every single man and woman who is serving us today in protecting our country by saying to them: We are going to now rely on foreign companies for our vehicles for the trucks they drive, the cars they drive, the tanks they drive. That doesn't make any sense at all.

We all have a stake in what happens in Detroit. We all have a stake in what happens to our American manufacturers and our American auto industry. We need a 21st century manufacturing strategy that is focused on American manufacturing, advanced manufacturing, as well as national security and energy security. Our automakers are an important part of that, but so are our other suppliers, our other manufacturers.

One of the things I so appreciate about President Obama's vision is that he understands we need to manufacture in this country. The budget he has given us focuses on our ability to create jobs through manufacturing, through manufacturing in the new energy economy, and in the traditional areas of manufacturing. In America, we need a revitalized advanced manufacturing base. That will be a major part of our economic recovery as a country.

Again, none of us can afford for our American automakers to fail. There is not a State represented here that can afford for that to happen. Failure would mean loss of jobs, a loss of capacity for our national defense, and the ability for us to build on an energy independence for the future.

Again, what happens in Detroit doesn't stay in Detroit. It affects every State, every American, and I very much appreciate the commitment of the White House auto task force and President Obama to work with us for a vital and vibrant auto industry for the future.

Mr. President, I yield the floor.

REHABILITATION INSTITUTE OF CHICAGO

Mr. DURBIN. Mr. Presdient, researchers at the Rehabilitation Institute of Chicago pursue scientific discoveries that blend the most advanced medicine with technology to create ability where it has been lost.

Their most recent innovation replaces a lost limb with a robotic one, which is controlled just as their lost arm was controlled—by thoughts and commands transmitted by the brain.

It has captured the world's attention. Their research was published recently in the Journal of the American Medical Association and highlighted by the New York Times. It gives us a taste of what might be possible as doctors, scientists, and engineers continue to learn more about the human body's nervous system.

It also provides new hope for all Americans who have an amputated arm or leg, including the hundreds of Iraq and Afghanistan veterans who have lost a limb through their service to our country.

You almost need to be a biomedical engineer to even pronounce the name of the technique developed at the Rehabilitation Institute of Chicago: pattern-recognition control with targeted reinnervation.

But it is easy to understand the procedure's importance to people around the world who have lost a limb.

When a person loses a limb, their brain does not know that the limb is gone. The brain continues to send signals through the nervous system, as if that lost arm or leg still existed. So, when a person who has lost an arm thinks about closing her hand or pointing a finger, her brain continues to send signals intended for the missing limb.

Dr. Todd Kuiken, a biomedical engineer and physician at the Rehabilitation Institute of Chicago, has found a way to harness these signals. His technology allows a patient to operate her prosthetic arm by thinking of the movement, as if her natural arm still existed.

First, Dr. Kuiken takes the good nerves that remain in the shoulder after the loss of an arm. Through surgery, these nerves are redirected and implanted into a patient's healthy remaining muscles in the chest.

When the patient thinks about closing her hand, the brain sends a signal through those redirected nerves into the reinnervated muscle, instead of in the direction of the missing arm.

The next step is to interpret those signals. It is not an easy task. Our hands alone can perform hundreds of movements, from the slightest finger wiggle to the clenching of a fist. Each movement is the result of a different pattern of signals from the brain. The challenge becomes deciphering which pattern means ''close the hand''? Which pattern means ''turn the wrist''?

Working to unlock the code, Dr. Kuiken and his colleagues now know which pattern is intended to produce a particular arm or hand movement. They place tiny antennas on the patient's chest to detect the patterns. The antennas convert the patterns into digital signals and send those signals to an advanced artificial arm worn by the patient. The signals tell the arm how to move.

The results of Dr. Kuiken's research have been promising. Amanda Kitts was one of the first patients to be fitted with one of the new prosthetics developed by the Defense Department's advanced research program, DARPA.

Amanda owns three daycare centers in Tennessee. She started working with the Rehabilitation Institute in 2006 and spent the following years traveling between Chicago and her home in Knoxville.

Amanda lost one of her arms in an automobile accident. The years she received therapy were difficult for her. She credits the therapists at the Rehabilitation Institute for giving her the strength to realize that her injury didn't have to change her outlook on life.

Amanda thought she would never be able to hug children again, including her son. But because of her new arm, she can.

She says of her new arm: ''It was wonderful . . . It made me feel more human because I could work it almost like a regular arm. I just had to think and it responded. My new arm made me feel like I could do anything again.''

Dr. Kuiken and the Rehabilitation Institute of Chicago have been working for several years to transfer this technology for the benefit of our wounded servicemembers. Through this collaboration, 10 wounded warriors have received this remarkable surgery at the Brooke Army and Walter Reed Medical Centers and are having their new prostheses fit at these state-of-the-art medical facilities.

Dr. Kuiken and the other researchers on this project deserve our thanks for their efforts, as does the Rehabilitation Institute of Chicago. Every year since 1991, U.S. News and World Report has identified the facility as the best rehabilitation hospital in the United States.

The Rehabilitation Institute is led by the indefatigable Dr. Joanne Smith, who did some of her training and subsequently consulted on patients at the VA. In addition to having expertise in prosthetics, the hospital is a leader in the treatment of traumatic brain injuries, the signature injury of the wars in Iraq and Afghanistan. Dr. Smith has worked to make her hospital's expertise and rehabilitation services available to the VA and the military servvices.

More work remains to be done to develop the targeted reinnervation technique. The researchers at the Rehabilitation Institute tell me that the sensation nerves to and from a hand—which relay touch sensations from hot to cold and sharp to dull—can also be harnessed. Doctors are working to put sensors into a robotic limb that has the ability to pick up these sensations.

If successful, the technique would allow patients to feel what they touch, as if they were touching it with their missing hand.

Such technology will help someone like Amanda Kitts regain her ability to sense touch from—feeling the texture of an object to knowing how hard she is squeezing her son's hand. The advance in sensing touch would help her reconnect to her world.

I am proud to have supported a $2 million request in the fiscal year 2009 Defense appropriations legislation to help advance Dr. Kuiken's research in Chicago. Those men and women in uniform who have lost a limb in service to our country deserve the best technology we have to help them regain their full abilities.

PATH TO BIPARTISAN AGREEMENT

Mr. GREGG. Mr. President, the spiraling cost of health care represents a

growing financial crisis for many Americans who either cannot afford quality health care coverage or are struggling to keep the insurance they currently have. When combined with the aging of our population, health care costs are driving the country's long-term fiscal challenges, challenges which we must address in a bipartisan way.

Unfortunately, many proposals being offered to achieve universal health care coverage are pushing us toward a system based on expansive government control, which will eventually lead to rationing, a reduction in the quality of care, and increased health care spending. That is absolutely the wrong way to go.

So, today I join Senator WYDEN and Senator BENNETT as a co-sponsor of the Healthy Americans Act, bi-partisan legislation to overhaul the nation's health care system, in an effort to make quality, affordable health insurance available to all Americans.

I congratulate Senator WYDEN on his leadership in advancing this cause and pulling together this strong bipartisan blueprint that goes a long way towards empowering consumers and the private market to extend health care coverage to all Americans.

Mr. WYDEN. I thank the Senator. I appreciate the co-sponsorship of the Senator from New Hampshire. The only way to produce enduring health reform is to work in a bipartisan manner. Unlike past efforts, through the Healthy Americans Act, there is bi-partisan agreement on the principal issues. Republicans have moved to support covering everyone and Democrats have moved to support private choices.

Mr. GREGG. In addition to the private market approach to expanding coverage, the bill attempts to reduce the growth in health care spending by providing incentives for preventive health care, wellness programs, and disease management, as well as a stronger focus on health care cost containment measures. These measures include lowering administrative costs and focusing on chronic care management, health information technology and medical malpractice reform as tools to control costs.

In addition to his commitment to enact comprehensive health care reform in a budget-neutral manner, I also would like to commend Senator WYDEN on his willingness to work with me to make improvements on last years' proposal. In particular the removal of the Medicare part D price negotiation language, the enhanced language to ensure stronger state flexibility, and the elimination of the non-health related tax provisions are strong improvements to the bill.

Mr. WYDEN. I appreciate Senator GREGG's commitment to moving this process forward and the thoughtfulness in his suggestions. I am happy to work with you and all of our other co-sponsors to continue to make improvements to the bill. While there are challenges on the specifics, as Senator GREGG has said, there's a lot to work with. Senator GREGG and I agree on fiscal responsibility, prevention, wellness, chronic care management, modernizing the tax code, improving the quality of care, containing costs, personal responsibility, and the importance of covering everyone.

Mr. GREGG. I look forward to working with the Senator to make further improvements as well. As I have told the Senator from Oregon in the past, I have some serious concerns about several elements of this plan, including the imposition of mandates; subsidies for higher income individuals; the impact on current market competition; the FDA labeling language regarding comparative effectiveness studies; and the issue of how to determine the appropriate level of coverage offered as part of a health care reform regime.

As you know, the bill uses the Federal Employee Health Benefit Plan, FEHBP, Blue Cross Blue Shield, BCBS, standard plan as he actuarial equivalent for the Healthy Americans Private Insurance, HAPI, plans. As the bill moves forward, our goal should be to create a more cost-effective benchmark that focuses on preventive care and core health care services to encourage greater individual responsibility on over-utilization of care.

Mr. WYDEN. I think Senator GREGG's arguments on these points make a lot of sense. There's more to be said for reviewing alternative proposals such as a default enrollment policy instead of an individual mandate and the role of FDA labeling in comparative effectiveness.

In light of the reports earlier this week that President Obama's health reform plan is estimated to cost more than $1.5 trillion over the next 10 years, it is better not to overpromise and undermine cost containment. It is important that the Congress find an appropriate benefit standard that will ensure quality coverage for all Americans that will not undermine our efforts to contain costs. I want to thank Senator GREGG for his thoughtful contributions and his willingness to work with me, Senator BENNETT and our bipartisan group. It's our plan to work closely with our leaders—Chairman BAUCUS, Ranking Member GRASSLEY, Chairman KENNEDY, and Ranking Member ENZI—to end 60 years of gridlock.

Mr. GREGG. I appreciate Senator WYDEN's comments and I am hopeful that by joining forces with colleagues on both sides of the aisle on a private market approach, we can begin a bipartisan dialogue, work through our differences, and find workable solutions that will result in a better health care system for all.

SUICIDE IN THE ARMED FORCES

Mr. FEINGOLD. Mr. President, today, on the sixth anniversary of the invasion of Iraq, I want to speak about an epidemic facing the Nation's Armed Forces; namely, the alarming rate of suicides in the services. Yesterday, the Personnel Subcommittee of the Armed Services Committee held an excellent hearing on this topic, and I would like to thank the chairman and ranking member for taking on this important issue. I would also like to discuss an issue that we have so far paid far too little attention to, and that is the way the strain on the force caused by the rate of deployment is compromising our ability to care for servicemembers struggling with mental health concerns.

We have come a long way in addressing this issue. Only a generation ago, Vietnam veterans struggled to get care for the long-term consequences of the trauma they survived during the war. They were trailblazers, and thanks to them the VA has revolutionized the way it cares for veterans. We now have, among other things, counseling centers where combat veterans can go to speak with experienced counselors who are also combat veterans about their difficulties in readjusting to civilian life. I commend the President for emphasizing the need for additional centers and have been a strong advocate for just that in the State of Wisconsin. But more remains to be done.

It is not sufficient to wait until a servicemember is discharged from the Services and transitioned to the VA to respond to the crisis. Let's be honest. There is a conflict between the responsibility to both maintain the readiness of the Armed Forces and adequately respond to the needs of servicemembers struggling with mental health issues. During this time of tremendous strain on the Armed Forces, our noncommissioned officer corps is under incredible pressure to ensure that the servicemembers under their command are ready to meet the demands of combat. We must create the space for them to identify those soldiers who are in need of extra assistance and provide a means for them to provide that assistance.

We must begin by asking men and women in uniform about their experiences and what we can do to support them. I was disappointed that the hearing yesterday did not include the testimony of servicemembers about their personal experiences, so I would like to take this opportunity to talk about what I have been hearing from servicemembers and their family members from my home State of Wisconsin.

Over 2 years ago, I was approached by a family whose son had taken his own life while serving in Afghanistan. After an investigation of the situation, I learned that the soldier was struggling to meet the grueling demands of his duties and had, perhaps as a result, become isolated from his unit. It was a tragedy for all involved.

Last year, my office was contacted by a soldier who immediately thereafter took his own life. A subsequent investigation revealed that he, too, had become isolated from his own unit. Due