpatient services to match the needs of their communities.

There are roughly 1,300 critical access hospitals in America, including 82 in Iowa, the second most just behind Kansas. I am not suggesting that 1,300 critical access hospitals will become rural emergency hospitals. Some hospitals may never consider giving up their inpatient beds, others may consider it in the future, but some critical access hospitals need this or something like it right now.

The rural emergency hospital model, with its outpatient and emergency care services, will be good for the health of rural communities and our Nation because of the critical care it will provide when and where rural Americans need it. When there is a farm accident in the afternoon or a heart attack in the middle of the night, that emergency room can be the difference between life and death. Medicare needs a payment policy that recognizes that simple fact.

I look forward to continuing to work with my cosponsor Senator GARDNER, other colleagues, and stakeholders in building a sustainable future for rural health care.

By Mr. BROWN (for himself, Ms. COLLINS, Ms. WARREN, Ms. HIRONO, Mr. BLUMENTHAL, Mr. VITTER, Ms. MURKOWSKI, Mr. WHITEHOUSE, Mr. REED, Ms. BALDWIN, Mr. FRANKEN, Mr. UDALL, and Mr. HELLER):

S. 1651. A bill to amend title II of the Social Security Act to repeal the Government pension offset and windfall elimination provisions; to the Committee on Finance.

Mr. BROWN. Mr. President, I rise today to address America's retirement savings crisis. A 2013 survey conducted by the Governors of the Federal Reserve System found that roughly 31 percent of Americans have no retirement savings or access to a defined-benefit pension. In addition, 19 percent of respondents nearing retirement—those aged 55 to 64—reported having zero savings or pension to rely on in the coming years.

In light of these figures it is more important than ever that Congress ensure America's seniors have access to the Social Security benefits they have earned. Yet provisions such as the Windfall Elimination Provision, WEP, and the Government Pension Offset, GPO, prevent millions of Americans—including teachers, firefighters, and police officers—from receiving their full benefits. It is time Congress repealed them.

This afternoon, I, along with Senator COLLINS and a number of my Senate colleagues from both sides of the aisle,

introduced the Social Security Fairness Act. This bipartisan bill will repeal both the WEP and GPO provisions which Congress enacted in 1983 and 1977, respectively. In December 2014, these unfair provisions chipped away at more than 2 million Americans' Social Security benefits. That same month, in my State of Ohio, more than 200,000 Ohioans had their Social Security benefits reduced because of these provisions.

Over the past 35 years, fewer and fewer workers have been given access to defined-benefit plans, and, today, only about half of the total U.S. workforce is covered by an employer-sponsored retirement plan. That is why Social Security is critical for so many. Congress should make sure that every American has access to all the Social Security benefits he or she has earned. Repealing these provisions is an important step in that direction.

I ask my colleagues to join me in repealing the WEP and GPO by cosponsoring this legislation.

Ms. COLLINS. Mr. President, I rise to speak about the Social Security Fairness Act of 2015, which I am joining my colleague from Ohio in introducing today. This bill would repeal both the windfall elimination provision, WEP, and the government pension offset, GPO. We believe that these two provisions in the Social Security Act unfairly penalize certain individuals for holding jobs in public service when the time comes for them to retire.

The WEP affects individuals who have worked in both the private sector and in public sector jobs for which Social Security taxes were not withheld. For such individuals, the WEP applies a special formula to calculate benefits, reducing them compared to what would otherwise be paid.

The GPO affects retired public employees whose spouses are entitled to Social Security benefits. When these individuals apply for Social Security spousal or survivor benefits, the GPO applies an offset, reducing the Social Security benefit based on the amount of that individual's public pension. In some cases, the spouse will not be entitled to any spousal or survivor benefit because of the GPO.

The WEP and the GPO have enormous financial implications for many of our teachers, police officers, firefighters, postal workers and other public employees. Given their important responsibilities, it is simply unfair to penalize them when it comes to their Social Security benefits. These public servants—or their spouses—have all paid taxes into the Social Security system. So have their employers. They have worked long enough to earn their Social Security benefits. Yet, because of the GPO and WEP, they are unable to receive all of the Social Security benefits to which they otherwise would be entitled.

The impact of these two provisions is most acute in 15 States, including

Maine, which have state retirement plans that lack a Social Security component. However, it is important to point out that the GPO and WEP affect public employees and retirees in every state, including our emergency responders, other Federal employees, and postal workers. Nationwide, more than 1/3 of teachers and educating employees, and more than 1/5 of other public employees, are affected by the GPO and/or the WEP.

As of 2013, one and a half million people were affected by the WEP and 615,000 people had their benefits reduced by the GPO. Many more public employees across the country stand to be harmed in the future. Moreover, at a time when we should be doing all that we can to attract qualified people to public service, this reduction in retirement benefits makes it even more difficult for our federal, state and local governments to recruit and retain the public servants who are so critical to the safety and well-being of our families.

What is most troubling is that this offset is most harsh for those who can least afford the loss: lower-income women. In fact, of those affected by the GPO, more than 80 percent are women. According to the Congressional Budget Office, the GPO reduces benefits for more than 200,000 individuals by more than \$3,600 a year—an amount that can make the difference between a comfortable retirement and poverty.

Many Maine teachers, in particular, have talked with me about the impact of these provisions on their retirement security. They love their jobs and the children they teach, but they worry about the future and about their financial security.

Roxie Brechlin of Bar Harbor, Maine, is one of many examples of the effect that the GPO and the WEP have on our teachers when they retire. Mrs. Brechlin first began paying into Social Security when she took her first summer job at age 16. After graduation, she continued to pay into Social Security for 18 more years before getting her first teaching job. Mrs. Brechlin worked as a teacher for 23 years, and for 14 of those years she worked full-time at another job during the summer, paying more and more into Social Security each year.

Mr. Brechlin recently contacted my office to explain the effect that the WEP and GPO will have on his wife. Mrs. Brechlin recently retired. When she applied for Social Security benefits, the WEP applied, and her benefit was reduced by two thirds. Mr. Brechlin is more concerned about what would happen to his wife if he were to predecease her. Normally, a widow would be eligible to continue to collect 100 percent of her husband's benefit. Mrs. Brechlin, however, would not be able to collect any survivor benefit, due to the application of the GPO. Not only does this fact worry Mr. Brechlin, he also sees it as unfair.

It is time for us to take action, and I urge all of my colleagues to join us in

cosponsoring the Social Security Fairness Act to eliminate these two unfair provisions.

By Mr. REED (for himself, Mr. DURBIN, Mr. MARKEY, Mr. WHITEHOUSE, and Mr. LEAHY):

S. 1654. A bill to prevent deaths occurring from drug overdoses; to the Committee on Health, Education, Labor, and Pensions.

Mr. REED. Mr. President, today, in an effort to decrease the rate of drug overdose deaths, I am pleased to be joined by Senators DURBIN, WHITEHOUSE, MARKEY, and LEAHY in introducing the Overdose Prevention Act. Representative DONNA EDWARDS is introducing this bill in the other body.

Throughout the country, the death rate from drug overdoses has been rapidly climbing. According to the Centers for Disease Control and Prevention, CDC, drug overdose death rates have more than tripled since 1990, and more than 110 Americans died each day from drug overdoses in 2011. More than half of these deaths are attributable to opioids, like prescription pain relievers or heroin. Indeed, this tragic epidemic has hit particularly hard in my home state of Rhode Island, where in 2014, 239 individuals died from drug overdoses.

Americans aged 25 to 64 are now more likely to die as a result of drug overdose than from injuries sustained in motor vehicle traffic crashes. While overdoses from illegal drugs persist as a major public health problem, fatal overdoses from prescribed opioid pain medications such as oxycodone account for more than 40 percent of all overdose deaths.

It is clear that we must do more to stop these often preventable deaths. Fortunately, the drug naloxone, which has no side effects and no potential for abuse, is widely recognized as an important tool to help prevent drug overdose deaths. Naloxone can rapidly reverse an overdose from heroin and opioid medications if provided in a timely manner. Overdose prevention programs, including those that utilize naloxone, have been credited with saving more than 26,000 lives since 1996, according to the CDC.

Opioid abuse and overdose is not an abstract threat found in far-off corners. It is a national public health crisis and it's taking place right here at home in our communities and our neighborhoods.

Rhode Island is taking steps to combat this scourge and is leading the way in adopting innovative solutions. Through a "collaborative practice agreement," some Rhode Island pharmacies are dispensing naloxone, along with training about its proper use, to anyone who walks in and requests the treatment, no prescription necessary. In addition, the Rhode Island State Police carry naloxone in every cruiser.

The Overdose Prevention Act, which we are introducing today, would complement these efforts and take important steps towards addressing this

issue nationally and increasing access to naloxone in our communities. The legislation aims to establish a comprehensive response to this epidemic that emphasizes collaboration between state and federal officials and employs best practices from the medical community, as well as programs and treatments that have been proven effective to combat this startling national trend. This is an emergency and it requires a coordinated and comprehensive response.

Specifically, the bill would authorize the U.S. Department of Health and Human Services, HHS, to award funding through cooperative agreements to eligible entities—like public health agencies or community-based organizations with expertise in preventing overdose deaths. As a condition of participation, an entity would use the grant to purchase and distribute naloxone, and carry out overdose prevention activities, such as educating and training prescribers, pharmacists, and first responders on how to recognize the signs of an overdose, seek emergency medical help, and administer naloxone and other first aid.

As rates of overdose deaths continue to spike, public health agencies, law enforcement, and others are struggling to keep up without clear and timely information about the epidemic. Therefore, the Overdose Prevention Act would also require HHS to take steps to improve surveillance and research of drug overdose deaths, so that public health agencies, law enforcement, and community organizations have an accurate picture of the problem.

It would also establish a coordinated federal plan of action to address this epidemic. The Overdose Prevention Act seeks to bring together first responders, medical personnel, addiction treatment specialists, social service providers, and families to help save lives and get at the root of this problem.

I am pleased that the Overdose Prevention Act has the support of the American Association of Poison Control Centers, the Drug Policy Alliance, the Harm Reduction Coalition, and the Trust for America's Health. I look forward to working with these and other stakeholders, as well as our cosponsors to urge the rest of our colleagues to join us in supporting this crucial legislation.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 208—EX-PRESSING THE SENSE OF THE SENATE REGARDING THE REQUESTED RELEASE OF CONVICTED TERRORIST JUVENAL OVIDIO RICARDO PALMERA PINEDA, ALSO KNOWN AS “SIMON TRINIDAD”, FROM PRISON IN THE UNITED STATES AS A PART OF THE COLOMBIAN PEACE PROCESS

Mr. RUBIO submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 208

Whereas the Revolutionary Armed Forces of Colombia—People's Army (Fuerzas Armadas Revolucionarias de Colombia—Ejército del Pueblo (FARC-EP) is a Marxist insurgency group engaged in a bloody civil war with the Government of Colombia;

Whereas FARC-EP has been designated a Foreign Terrorist Organization by the Department of State since 1997;

Whereas fighting between FARC-EP and the Government of Colombia has claimed hundreds of thousands of lives, including United States citizens, since 1964;

Whereas multiple FARC-EP terrorists have been indicted, captured, and extradited to the United States to face trial for their crimes against United States citizens;

Whereas Juvenal Ovidio Ricardo Palmera Pineda, also known as “Simon Trinidad”, joined FARC in the 1980s and later became a rebel leader within the FARC-EP;

Whereas, on February 13, 2003, a small Cessna airplane carrying 5 people including a United States pilot named Thomas Janis, a Colombian national, Luis Cruz, and 3 other United States nationals, Marc Gonsalves, Keith Stansell, and Thomas Howes, crashed in Southern Colombia;

Whereas heavily armed FARC-EP guerrillas immediately surrounded the plane and brutally executed Thomas Janis and Luis Cruz, then took the other men hostage;

Whereas, on April 27, 2003, the FARC-EP issued a communiqué taking credit for the abduction of the three United States nationals, made demands in exchange for the release of the hostages, and appointed “Simon Trinidad” the spokesperson and negotiator for the FARC-EP;

Whereas “Simon Trinidad” was captured in Ecuador's capital of Quito 8 months later on January 2, 2004;

Whereas “Simon Trinidad” was convicted by a court in Colombia for aggravated kidnapping and rebellion and sentenced to 35 years in prison on May 4, 2004;

Whereas “Simon Trinidad” was convicted by a United States jury of plotting to hold 3 United States nationals hostage after they were captured in Colombia, and was sentenced to 60 years in prison on January 28, 2008; and

Whereas FARC-EP has reportedly named “Simon Trinidad” a member of their Colombian peace negotiating team and made a request for President Barack Obama to release him: Now, therefore, be it

Resolved, That the Senate—

(1) opposes the FARC-EP's requested release of Juvenal Ovidio Ricardo Palmera Pineda, also known as “Simon Trinidad”, who was convicted by a United States jury of plotting to hold 3 United States nationals hostage after they were captured in Colombia, and was sentenced to 60 years in prison;

(2) extends deepest sympathies to all family members of the victims of FARC-EP atrocities; and

(3) recognizes this type of action would send a negative message to terrorists groups and undermines the United States judicial system.

SENATE RESOLUTION 209—DESIGNATING THE ULYSSES S. GRANT ASSOCIATION AS THE ORGANIZATION TO IMPLEMENT THE BICENTENNIAL CELEBRATION OF THE BIRTH OF ULYSSES S. GRANT, CIVIL WAR GENERAL AND 2-TERM PRESIDENT OF THE UNITED STATES

Mr. BLUNT (for himself, Mrs. McCASKILL, Mr. COCHRAN, Mr. WICKER, Mr. BROWN, Mr. PORTMAN, Mr. DURBIN, Mr. KIRK, Mr. SCHUMER, and Mrs. GILLIBRAND) submitted the following resolution; which was considered and agreed to:

S. RES. 209

Whereas Ulysses S. Grant was born in southern Ohio on April 27, 1822, to Jesse Grant and Hannah Simpson Grant;

Whereas the first line of the memoirs of Ulysses S. Grant proudly states: “My Family is American, and has been for generations, in all its branches, direct and collateral.”;

Whereas Ulysses S. Grant attended school in Georgetown, Ohio, graduated from the United States Military Academy in 1843, and entered the United States Army;

Whereas Ulysses S. Grant served in a variety of military posts from the Atlantic Coast to the Pacific Coast, including posts in New York, Michigan, and California, and a post at the famous Jefferson Barracks in Missouri;

Whereas Ulysses S. Grant distinguished himself in combat during the Mexican-American War and worked tirelessly to succeed in civilian life;

Whereas, as a civilian farmer in Missouri, Ulysses S. Grant—

(1) met and married his wife, Julia Dent, for whom Ulysses S. Grant built a home named Hardscrabble;

(2) worked alongside slaves and emancipated the only slave that Ulysses S. Grant owned; and

(3) continued to own land while Ulysses S. Grant was President;

Whereas when the Civil War erupted, Ulysses S. Grant left Galena, Illinois to rejoin the United States Army, gained the colonelcy of the 21st Illinois Volunteer Regiment, and began his meteoric military rise;

Whereas during the Civil War, Ulysses S. Grant led troops in numerous victorious battles including—

(1) in Tennessee, at Forts Henry and Donelson and at Shiloh and Chattanooga; and

(2) in Mississippi, at Vicksburg;

Whereas President Abraham Lincoln chose Ulysses S. Grant to be Commanding General during the Civil War, and in that role Ulysses S. Grant revolutionized warfare in Virginia to preserve the Union;

Whereas in gratitude, the people of the United States twice elected Ulysses S. Grant President of the United States;

Whereas during his Presidency from 1869 to 1877, Ulysses S. Grant worked valiantly to help former slaves become full citizens and some prominent historians consider him to be the first modern President of the United States;

Whereas after leaving the Presidency, Ulysses S. Grant became the first President of the United States to tour the world;