

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 Mulhair passed away when a roadside bomb exploded near his vehicle in Taji, Iraq. He was 35 years old and had been serving in Iraq since October.

Giving his life in service to our country, Sergeant Jeremy Mulhair is the paradigm of courage and selflessness. He is survived by his wife Suzie and three children, Celina, Jeremy, and Maybel, of Fort Hood, TX; his parents, Jerry and Mildred, of Kimballton, IA; his brother, Robert Mulhair, of Mead; and his sisters, Tammy Lines and Dixie Heisner, both of Omaha.

I offer my prayers and thoughts to Sergeant Mulhair's family. He made the ultimate sacrifice to ensure that his children and others realize a peaceful and free world. Sergeant Mulhair was a soldier of incredible purpose and all Americans will never forget what he gave to our country.

LANCE CORPORAL MICHAEL SCHOLL

Mr. President, I rise today to honor LCpl Michael Scholl of Lincoln, NE.

Corporal Scholl will be remembered as a brave marine, a good friend, and a

loving father and husband. He graduated from Lincoln High School in 2002, where teachers and classmates knew him for his easygoing personality and intelligence. He was also interested in cars, participating in a local car club, Camaros, Inc.

Friends say Corporal Scholl had dreamed of serving as a marine since he was young. When he enlisted it was only after being denied at first because he was diagnosed with a kidney condition as a toddler. His ability to overcome this obstacle set the precedent for his reputation as a reliable, courageous marine. Corporal Scholl's company commander told Scholl's family that the corporal had saved his life during a battle in October.

Corporal Scholl met his wife Melissa on a beach in Hawaii while training there. The couple married before his overseas assignment in Afghanistan. A few weeks after his deployment to Iraq, Melissa gave birth to their daughter, Addison. Sadly, Scholl was never able to see his infant daughter.

On November 14, 2006, while serving with the Marine Corps' 2nd Battalion, 3rd Marine Regiment, 3rd Marine Division, III Marine Expeditionary Force based out of Kaneohe Bay, HI, Corporal Scholl passed away from wounds received from a roadside bomb in Haditha, Iraq. He was 21 years old.

In addition to his wife and daughter, Cpl Mike Scholl is survived by his mother and stepfather, Debora and Jackson Chandler of Lincoln, and his father and stepmother, Steve and Donna Scholl of Friend.

Sacrificing his own life so that others could live, Corporal Scholl was the embodiment of bravery and the finest example of selflessness. I extend my deepest condolences to Corporal Scholl's family and friends. His unflinching patriotism and his dedication to his family will remain a source of hope and inspiration for all Americans. Corporal Scholl was a man of exceptional honor, and we will not forget what he gave for our Nation.

SERGEANT FIRST CLASS SCOTT E. NISELY

Mr. President, I rise today to honor SFC Scott E. Nisely, 48, of Marshalltown, IA.

Sergeant First Class Nisely will be remembered as a man of faith, a compassionate father and friend, and a dedicated soldier. Originally from Syracuse, NE, Sergeant First Class Nisely graduated from Doane College in Crete, NE, where he was a decorated track star, excelling in hurdles. His alma mater is renaming an annual track and field event as the Scott Nisely Memorial Track Classic. While in college, SFC Nisely enlisted with the Marines Corps Reserve, later rising to the rank of major, and serving in Operation Desert Storm.

After leaving the Active-Duty Marines, he worked for the U.S. Postal Service in Marshalltown, IA. In 2002, he