

West Bank, cease all anti-Israel incitement and renounce Hamas until it unequivocally meets the three Quartet requirements.

I am proud to have joined with 78 of my colleagues in reminding President Obama in a letter on the eve of his visit to Israel that the U.S. and Israel share common values and interests, and that Israel stands ready for peace. Top among these interests is restarting the peace process and preventing Iran from becoming a nuclear state.

This is precisely why the role of the United States in this process must be one of an honest broker. President Obama must make clear that the pathway for peace is through unconditional direct negotiations between both the Israelis and Palestinians and that the United States vigorously opposes any Palestinian efforts to circumvent direct negotiations. I commend President Obama for pursuing peace during his recent trip to the Middle East, and for working on policy solutions to address the urgent and important threats facing Israel and the United States today.

Since Israel's founding 65 years ago, every American administration has worked to strengthen the bonds between our two nations. This support has been vital for Israel, as the nation is under the constant threat of military and terrorist attacks, economic boycotts and diplomatic hostility—often merely due to the fact of its very existence. At this critical moment, when Iran is moving forward with its nuclear program and simultaneously strengthening Hezbollah's capacity to attack Israel, it is imperative that the Obama administration say in clear and unambiguous language that we stand with the people of Israel and will do all in our power to protect our shared values and national bonds.

As Israel celebrates its 65th anniversary, let us all proclaim that the U.S. continues to value its unbreakable alliance with our closest ally in the Middle East.

NATIONAL HEALTHCARE DECISIONS DAY

Mr. WARNER. Mr. President, I wish to recognize that today, April 16, 2013, is National Healthcare Decisions Day.

National Healthcare Decisions Day exists to inspire, educate and empower the public and providers about the importance of advance care planning. It began as a local, grassroots effort 7 years ago in the Commonwealth of Virginia, started by a Virginia Attorney, and it became an annual event in 2008.

It now is recognized across all 50 States as an annual imitative to provide clear, concise and consistent information on health care decision making to the public and providers. This year over 100 national organizations, including groups like the AARP, Volunteers of America, government groups like the Veterans Health Administration, providers like the hospital company HCA, American College of Nurs-

ing, and American Academy of Nursing, along with faith-based groups like B'nai B'rith International have all pledged to participate today to spread the word on the value of conversations about our goals and values and preferences about medical treatment.

I know how important this is, not just from my time serving both as a Governor and as a Senator, but also through the eyes of a loved one who struggled with these issues. My mother suffered from Alzheimer's disease for 10 years, and for 9 of those years, she could not speak. My father, sister and I found grappling with the challenges of caring for her difficult. The difficulty was greater because, when she was first diagnosed, my family did not take the opportunity to talk in a frank and fully informed way with her and her health care providers about the full array of health care options available or about what her priorities would be during the final years of her life.

It is so frustrating that some have labeled advance care planning as efforts to take away choice from patients. This is ignorant and is disrespectful to those struggling with illness and caregiving. In fact, what we are trying to do is the opposite, give patients and their families the ability to make decisions when they can and provide enough support and information so that they can make informed choices based upon their own values and goals.

It is not easy, this is a subject that most people do their best to avoid: who will decide how we will live when we are unable to make our own decisions. But it is critical.

Most of us, more than 80 percent, will be unable to make decisions about what medical treatments we will receive for some period in our lives. The lucky will regain decision-making ability, but most of us will lose it for good.

Family or friends are then asked to step in. Sometimes they are asked to make routine decisions, like using antibiotics to treat an infection. Sometimes it is more significant. Would a hip replacement improve quality of life when you are physically pretty healthy, but substantially impaired by Alzheimer's or another dementia? Or would it cause more harm than good?

Often proxies are forced to choose between terrible options. Should they consent to an amputation of a gangrenous leg of a loved one who can no longer get out of bed, communicate, or recognize family for the remote chance that doing so will slow, but not cure, the progression of vascular disease?

State laws and Supreme Court decisions direct proxies to make the decision that a now-incapacitated loved one would have made.

But research says this often does not work. It might not work, for example, because a widow never told her adult children what she would want.

Maybe she assumed that her children knew.

Maybe she feared that they would disagree with her preferences.

Whatever the reason, those who make decisions for her do so blind-folded with their hands tied behind their backs.

Too often, proxies are left with guilt, anxiety, and depression.

But some are at peace because they know what the person wants. They know because they talk about how decisions should be made and who should make them. They talk about when a decision best honors the person by pulling back on treatments designed to treat the disease and instead forge ahead with aggressive symptom control. They talk about when a hospital bed at home is the right choice over tubes and needles and monitors in the ICU, or vice versa.

After talking, they write it down in an advance directive.

Each of us has an obligation to our families and friends to think about what we want, to talk to them about what we want, and to document our choices.

In the last two sessions of Congress, I have introduced a bill to help patients, providers, and caregivers get the support and education they need. Among other things, it will make advance directives more accessible, and it will make it easier for providers to follow them. I am planning on introducing a bill, the Senior Navigation and Planning Act, in the coming weeks.

However, today, I urge you all, on this National Decisions Day, to discuss your preferences and goals with your family and friends. Fill out an advance directive. Think of it as a gift.

NATIONAL HEALTHCARE DECISIONS DAY

Ms. KLOBUCHAR. Mr. President, today I wish to discuss a very important issue—living well at the end of life.

Today is National Healthcare Decisions Day. It is a day dedicated to reminding people to plan for the future, to encourage discussions—no matter how difficult—to let families, friends, and caregivers know your wishes, whatever they may be.

This is an incredibly important and pressing issue, but it is one that no one likes to talk about. No one likes to face their own mortality. But we must because we know that more often than not, patients' preferences are not known or adhered to near the end of life.

In the absence of clearly defined expectations and wishes, death can be an incredibly scary and confusing time for a patient and their family. Misunderstanding among physicians and family members about a loved one's final wishes can cause significant psychological and emotional hardship. Families may disagree about treatment options and argue about whether their loved one should get more or less treatment, aggressive intervention or palliative care.