

his caucus to get it through the Senate. He and I both know that a unanimous voice vote in the Judiciary Committee is uncommon and happens on only the most uncontroversial and uniformly applauded bills. This is one of those bills, and we need to pass this today.

Senator MCCONNELL is also a cosponsor of this bill. This effort has been bipartisan from the beginning, and I am proud that we have the minority leader and the minority whip helping to lead this effort. Despite the support of the Senate Republican leadership, the bill nonetheless remains stalled. Perhaps it is because the House Republican leadership would rather pass a much narrower bill. I trust that the Senate will stand up for all victims who deserve justice, just as we did when the Senate passed an inclusive Violence Against Women Act reauthorization last year.

Our bipartisan Senate legislation strengthens the Kirk Bloodsworth Post-Conviction DNA Testing Grant Program, one of the key programs created in the Innocence Protection Act. Kirk Bloodsworth was a young man just out of the Marines when he was sentenced to death for a heinous crime that he did not commit. He was the first death row inmate in the United States to be exonerated through the use of DNA evidence.

Since the Justice for All Act was first enacted in 2004, we continue to see cases in which people are found to be innocent after spending years in jail.

Thomas Haynesworth was exonerated in 2011 after spending 27 years in prison for crimes he did not commit, thanks to a grant provided by the Justice for All Act. He was accused of rape in 1984 and wrongfully convicted, and the real perpetrator in this case went on to rape more than a dozen women.

It is an outrage when an innocent person is punished, and this injustice is compounded when the true perpetrator remains on the streets, able to commit more crimes. We are all less safe when the system gets it wrong.

This bill also provides funding for the Paul Coverdell Forensic Science Improvement Grant Program, which assists laboratories in performing the many forensic tests that are essential to solving crimes and prosecuting offenders.

I cannot imagine why is there an objection to supporting scientific testing and improving the reliability of criminal convictions. Every American, including crime victims, is better served when our justice system has the resources it needs to operate effectively. If there is a person in the Senate who objects, I ask them to come forward and explain that to me and to the American people. I would welcome that debate.

The hotline on this bipartisan Justice for All Act reauthorization has been running on the Republican side since March 31, and I have not heard one substantive argument against the merits of this bill. Police officers, pros-

ecutors, and crime victims agree on the necessity of this bill. Why can't we?

The Justice for All Act takes important steps to ensure that all criminal defendants, including those who cannot afford a lawyer, receive effective representation. Our justice system, including successful prosecution, depends upon effective representation on both sides.

This is not a time for delay. This is a time for leadership. The stakes are too high and crime victims are depending on us to do the right thing. I urge all Senators, and particularly those in the Republican caucus, to clear this bill today.

VOTE EXPLANATION

Ms. WARREN. Mr. President, on April 4, 2014, I was unavoidably absent from the following votes as a result of memorial events related to the tragic deaths of Lieutenant Eddie Walsh and Firefighter Mike Kennedy in Boston on March 26, 2014—rollcall votes No. 97 and 98. Had I been present, I would have voted “no” on vote No. 97, on the motion to table Reid Amendment No. 2878 to H.R. 3979; and “yes” on vote No. 98, on the motion to table the appeal of the appeal of the ruling of the chair that a third degree amendment was not in order.

WAR CRIMES IN SYRIA

Mr. CARDIN. Mr. President, I wish to discuss the ongoing crisis in Syria. Last month marked the 3-year anniversary since the brutal conflict began. According to the United Nations Security Council Resolution 2139, which was unanimously accepted in February of this year, the conflict has resulted in the death of over 140,000 people in Syria, including at least 10,000 children. UNICEF reports that Syria is among the most dangerous places on Earth to be a child, pointing to high child casualty rates, brutalizing and traumatic violence, deteriorating access to education, and health concerns. The number of children suffering in Syria more than doubled in the third year of the conflict.

The crisis is only getting worse. Hundreds of thousands of Syrian civilians are under fire by government and opposition forces in violation of internationally accepted Laws of Armed Conflict. These war crimes are truly devastating, and to escape the violence, millions of refugees have flooded into neighboring Turkey, Lebanon and Jordan, while thousands more remain internally displaced inside Syria. Last year I visited the Kilis refugee camp in Turkey which is currently sheltering more than 14,000 Syrian refugees. I witnessed first-hand the remarkable bravery of the Syrian refugee population. Many of these families relocated several times within Syria before ultimately making the heart-wrenching decision to leave their country in order to seek food, medical attention, and safety outside of Syria.

The United Nations High Commissioner for Refugees has registered more than 2.6 million Syrian refugees with women and children making up more than 80 percent of the refugee population. By the end of this year, the United Nations estimates that the number of refugees could increase to 4 million.

That is why I am a cosponsor of the Syria Humanitarian Resolution of 2014, which urges all parties in Syria to allow for and facilitate immediate, unfettered access to humanitarian aid throughout the Syrian Arab Republic. This legislation calls for the safety, security, independence, and impartiality of humanitarian workers and demands freedom of movement to deliver aid.

I remain deeply concerned by the instability of the entire region, as violence spills over into neighboring countries such as Turkey, Jordan, Lebanon, and Israel.

Director of National Intelligence James Clapper has testified that, “In Syria, the ongoing civil war will probably heighten regional and sectarian tensions.” The influx of Syrian refugees to Lebanon, Jordan, Turkey and Iraq is putting a strain on those countries’ resources.

The United Nations Independent International Commission of Inquiry on the Syrian Arab Republic reports that pro-government forces have murdered, tortured, assaulted, and raped civilians in Syria. Anti-government groups have also engaged in murder, execution without due process, torture, hostage-taking, and shelling of civilian neighborhoods.

But nowhere is the brutality of this war more evident than in the events of August 21, 2013, when the Syrian Army, under the direction of President Assad, launched a chemical weapons attack in the Damascus suburbs. This attack left over 1,400 innocent Syrian civilians dead—many of whom were children.

Assad’s criminal use of chemical weapons against his own people is morally reprehensible and violates internationally accepted rules of war. The international community cannot stand by and allow the murder of innocent men, women, and children to go unchallenged. We must bring Assad and all other perpetrators of gross human rights violations in the Syrian conflict to justice.

It is clear that we must take action. Last week I introduced, the Syrian War Crimes Accountability Act of 2014, S. 2209 along with Senators RUBIO and KAINE.

My bill strongly condemns the ongoing violence, the use of chemical weapons, the targeting of civilian populations, and the systematic gross human rights violations carried out by both the Syrian government and opposition forces.

My legislation requires the Secretary of State to provide Congress with a description of violations of internationally recognized human rights abuses

and crimes against humanity committed during the conflict in Syria. Finally, the bill requires the Secretary to report to Congress on efforts by the Department of State and USAID to ensure accountability for these violations and provide a review of the facts concerning any prosecution in the case of Syrian crimes that could be defined under universal jurisdiction.

This Monday marked the 20th anniversary of the genocide in Rwanda. Unfortunately, we have not learned the lessons of the past. We must do better to not only see that sort of atrocities never again occur under our watch, but to ensure that the perpetrators of such heinous crimes are held accountable for their actions.

Ignoring the crisis in Syria is both morally wrong and counterproductive to our National security and that of our allies. War tactics employed in Syria by government and some opposition forces fly in the face of the rules of war. For the sake of our National security interests and regional stability, we cannot turn a blind eye to these heinous acts.

I strongly believe that there are times when the international community must come together to end atrocities, protect innocent lives from crimes against humanity and hold accountable the groups that perpetrate them.

The Syrian War Crimes Accountability Act of 2014 sends a strong message to the international community that the United States is firmly committed to bringing all perpetrators of international crimes in Syria to justice. I urge my Senate colleagues to join me in supporting this important legislation.

NATIONAL CONGENITAL DIA- PHRAGMATIC HERNIA AWARE- NESS MONTH

Mr. SESSIONS. Mr. President, I wish to discuss S. Res. 414. I am pleased the Senate has unanimously declared April as National Congenital Diaphragmatic Hernia Awareness Month for the second consecutive year. I thank my friend and able colleague, Senator BEN CARDIN of Maryland, for joining me in this legislation. This resolution is very important to me and my family, as my grandson, Jim Beau, is a CDH survivor.

CDH is a birth defect that occurs when the fetal diaphragm fails to fully develop. The lungs develop at the same time as the diaphragm and the digestive system. When a diaphragmatic hernia occurs, the abdominal organs move into and develop in the chest instead of remaining in the abdomen. With the heart, lungs, and abdominal organs all taking up space in the chest, the lungs do not have space to develop properly. This may cause the lungs to be small and underdeveloped.

A diaphragmatic hernia is a life-threatening condition. When the lungs do not develop properly during pregnancy, it can be difficult for the baby

to breathe after birth or the baby is unable to take in enough oxygen to stay healthy.

CDH will normally be diagnosed by a prenatal ultrasound, as early as the 16th week of pregnancy. If undiagnosed before birth, the baby may be born in a facility that is not equipped to treat its compromised system because many CDH babies will need to be placed on a heart-lung bypass machine, which is not available in many hospitals. All babies born with CDH will need to be cared for in a neonatal intensive care unit, NICU, and most will need extracorporeal membrane oxygenation, ECMO.

Babies born with CDH will have difficulty breathing as their lungs are often too small, biochemically and structurally immature. As a result, the babies are intubated as soon as they are born, and parents are often unable to hold their babies for weeks or even months at a time.

Most diaphragmatic hernias are repaired with surgery 1 to 5 days after birth, usually with a GORE-TEX patch. The abdominal organs that have migrated into the chest are put back where they are supposed to be and the hole in the diaphragm is closed, hopefully allowing the affected lungs to expand. Hospitalization often ranges from 3 weeks to 10 weeks following the procedure, depending on the severity of the condition.

Survivors often have difficulty feeding, some require a second surgery to control reflux, others require a feeding tube, and a few will reherniate and require additional repair.

Awareness, good prenatal care, early diagnosis, and skilled treatment are the keys to a greater survival rate in these babies. That is why this resolution is so important.

Within the last year, researchers identified a specific gene that may contribute to CDH. The research found that an abnormality in a gene, *Ndst1*, could lead to the development of CDH. This study was conducted on mice, so more research is needed to determine the role of this gene in humans. However, it certainly is a step in the right direction toward identifying the cause of this defect.

Congenital diaphragmatic hernia is a birth defect that occurs in 1 out of every 3,817 live births worldwide. The CDC estimates that CDH affects 1,088 babies in the U.S. each year.

Every 10 minutes a baby is born with CDH, adding up to more than 600,000 babies with CDH since just 2000. CDH is a severe, sometimes fatal defect that occurs nearly as often as cystic fibrosis and spina bifida. Yet, most people have never heard of CDH. The cause of CDH is unknown. Most cases of diaphragmatic hernia are believed to be multifactorial in origin, meaning both genetic and environmental are involved. It is thought that multiple genes from both parents, as well as a number of environmental factors that scientists do not yet fully understand, contribute

to the development of a diaphragmatic hernia.

Up to 20 percent of cases of CDH have a genetic cause due to a chromosome defect or genetic syndrome. According to the CDC, babies born with CDH experience a high mortality rate ranging from 20 percent to 60 percent depending on the severity of the defect and the treatments available at delivery. The mortality rate has remained stable since 1999.

Approximately 40 percent of babies born with CDH will have other birth defects in addition to CDH. The most common is a congenital heart defect.

Babies born with CDH today have a better chance of survival due to early detection and research on treatment options. Researchers are making great progress to determine the cause of this birth defect and to identify optimal treatment methods for babies born with CDH.

The Centers for Disease Control and Prevention's National Center on Birth Defects and Developmental Disabilities, NCBDDD and the National Birth Defects Prevention Network, NBDPN, collaborate to identify risk factors for birth defects and to assess the effect of these birth defects on children, families, and the healthcare system. NBDPN investigators are currently working to examine risk factors for CDH and predictors of long-term survival for infants born with CDH, with analysis planned in 2014 and publication anticipated by 2015.

In addition, investigators at the National Birth Defects Prevention Study, NBDPS, have proposed conducting specific research to better understand risk factors for CDH, as well as factors that predict improved survival rates for infants born with CDH.

In fiscal year 2013, NIH funded approximately \$2,560,000 in CDH research.

The Developmental Biology and Structural Variations Branch, DBSVB, at the NIH is currently supporting a collaboration between basic scientists who study CDH and clinicians who work with CDH patients and their families by working with the Massachusetts General Hospital and the Children's Hospital of Boston. The researchers then use the genetic information and biological samples obtained from patients and their families to identify specific genes that could be involved in the defect.

In 2009, my grandson Jim Beau was diagnosed with CDH during my daughter Mary Abigail's 34th week of pregnancy. At that time, no one in my family had heard of CDH before. Fortunately, she was referred to Dr. David Kays at Shands Children's Hospital in Gainesville, FL, who is a premier surgeon and expert on CDH.

Jim Beau was born on November 30, 2009. My daughter and her husband Paul heard their son cry out twice after he was born, right before they intubated him, but they were not allowed to hold him.

The doctors let his little lungs get strong before they did the surgery to