

early 1900s to the 1920s. Farmers were looking for security in their production of tobacco," Clark said. "The tobacco industry as we know it today did not exist. There were Night Riders in the area and other situations that influenced the production of tobacco for many growers."

He said the tobacco business that most people are familiar with existed from the 1930s until the tobacco quota buyout that was included in the America Jobs Creation Act of 2004 terminated the federal tobacco price support and supply control programs.

He said the program that had been in place until then worked well and was one of the best farm programs. "But everything has a life span. With the anti-tobacco feelings in the country today it's hard to generate changes in the program," he said.

He said the local organization had a lot of local history. "Tobacco will continue to play a major role in this region. It will still be here for many years to come, but you have to change with the changes, and our changes will really start to be felt with the new owners of our properties."

Clark said that once the properties are disposed of and all the business issues are settled, the association will go back and return those assets to the association's members.

He added that James R. Cash of Mayfield, who is a member of the association, offered to conduct the auctions at no fee charge. "He said that, as a member, he has been fortunate to assist other members with auctions of land and equipment and that he wanted to conduct this auction with no fees," Clark noted. "This will be a great benefit to the association and its members."

Clark said the association will still maintain a presence in the community for some time. He said, as with any industry of its size, there are still business-related issues that will require time and attention. He estimated that his final days on the job would probably be in a few months. "The association had a good run. There have been lots of directors and I have no regrets for my time here."

The association has approximately 1,000 members, it was reported.

He noted that, over the years, tobacco has paid billions of dollars in taxes and those dollars collected have paid for many things. "Tobacco has meant so much to so many people and it has impacted everyone. Our forefathers thought it was important enough that there are tobacco leaves on the facades of many important buildings. Tobacco has saved many farmers, helped families and sent many children to school."

Throughout the years the local association has administered the tobacco program and lobbied for the growers in the nine counties of the Jackson Purchase and the Tennessee counties of Henry, Weakley and Obion.

"Since there will not be a tobacco program or a price support system, then there really isn't a need or purpose for our association any longer," Clark said. "We have been working to get things in place for the closure."

Clark said he has arranged with Murray State University to take over some of the association's historical papers.

"This will be a big benefit for residents of the community. MSU's people will have to go through the old papers and catalog all of those items before they are available to the public," he said. "We have old records, papers and even the minute books from the first meetings. Many papers date back to 1931. And there are old floor sheets on tobacco that went to pool. There's lots of information and names."

He said the vintage documents will be of interest to a lot of people.

"One of the very first things I did when I came to work here was to go back and read

through all of the old minute books. It really helped me to know where we were as an association and it helped to plan for the future," he noted.

Clark is only the fourth or fifth manager since the association began. He said he was unsure what he would do, but he added, "something will come along."

Association President Jim Kelly said the sale was the end of a long era in Calloway County. "Lots of farmers were helped through the association. Things are just different now. Farmers are contracting with companies and that's where most of the farmers are at these days. The pool was a safety net that would grade and process tobacco until somebody needed it," he said.

Kelly, who farms 76 acres of burley and dark-fired tobacco, said more farmers were going for larger acreage and many of the smaller farmers were dropping out the businesses. "With the costs of farming nowadays, it's just not something that people get into the way they used to do."

He said farmers were basically at the mercy of what the companies would pay for the tobacco. But even then, there are pluses and minuses to the situation.

He added that the association was in a shut-down phase and assets would eventually be returned to its members.

"There hasn't been any tobacco stored in those warehouses in a long time. It's sad to see it all come to a close," he remarked.

DEFINITION CLARIFICATION

Mr. DURBIN. Mr. President, I come to the floor to discuss a very important issue facing American workers—millions of whom will be barred from organizing or exercising their labor rights unless Congress intervenes.

Eight million workers will no longer be able to join a union or fight collectively for better pay and working conditions—including those already in a union, who will be forced to leave when their current collective bargaining agreements expire.

This includes more than 800,000 nurses—40,000 nurses in my home State of Illinois alone.

This will happen because the Bush administration's National Labor Relations Board recently decided which types of workers are considered "supervisors." By law, if you are considered a "supervisor," then you are not allowed to join a union.

In a series of rulings, the NLRB has decided the fate of America's workers, and it did so behind closed doors. These changes—some of the biggest decisions in years have stripped millions of American workers of their rights under the National Labor Relations Act.

This flies in the face of what Congress intended more than 60 years ago.

Moreover, at a time when several states are suffering from nursing shortages, this will further worsen the nursing crisis. More than 72 percent of hospitals experience nursing shortages, and 1.2 million nursing positions need to be filled within the next decade. By denying 800,000 nurses the right to collectively bargain, pay will surely decrease and nurses' working environment will deteriorate, thereby driving even more nurses out of the profession and discouraging people from becoming nurses.

Clearly, this law must be clarified so that American workers receive the labor law protections that Congress envisioned.

Many courts, including the United States Supreme Court, have struggled with how to apply the definition of "supervisor." It is time for this Congress to step up and make clear that the American worker has the right to organize.

Therefore, early in the next Congress, I hope that every Senator will join Senators DODD, KENNEDY and myself in introducing legislation to amend the National Labor Relations Act to clarify the definition of "supervisor."

The legislation we envision will use a commonsense definition of the term that is faithful to Congress's intent in 1947, to delineate the relationship between supervisors and employees.

I look forward to working with my colleagues on both sides of the aisle in the 110th Congress to pass this much-needed legislation so that millions of working Americans will be able to retain their right to join a union and collectively bargain.

MATERNAL MORTALITY

Mr. DURBIN. Mr. President, I rise today to talk about what should be a moment of great joy: the birth of a child. But for millions of women in the world, childbirth is a deadly game of Russian roulette.

Over 500,000 women died last year in childbirth or from complications during pregnancy. Another 10 million were injured or disabled, often permanently. During her lifetime, a woman in Angola has a 1 in 7 chance of dying in childbirth or from complications stemming from pregnancy—1 in 7. In Sierra Leone, the risk of dying is 1 in 6. That number is the same in Afghanistan—a 1 in 6 chance of dying from pregnancy or childbirth. In developed countries, such as ours, the risk of dying in childbirth is 1 in 2,800. Every such death is a tragedy, but it is hard for us to even imagine that we would lose 1 of every 6 or 7 of our mothers, wives, sisters, or daughters.

That statistic, the chance of dying from childbirth, represents one of the widest chasms separating rich and poor countries.

That gap is wider than differences for life expectancy and wider than differences in child mortality, even though the health of the mother and her baby are deeply intertwined.

As Isobel Coleman of the Council on Foreign Relations has stated, "In some countries, getting pregnant is the most dangerous thing a woman can do." We have an obligation to change that state of affairs.

Earlier this fall, William Kristof wrote in the New York Times, "These women die because they are poor and female and rural—the most overlooked and disposable people throughout the developing world."

Kristof did a pair of columns on the subject of maternal mortality.

In the first column, he described how a young woman in Cameroon named Prudence Lemokouno was desperately ill. Her baby was already dead and she was dying, her uterus ruptured. After 3 days of labor, her family had managed to get her to a hospital, but the doctor initially refused to operate, saying he needed both money and blood. The family did not have the money, and the nearest blood bank was 50 miles away. Kristof and his associate provided the money and donated the blood. They hoped it would be enough, but the doctor still did not operate immediately. Later, Mr. Kristof wrote a second column. In it, he told us that the young woman had died. In describing her struggle, he wrote, "It was obvious that what was killing her wasn't so much complications in pregnancy as the casual disregard for women like her across much of the developing world. . . . It's not biology that kills them so much as neglect."

We cannot continue to overlook these women. No one should be disposable. And today's devastating statistics do not have to be tomorrow's realities. We cannot make childbirth risk free; it is not. There are sometimes factors and conditions that doctors cannot in the finest hospitals in the world cannot prevent.

But women and girls in developing countries die at such tragically high rates during pregnancy and childbirth primarily for some basic and preventable reasons. And many of the solutions are both simple and cost effective.

Millions of deliveries in the world take place without a skilled birth attendant—that means no doctor, no nurse, no midwife, no one with any medical training at all. In fact, millions of women literally give birth alone.

The shortage of health workers handicaps the world's fight against HIV/AIDS and every other global health challenge. That is equally true of the struggle against maternal mortality. Training community health workers, nurses, midwives, and doctors is part of the battle. But it is also critical to help countries better distribute their health workforces and better manage their health systems.

Malawi, for example, has one of the highest maternal mortality rates in the world. But 25 percent of its nurses and 50 percent of its physicians are concentrated in 4 central hospitals. And yet the population of Malawi is estimated to be 87 percent rural.

We address the maternal mortality crisis in part by building health workforces to provide prenatal care and to be there during delivery, in rural areas as well as cities.

We also help countries address this crisis by getting them to take a second look at child marriage. In developing countries, girls aged 10 to 14 who become pregnant are 5 times more likely

to die in pregnancy or childbirth than women aged 20 to 24. These same young mothers are also at higher risk of obstetric fistula. Fistula is a devastating condition that can result from prolonged labor without medical help. In the end, as a result, babies are most often stillborn and women and girls are left with gaping holes in their bodies that leak feces and urine. They are then often abandoned by their families.

Even if their mothers escaped this brutal, prolonged labor and its terrible consequences, infant mortality rates for the babies of these child mothers are also much higher than for the children of older women. Yet an estimated 25,000 girls are married each day in the world, some of them as young as 7 or 8 years old.

We save lives not by demanding that countries ban child marriage in fact, child marriage is officially illegal in most nations. We save lives by convincing communities to keep their daughters in school rather than marrying them off. Many parents believe that marrying their daughters early is the best way to keep them safe from sexual predators and other dangers. We can help their communities find better ways to keep their daughters safe.

Senator HAGEL and I have introduced a bill, the International Child Marriage Prevention and Assistance Act, to help countries take such steps. We plan to reintroduce this bill when Congress reconvenes for the new session in January and work toward its enactment.

Women and girls also die during pregnancy and childbirth because they are cut off from access to health care. There is a direct link between lack of transportation and high maternal mortality rates. That is one of the many links between poverty and maternal mortality. Being poor should not be a death sentence.

Rural development is critical to solving this problem, and reducing maternal mortality will enhance economic development. We can and should train more health workers, encourage communities to end child marriage, and build better transportation networks.

But those aren't the only factors that affect maternal mortality and our response to it. Politics is another cause of death. Of all the factors that contribute to the deaths of mothers, and often their babies, this is the easiest one to fix and the most unforgivable to allow to persist.

The United Nations Population Fund, UNFPA, is an organization that is doing lifesaving work. They help to promote reproductive health, including, for example, providing safe delivery kits. What is a safe delivery kit? It is often just a plastic sheet, a bar of soap, a razor to cut the umbilical cord, and a string to tie it. Imagine being on the verge of giving birth or knowing that your wife is about to deliver and lacking even these most basic supplies.

UNFPA provides family planning assistance in countries where they are

welcomed. In those countries, they provide this help to families who ask for it. They also have a well developed program to prevent and treat obstetric fistula, that terrible condition which I described earlier that results from prolonged labor without medical assistance.

So each year, Congress appropriates money to support UNFPA's efforts to help countries and families who want their assistance. Yet every year the Bush administration has withheld that money. The administration does so because it claims that since UNFPA works in China, that UNFPA is supporting or participating in coercive abortions or involuntary sterilization, practices which the Chinese Government has long carried out.

In fact, UNFPA works to do exactly the opposite. UNFPA promotes voluntary family planning and opposes abortion as a form of family planning.

The United States sent a fact finding mission to China in 2002 to investigate this matter. It found no evidence of wrongdoing by UNFPA and recommended that the funds Congress appropriated for UNFPA be released. Studies have shown that abortions decrease in areas where UNFPA operates—and so do maternal and child mortality.

False accusations that UNFPA supports abortions in China are cutting off funding that could help save the lives. Yet, on September 13, for the fifth year in a row, the Bush administration announced that it was withholding the \$34 million appropriated by Congress for UNFPA.

Every minute, a woman in the developing world dies from treatable complications of pregnancy or childbirth. That is a terrible tragedy. But the fact that politics are making this tragedy worse is an abomination.

HONORING OUR ARMED FORCES

Mr. NELSON of Nebraska. Mr. President, I rise today to honor SSG Jeremy W. Mulhair of Omaha, NE.

Sergeant Mulhair will be remembered as a brave and committed soldier, a dedicated husband, and a loving father. His family says it was Sergeant Mulhair's dream to serve his country as a soldier, inspired by his father's, Jerry Mulhair, service in Vietnam, his uncle's service in the Navy, and a cousin's in the Marines.

Sergeant Mulhair was originally born in Michigan but grew up on a farm in a rural area northwest of Omaha. He attended Horace Mann Junior High School and Omaha Central High School. He later earned an equivalency degree before enlisting in the Nebraska Army National Guard. Sergeant Mulhair served with the Army in Korea in addition to two tours in Iraq.

On November 30, 2006, while serving in support of Operation Iraqi Freedom with A Troop, 1st Squadron, 7th Cavalry Regiment, 1st Cavalry Division, of Fort Hood, TX, Sergeant Jeremy