

trials that have produced groundbreaking therapies. The life of muscular dystrophy patients now is an average of 12 years longer—I think I earlier said a decade; it is actually 12 years longer than it was in 2001—a wonderful achievement. There are more trial participants needed today than there are Duchenne patients.

Young adults with Duchenne were a population that did not exist when we first funded research for the disease. They never got to adulthood. Today they are getting to adulthood because Congress acted. Because of the MD-CARE amendments that became law last Congress, research at the National Institutes of Health has been updated in ways that could help patients lead even longer, healthier lives. We want this research to continue. We want companies to continue to invest in drugs and therapies that could change the lives of those with rare diseases.

Duchenne is still a fatal disease, affecting 1 out of every 3,500 boys—mostly boys. Most young men with Duchenne live only to their mid to late twenties. We should take every opportunity to find a breakthrough. We should take every opportunity to improve quality of life. This is about the futures of young people who face this disease every day and the families who refuse to give up hope.

I look forward to the FDA's full and final decision on this matter next month, and I certainly am hoping for a positive answer from the FDA.

Thank you.

I yield the floor.

The PRESIDING OFFICER. The Senator from South Dakota.

REMEMBERING TERRY REDLIN

Mr. ROUNDS. Mr. President, I ask unanimous consent to be allowed to display this Terry Redlin painting during my speech.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. ROUNDS. Mr. President, I rise to pay tribute to Terry Redlin, a citizen of South Dakota who rose to fame in the 1970s as an artist known for his vivid and vibrant outdoor paintings.

On Sunday, April 24, 2016, Terry passed away at the age of 78 in Watertown, where he was born and raised. Our entire State was deeply saddened to hear of his passing. Terry spent his life promoting South Dakota, and he shared his appreciation for our great State with the entire world through his paintings. He will be missed deeply, not only by his family and loved ones but by all who admired his work throughout his very distinguished career.

Growing up, Terry liked to draw. He didn't think he would become an artist, though. As an avid outdoorsman, he wanted to be a forest ranger so there would be plenty of opportunities to hunt and fish when he wasn't working. Then, tragically, at the age of 15, his life was changed forever. He was badly hurt in a motorcycle accident, and his

leg had to be amputated. Becoming a forest ranger was now impossible for Terry, but Terry didn't let that stop him from pursuing greatness.

After graduating high school, Terry received a disability scholarship to help further his education. Using it, he earned a degree from the St. Paul School of Associated Arts and spent 25 successful years working in commercial art as a layout artist, graphic designer, illustrator, and art director. In his spare time, he enjoyed photography, particularly of the outdoors and wildlife. Then he started painting from his photographs and from his memories.

In 1977, at the age of 40, Redlin's painting "Winter Snows" appeared on the cover of *The Farmer* magazine. He quickly rose to prominence as an exceptional artist and started painting full time. From 1990 to 1998, each year's poll of national art galleries by U.S. Art Magazine selected Terry Redlin as "America's Most Popular Artist."

Over the years, many people have tried to describe the effect Terry's paintings had on them. People connect with his paintings. They inspire us to remember personal memories of past times, places, and experiences. Your heart is tugged when you look at them. There is peacefulness and warmth. Terry used to call it romantic realism, but mere words simply cannot describe it. As you can see from this Redlin painting beside me entitled "America, America," which I brought with me from my front office where it normally hangs, the beauty of his paintings is truly indescribable.

His son convinced him to stop selling original paintings and just sell prints. Someday, he said, they would build a beautiful art gallery to display all of the originals. And they did. It could have been built in the Twin Cities, where he lived for a time, or a large metropolitan area, because Terry's paintings are loved everywhere. Terry chose his hometown of Watertown, SD, for the construction of the Redlin Art Center. It was a gift to his home State and hometown for that \$1,500 scholarship he was given all those years ago, which created a wonderful life for him and his family.

Three million visitors came to the Redlin Art Center in the first 3 years and many more millions since then. Terry would sometimes walk into the galleries unannounced and visit with guests who would then ask the front desk: Who is that nice guy? When told it was Terry, they were shocked and delighted.

Once Terry was seen driving slowly through the parking lot. When asked what he was doing, he said he was looking at all the different license plates and what they were doing there. He said he was amazed that people would travel so far just to see his paintings.

Terry was also generous to the subjects of many of his creations. His paintings and prints have been used by various wildlife and conservation

groups to raise more than \$40 million to benefit their causes.

For those of us who were blessed with the opportunity to meet and know Terry Redlin, we always came away feeling like he was our friend—so wonderful, so kind, and so humble. For those who know him through his paintings, his spirit shone brightly in all of his work.

As we mourn his death and pray for his loved ones during this difficult time, may we find comfort knowing that the legacy which he leaves behind through his paintings will be enjoyed and appreciated for generations to come. He was a great painter but an even greater human being.

Terry once said that he wanted to paint forever, that he had to paint. Terry said it was like breathing to him. Unfortunately, illness forced him into retirement in 2007, and on Sunday, April 24, 2016, the Lord brought Terry up to Heaven. Now he can breathe again.

Thank you, Mr. President.

I yield the floor.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

ENERGY AND WATER DEVELOPMENT AND RELATED AGENCIES APPROPRIATIONS ACT, 2016

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of H.R. 2028, which the clerk will report.

The senior assistant legislative clerk read as follows:

A bill (H.R. 2028) making appropriations for energy and water development and related agencies for the fiscal year ending September 30, 2016, and for other purposes.

Pending:

Alexander/Feinstein amendment No. 3801, in the nature of a substitute.

Alexander amendment No. 3804 (to amendment No. 3801), to modify provisions relating to Nuclear Regulatory Commission fees.

The PRESIDING OFFICER. The Senator from Washington.

Mrs. MURRAY. Mr. President, I ask unanimous consent to speak as in morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

ZIKA VIRUS

Mrs. MURRAY. Mr. President, I want to start by expressing my appreciation to all of my colleagues who are joining me on the floor today, and I thank them for all the work they do every day for women and their health care.

As of last week, the CDC reported nearly 900 cases of Zika here in the United States and three U.S. territories, including actually two confirmed in my home State of Washington.

A recent survey showed that 40 percent of adults in the United States see

the Zika virus as the reason to delay starting a family. Like so many of my colleagues, I am hearing from women across my State who are very frightened about this virus. They want to know how to travel safely in light of Zika. They want to know whether they should wait to start their families. Tragically, I am hearing from expectant mothers who are concerned about what this virus could mean for the babies they have on the way.

Women and families at home and abroad need Congress to take action against this virus, to help raise awareness about its impact, to expand access to contraception and family planning, to improve vector control, and to accelerate our efforts to find a vaccine. That is why for months Democrats have urged Republicans to come to the table and work with us on making sure we put the needed resources into this fight against Zika.

The administration has put forward a strong proposal, but Republicans refused to even consider it. While some in the Republican Party indicated last week they wanted to work with us on emergency supplemental funding, it has become pretty clear that unfortunately they have been beaten back by the extreme rightwing who do not want to do anything at all. These extreme conservatives do not recognize that Zika is an emergency. They don't want to give the administration a penny more. As a result of that delay, we are behind the eight ball as mosquito season comes this summer.

That is why we have come to the floor together today to send a very clear message to Republicans today: We need action now. Women simply cannot afford to wait, and they should not have to. Democrats are ready to get this done as soon as possible. And for families and communities who are looking to Congress for action, I hope Republicans join us now so that we can deliver what families are asking for in our country.

Thank you.

I yield the floor.

The PRESIDING OFFICER. The Senator from Massachusetts.

Ms. WARREN. Mr. President, I want to start by thanking Senator HEITKAMP for pulling us in here today to talk about this emergency and Senator MURRAY for her strong voice on this and many others who will be speaking out today.

In 2014 Ebola broke out in West Africa. As it advanced, the international community came together to combat the outbreak. Doctors from around the world traveled to West Africa to set up emergency hospital units to help the sick and to attempt to contain the virus. President Obama deployed thousands of troops to support the effort.

With the media focused on the outbreak right in the middle of the 2014 election, Republican Senators and Republican candidates across the country seized on this global health crisis. No, they didn't swoop in to rescue; in fact,

Republicans did nothing to support the actual Ebola response before the elections. Instead, they terrified the American people with totally made-up stories of Ebola-infected immigrants coming across our southern border. They loudly trumpeted a number of dangerous and irresponsible solutions, such as travel bans that would actually make dealing with the problem more difficult.

Ebola ravaged West Africa, but only four cases were ever diagnosed here in the United States. Republican politicians didn't care—they had found something to blame on President Obama and the Democrats, and they were happy to do it. They exploited the situation to help win an election. And it worked. Not all of the fearmongering candidates won, but most of them did, and they won in part because they promised to protect the American people from these horrible contagious diseases.

Today, Republicans run the Senate, and we face a terrible threat right here in America—the rapidly spreading Zika virus. So I come to the floor to ask a simple question: Why haven't Republicans lifted a single finger to stop it?

Unlike Ebola, Zika is not confined to one small region of the world; it has already spread through most of South America and through Mexico. Unlike Ebola, which can be transmitted only by direct contact with bodily fluids, Zika can spread rapidly across distances by transmission through mosquitoes. Unlike Ebola, our leaders at the NIH and CDC are raising the alarm that Zika is an imminent threat to Americans. Nearly 900 cases of Zika have already been reported on American soil.

Zika can be devastating. Most people who contract Zika show no symptoms or only very mild symptoms, but Zika infections can trigger Guillain-Barre syndrome, a condition in which the body attacks its own nervous system, which can cause permanent and severe damage, hospitalizing some people for weeks and killing others. In addition, babies born to mothers who were infected with Zika may suffer severe and permanent brain damage. The World Health Organization estimates that 4 million people could be infected with Zika by the end of the year.

The threat is real, but where are the Republicans? For weeks Senate Democrats have called for emergency supplemental funding to support public health efforts both in research and prevention. Republicans have done nothing. For weeks the President has called for emergency supplemental funding to protect the American people. Republicans have done nothing. For weeks leaders at the WHO, NIH, and CDC have begged Congress for resources to fight this disease. Republicans have done nothing. The President has been forced to divert funds intended for work on Ebola over to work on Zika. That is a very short-term strategy. Ebola has dropped out of the news, but the threat

has not ended. We need funding for work on both, but still the Republicans have done nothing.

Now Senate Republicans are taking us on a week-long recess. Where is the Republican plan to fund the Zika response? Where is the Republican plan to replenish the Ebola funds? Apparently, when there is no immediate political benefit, the Republicans can't be bothered to act. Forget Ebola. Forget Zika. They want to go on vacation.

Well, I have news for my Republican colleagues: That is not good enough. They won the election by telling Americans they would protect them from scenarios just like this. Republicans run the Senate now, so it is time to govern. There is a public health crisis bearing down on this country. Babies will be born permanently disabled, and families will be devastated if Republicans keep blocking funding to deal with this problem. It is up to you to act.

This is what government is for—to help protect the people of the United States from serious threats, from real threats. The Republicans are failing the people of the United States.

Thank you.

I yield the floor.

The PRESIDING OFFICER (Mrs. FISCHER). The Senator from North Dakota.

Ms. HEITKAMP. Madam President, lest anyone think that they are immune or that this is only about the tropics, I don't think a lot of people in the United States of America would call the State of North Dakota the tropics. Today I hold up the first noted case of a pregnant woman who has been infected by Zika. She was traveling, probably bitten by a mosquito, and somehow contracted the Zika virus. She will now live in fear that the baby she is carrying will suffer the birth defects we know are associated with this potential pandemic.

Where is the answer for her? The answer that the North Dakota epidemiologist gave for her, which is good advice, is: Don't travel anywhere where we have Zika virus infections. I guess she is not leaving her house because the way this is spreading and the way this is moving, it will be everywhere in the United States of America.

Once it migrates, and once it moves, what is going to stop it? Who is going to stand on the floor of the Senate and take responsibility for the lack of action, for the lack of responding to this public health crisis? That is why we are coming here today. This is not about politics. This is not about a public health emergency. We need resources. We need answers. We need tests. We don't need to rob from other potential pandemics like Ebola to get this done.

There is not a citizen in the country who would not say this is an obligation of the government to protect their people. We anticipate in Puerto Rico, a territory of this country—a lot of people travel to and from Puerto Rico—

one in five people in Puerto Rico will be infected by the Zika virus. Do they know it? Probably not. Frequently no symptoms come with the infection. So now we have to respond. Now we have to do what is right.

People will say: We can take this in regular order. That is what I hear is happening over in the House. They want to take this in regular order. Well, if it is a regular problem, why has the State of Florida declared a state of emergency? In February—this is not new—it is estimated Florida will continue to be the next big place of infection as the Zika virus migrates.

What does that mean to Florida? Not only does it mean you have created huge insecurity for the families—particularly young women the age of our children who are now thinking about having babies you have created huge insecurity. If the answer is don't have babies, how many generations do we have to go? We don't know. That is the problem. We don't know. There is no test. There is no way to verify at this point—no rapid test.

So when we look at this and we look at the effect it is having not only on our families and on family decisions but look at the effect it is having on tourism—we all know the Caribbean depends on tourism dollars to have stable governments. We all know Florida is heavily dependent on tourism. People in my office have already canceled plans for Caribbean vacations. People I know have already canceled plans to go to Florida because they are afraid.

What happens when everybody is staying home because they are afraid? This is not something we can play politics with. This is something that should unite all of us. We should all be coming together. If you don't like the President's plan, tell us what is wrong with it. Tell us what you need to change. Tell us what your experts,—contrary to the experts at CDC who have arrived at this plan—tell us what your experts think needs to be changed and what level of accountability you need.

I understand this morning the argument is not that we should spend the money, the argument is there is no accountability. Tell us what accountability. Come together. Let's solve this problem. Let's rise to the occasion in the Senate. When confronted with this virus, let's come together. Let's show the people we can respond.

I don't think I am exaggerating the potential health care effects. The World Health Organization has declared it an emergency. A conservative Governor in Florida has declared it an emergency. Certainly for this young North Dakota woman, it is an emergency. She needs to know and her family needs to know exactly how this virus is transmitted and what she can expect going forward.

She is just one of, I think, the first cases. My great friend the Senator from Washington—not exactly the tropics in the State of Washington as

well—also has one case. We don't know how many more. We don't know how many more.

So I am pleading, let's not wait. Let's treat this like the emergency it is. Let's do what we need to do to protect American families, particularly young women of child-bearing age who are going to be devastated if this happens in their families. So let's do the right thing. Let's come together. If there is a problem with the proposal, let's debate what that proposal should look like. Let's bring it to the floor. Offer amendments for accountability.

Why are we waiting? Someone needs to answer that question, not just to me but to American families and to the American people.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mrs. SHAHEEN. Madam President, I come to the floor to join my colleagues because I share their very real concerns about the impact of the Zika virus on families in New Hampshire—also not a tropical State—the impact on people across the country here in the United States, and also on people around the world.

As has been pointed out, we have seen reports in regions with active mosquito-borne transmission of the virus, places such as Brazil, where they are about to host the Olympics. People will be traveling there from all over the United States, from all over the world. We have seen those stories of women who have had children with severe birth defects, with microcephaly, as a result of their exposure and contracting the virus during pregnancy.

We have also seen impacts on adults. The connection that seems to be there, and I think we are still waiting on definitive research, but the connection in adults between Guillain-Barre syndrome and the Zika virus is also very real. While fortunately in America in most cases that can be treated, the reality is, in a lot of places around the world and for some people, it causes severe paralysis and sometimes even death. So this is not just something that affects pregnant women, but there are also concerns about who else might be affected by this virus.

As we have heard from North Dakota, as we have heard from other States, as mosquito season arrives in this country, we can expect additional Zika cases, transmitted often by mosquitoes from tropical areas, that people contract when they are traveling. We know this mosquito is coming to America. In New Hampshire, where neither of the two known mosquito vectors currently live, we have already had three cases of Zika, with about 150 possible cases that are still being tested.

Two of those cases were acquired as a result of traveling to Zika-impacted regions, but the third was contracted because of sexual transmission of the disease from a partner who had been traveling. Last week I chaired a roundtable on Zika in Concord, NH, in our capital.

We had representatives who are looking at what might happen with the virus and our planning for an outbreak, which we hope we can avoid.

We had doctors from the State, we had the State epidemiologist, we had the director of the State lab, and we had people who are working on mosquito control. They talked about how over the last several months they have been getting more and more questions about Zika, particularly from women who are planning to have children in the near future, and for pregnant women and their families or women and their partners who are beginning to think about starting a family.

As Senator HEITKAMP pointed out, the threat of Zika is very real. We had one of the doctors, an obstetrician, at that roundtable who reported that many of her family patients are canceling vacations they had planned and some of her patients whose husbands are in the military who are stationed in Zika-infected countries are concerned about how to protect themselves and what they need to do when they return.

We heard from folks at our New Hampshire Department of Health and Human Services who talked about the importance of increased access to family planning and contraceptives and the Zika outbreak impact on the need for those services. It gives us a new lens on the importance of making sure women and families have access to this health care.

We need to make sure all women at risk or diagnosed with Zika have access to comprehensive, patient-centered contraceptives and preconception counseling. We also heard from the folks involved with mosquito control. What they told us is, there are two mosquitoes that can spread the Zika virus, that we know of at this time. One of those is a mosquito that is only in the tropics, that we are never going to see in northern New Hampshire and in northern New England.

The second mosquito, we have already found in Connecticut and Massachusetts. The mosquito control folks said that unlike the usual spraying for mosquitoes, which is in wetland areas and swampy areas in New Hampshire, this is a mosquito that, as Secretary Burwell has described it, "can breed in as little as a cupful of water." They are mosquitoes that bite people four times in order to get a meal, so they spread very fast.

What we heard from the mosquito control folks who were at this meeting was that they are encouraging people to look at places in their yards where water might collect in small spaces, in wheelbarrows, in paint cans, in places we would not normally think about mosquitoes growing.

They also encouraged people to think about protecting themselves. When you are going out, think about covering up, wearing long sleeves, wearing slacks, wearing socks when you are outside at a time when mosquitoes might be around.

The other concern about the Zika mosquito is that it also is active during the day. It is not like most of the mosquitoes we see in New Hampshire, which are active at night. This is a mosquito that is also active during the day. So we need to be taking action now. I listened to the head of the State lab in New Hampshire talking about the challenge of getting results from the lab for people who had been tested for Zika.

He said: Sometimes we have to send out to labs. We don't have the capacity in New Hampshire to do the analysis that is required. We are still looking for a test that can definitively determine if somebody has had Zika in the past. He said: Something as small as the ability to ferry the samples and the results back and forth to a lab is one of the things we need so we can get answers so we know how to act.

The folks who are trying to get information out to the public talked about the need to have support so they could get information out, both to the medical community and to individuals, about the importance of what individuals need to do to take action.

They said very directly to me, as I said that I appreciate this is something we need to work with you on in Washington, they said: We don't have the resources to respond to this in the way we need to in New Hampshire. For those people who would say: Don't worry. You are exaggerating. This is never going to come to New Hampshire, well, that is what they told us about the West Nile virus. That is what they told us about EEE. We have had deaths in New Hampshire in recent years from both of those viruses. So I think we need to act on this. I know there has been an agreement in the Appropriations Committee, among the appropriators on both sides of the aisle. It has been a bipartisan agreement to help get a supplemental funding bill to the floor to address this because in New Hampshire what I have heard is that we need help. We need Washington to help us. If we are concerned about the cost of this, just think about what our inaction will do? What if we have an outbreak and we have people who—we have thousands of women, as they do in Brazil, who have been infected and who have had babies with microcephaly. What are the health care costs to people who might have been infected by the Zika virus, with Guillain-Barre syndrome, with other birth defects as a result of being infected during pregnancy?

So this is a bill we can't afford to wait on. We need to address this. If folks are not willing to do it because it is the right thing to do, they ought to be willing to do it because it is the cost-effective thing to do. I hope we can come together. I know people on both sides of the aisle are concerned about this. We need to come together. We need to address this. It is a pending public health emergency. We have to respond.

I yield the floor.

The PRESIDING OFFICER. The Senator from Hawaii.

Ms. HIRONO. Madam President, I rise to join my colleagues in raising awareness about the Zika virus and the need to pass the President's emergency appropriations request to get ahead of this crisis in the making.

Some question the need for this emergency appropriations request. Perhaps those who believe that funding the President's request is a waste feel that we are not at immediate risk, but you have heard my other colleagues talking about how this is an impending crisis. While Zika may not seem like a threat in the United States now because we have not hit peak mosquito season, this head-in-sand mentality is irresponsible. Zika is ravaging South America, which is having its summer right now. Zika is on the move. The mosquito that is the main Zika carrier is already in 13 States, and another mosquito also capable of spreading the Zika virus is in 30 States. As families travel this summer, they will be moving in and out of States and countries impacted by Zika.

To my colleagues who aren't worried about the spread of Zika right now, it is time for all of us to wake up. With summer comes mosquitoes—including, of course, the mosquito that carries Zika. We must do all we can to ensure that Zika does not gain a foothold in the United States. Let's act, not react, to this Zika threat. This means funding the President's \$1.9 billion request for Zika.

Hawaii knows firsthand the impact of vector-borne diseases such as Zika and of the resources and effort it takes to contain an outbreak. Seven Hawaii residents have already been diagnosed with Zika. One infant born to a mother with Zika has been diagnosed with microcephaly, a devastating birth defect.

On top of that, Hawaii has been dealing with an outbreak of dengue fever, which is spread by the same mosquito that carries Zika. The dengue outbreak in Hawaii began in September, and only yesterday were we able to go 30 days without a new dengue case.

The unique location of Hawaii means it serves as transit location for many Pacific Island nations where Zika outbreaks have occurred in the recent past, places such as Yap and French Polynesia. We know that this disease can migrate and that it can migrate quickly. That is why we have to get ahead of it.

Having the administration shift Ebola funding around is not the answer. That is akin to robbing Peter to pay Paul. What will we do if Ebola has a resurgence this summer—shift money back from Zika?

The United States is in a strong position, compared to many other countries, to fight Zika. We have undeveloped vaccines, blood screenings, cleaning tools, and research that will be game changers.

When the President sent his \$1.9 billion request to Congress, he laid out how the funding would be spent or used. It would go toward vector control, public education campaigns, and vaccine development. It would go toward the work of companies such as Hawaii Biotech, which is racing to complete work on a vaccine.

We must fund the emergency request so Federal agencies that stand on the battle lines of combating disease can do their work. We must also strengthen vector control programs and emergency preparedness programs. It is imperative that we give our communities the tools they need to fight Zika. Time is still on our side right now, but time is running out and we must act quickly. Let's come together to ensure that Zika does not become a full-blown public health emergency in the United States. Let's fund the President's request.

I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

Ms. KLOBUCHAR. Madam President, I rise today to discuss this urgent public health emergency. I am honored to be here with Senator MURRAY, Senator MIKULSKI, Senator HEITKAMP, and Senator HIRONO as we look at this serious crisis facing our Nation, and that is the Zika virus.

The World Health Organization has declared that Zika is spreading explosively and will affect nearly all countries in North America and South America. The virus has already infected nearly 400 Americans who have traveled abroad from 40 States, including my home State of Minnesota. Over 500 people in Puerto Rico have the disease. Nearly all of them contracted the virus locally. These numbers will only continue to grow as the warmer months bring more mosquitoes that transmit this disease. In fact, researchers calculate that 60 percent of the people in our country live in an area that will likely be affected.

Zika is a rapidly evolving mosquito-borne virus. Most infected patients develop mild flu-like symptoms that last for a week. However, the virus has devastating consequences for growing families. Researchers have now confirmed what many feared was true: A pregnant woman infected with Zika is at risk of giving birth to a child with microcephaly. This heartbreaking, lifelong condition results in newborns with abnormally small heads. These children will need increased access to health care and developmental services, such as speech therapy, occupational therapy, and physical therapy. There is no known cure for this disease or even standard treatment for this condition.

It is crucial that physicians have the knowledge and tools essential to diagnose and care for pregnant women who may be infected with Zika. It is crucial that moms with Zika and children with microcephaly have access to the services they need. It is crucial that we

take steps now to ensure that our health care system and all levels of government are prepared for the imminent spread of the Zika virus.

We are here today to continue to stress the urgent need to ensure that our country is as prepared as possible to mitigate the spread of Zika and respond to outbreaks of this virus.

The administration submitted a request for nearly \$2 billion in emergency funds to provide immediate support. This is about research. This is about a vaccine. This is about therapeutics and diagnostics. This is about a medical health crisis that primarily—but not only—affects women and children. That is why the women Democrats of the Senate have gathered on the floor today to speak out, to speak out and say this is a crisis that must be funded. This is a crisis that must be responded to.

Simply because it mainly affects women and children right now—and we have no idea what other effects it will have—is no reason to shirk our duties in the Congress and not fund this. Our foremost duty is to protect the health and safety of Americans. Zika is a rapidly evolving disease with severe public health implications. I ask my colleagues to support this effort. We cannot afford to delay action.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

Ms. MIKULSKI. Madam President, I rise to take the floor as the vice chair of the Appropriations Committee and urge that we adopt an urgent supplemental request to deal with the Zika threat.

This is real. It has been 2 months since the administration sent to Congress an emergency supplemental. We can't wait any longer. The mosquitoes are here. They are actually here. They are here in the United States of America.

I have said—first with wit and now with deep concern—that you can't build a wall to keep the mosquitoes out. The mosquitoes aren't going to pay for this. We need to act, and we need to act now.

This is a compelling public health crisis, and we can do something about it. We take an oath to defend all Americans against enemies foreign and domestic. This is about to be a self-inflicted wound on our own people because of our failure to act.

With no reliable, tested public health interventions on mosquito control—we have to take action to do this. Why? Because as of April 20, there have been close to 900 cases confirmed in the United States of America. We already know they are in three States. The CDC knows it is going to come to at least 30 States in our own country, and it will have incredible consequences, particularly to women.

Over the years, I have heard many eloquent, poignant, and even wrenching speeches about protecting the unborn. They have been deeply moving. We

have always tried to find common ground on this. But if you are really for defending the unborn, you have to pass this supplemental.

There are women all over the United States—particularly in these three vulnerable States—there are women in Puerto Rico who are wondering, if they are already pregnant, what their situation is. There are young women and not-so-young women who are concerned about getting pregnant and at the same time being bitten by a mosquito, and there are sparse resources to do mosquito control.

We want to build fences to keep out illegal aliens. OK. We want to bomb the hell out of ISIS and terrorists. We should because we are worried that they are coming at us. But in many of those instances, those are problems that have been difficult to solve. This is not difficult to solve; this is about mosquito control.

I am very concerned that we are just sitting around and that when all is said and done, more is getting said than gets done. We are talking about an emergency supplemental.

The Appropriations Committee has a very clear set of criteria for what is an emergency. First, it has to be urgent. Well, the mosquito season is here. It has to be unforeseen. This was unforeseen and it is temporary. It is mosquito season. It is a confined season. We can do something about it, and we must do something about it. It will have a disproportionate impact on pregnant women and the unborn. There will be children born with the most horrendous, heartbreaking birth defects.

I am of the generation that was the polio generation. My mother wouldn't let my sisters and me go swimming until after June 20 because, somehow or another, in our faith, it was St. John's Day and we thought the water would be warmer. Maybe the saint blessed the water. God bless the saints. God bless people like Dr. Salk, and God bless America that funded the Salk vaccine. I remember children in iron lungs to be kept alive, children in braces who then walked with very difficult canes. Those who survive bear this the rest of their lives.

Look at what we are facing here, and we know it. This is not unknown, nor is it unmanageable. It will be a national disgrace if we don't act.

In my own home State, I have a Republican Governor, Governor Larry Hogan. Guess what. Governor Hogan is acting. This isn't about Democrats and Republicans. Governor Hogan acted. He declared April 24 to 30 Zika Awareness Week. He ordered his health department to coordinate educational events with local health departments. They also spent \$130,000 of State money to develop 10,000 transmission kits to begin to deal with this. My Republican Governor has taken action.

Also, in Anne Arundel County—the county that is the home of the State capital, again headed up by a Republican county executive—they received

850 kits. They are going to have town-hall meetings to talk with the agricultural officials about prevention and mosquito control. We have a Republican Governor and a Republican county executive who are acting.

Then there is Howard County, where the health department is planning to distribute 450 kits to obstetric and gynecological practices to protect pregnant women. Again, a Republican county executive working with his administration is taking action, spending local money when this is a national problem.

I am saying this because my own Governor and the county executives are acting.

In Baltimore City, which has a Democratic mayor—she listened to the warnings coming from the World Health Organization, the CDC, and the Bloomberg School of Public Health in Baltimore and is taking action. Baltimore is now spraying, taking mosquito control action, and so on. They are spending over \$500,000 of local money, of which we don't have a lot.

So, hello, Maryland is acting. We need to act. And I say this because we are spending local money to deal with a national and international problem. So please, let's now—whatever differences we have on other bills, please let's take up this urgent supplemental.

Madam President, I yield the floor, as I see the majority leader is here.

The PRESIDING OFFICER. The majority leader.

Mr. McCONNELL. Madam President, I ask unanimous consent that at 1:45 p.m. today, the Senate agree to the motion to proceed to the motion to reconsider the cloture vote on amendment No. 3801, the motion to reconsider the cloture vote on amendment No. 3801, and the Senate then vote on the motion to invoke cloture on the Alexander substitute amendment No. 3801, upon reconsideration.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The Senator from Florida.

ZIKA VIRUS

Mr. RUBIO. Madam President, I have two topics I want to talk about today—actually, three—but I want to begin with the Zika virus.

A few weeks ago I went back to Florida on a Friday and I sat down and met with officials from the Department of Health from Florida. I met with leaders from Puerto Rico in the health sector. I met with doctors who live in Miami-Dade County and also officials in Miami-Dade County. They are freaked out about the Zika thing. I don't know any other term to use. If they are freaked out, then I am very concerned about it as well. That is why I do support fully and immediately funding this situation, and I have asked our colleagues to do so as quickly as possible.

I want to speak briefly about the Florida experience with this. There are two things that are deeply concerning,

and then I will speak to some of the things we should be doing.

First, the summer months are upon us. Anyone who has been in Florida, in the summer particularly, knows summer has basically already started in Florida if you go outside. The spread of mosquitoes as a threat virtually everywhere in the State is just massive. It is just a way of life. This very deadly disease is something we are still learning about, by the way. A few weeks ago, they said: Well, Zika impacts only a small population of people—a very significant population of people. We are learning this disease impacts whoever it touches. First of all, you don't have to be symptomatic to spread it. In Florida alone, we have had at least two cases of transmission sexually transmitted.

By the way, it is just a matter of time before someone in Florida gets bit by a mosquito. I am telling you, it is just a matter of days, weeks, hours before you will open up a newspaper or turn on the news and it will say that someone in the continental United States was bitten by a mosquito and they contracted Zika. When that happens, then everyone is going to be freaked out, not just me and not just the people who work for the health department in Florida. This is going to happen. There are just way too many mosquitoes to avoid it.

The second thing is that Miami-Dade County, in particular, but a lot of Florida, is a transit point for all of Latin America. So, for example, one of the places most impacted by Zika is Brazil. Well, this summer the Olympics are being held in Brazil, and there will be hundreds of thousands of people who cross through Florida to get to Brazil and back, on top of the normal number of travelers. It is just a matter of time. It is not a question of if, it is a question of when.

So I look at this from a Senate perspective and say: We are going to fund this. We are going to spend money on Zika in Washington, DC, No. 1, because we should. It is the obligation of the Federal Government to keep our people safe, and this is an imminent and real threat to the public safety and security of our Nation and our people. So the money is going to be spent. The question is: Do we do it now, before this has become a crisis or do we wait for it to become a crisis? Maybe that crisis happens in August, when everyone is back home doing their campaign stuff or maybe it happens on Monday, when everyone is back home doing whatever they do on recess. Then everyone will get pulled back to deal with this immediately, and I want to know what Members will say to those who say: Hey, this Zika thing has been in the news for months. Now there is a case.

It can be in any State in the country—any State in the country. You may hear: Oh, it is only in certain States that are warm. That is not true. It can be in any State in the country. I want to know what people are going

to say when they are asked: What did you do about it? Are you going to say: Well, I had real problems. I wanted to make sure about this and that.

This is a serious thing. People's lives are at stake here. And by the way, this is now spreading into all sorts of other threats. Guillain-Barre was mentioned earlier. We know about the birth defects that are very significant. Do my colleagues realize what the cost will be of dealing with all of that? Are people aware of what Guillain-Barre is? It is a debilitating, often fatal, disease. The cost of treating someone that has it is extraordinary.

What about where the money is going to be spent? Look, it is possible at the end of the day that \$1.9 billion will not even be enough. We don't know. But we have to start.

No. 1, we don't have a commercially available plan to test for Zika. You can't just go to Quest Diagnostics and get a Zika test. It doesn't exist. In Florida, if you want to get a Zika test, you have to go through the State department of health.

No. 2, a lot of people aren't being tested because they are not a pregnant woman so they do not think they have to be tested. False. If you have traveled anywhere at this point—I don't care who you are, how old you are, male or female—where there are mosquitoes in significant amounts, you probably should be tested. If you have traveled abroad into these danger zones, you can transmit this disease. You can be carrying it and not see manifestations of it for a while.

There is no commercially available plan. They talk about mosquito control. They have only been trying that for thousands of years, and mosquitoes have outlasted everything. It is important. It has to be a part of it. But one of the two mosquito species that spreads Zika is resistant to pesticides. It has become resistant to the pesticide, and that is why new technologies need to be developed.

There are some innovative ways out there to cut down on the mosquito population. There is an innovative program now, trying to start a pilot program in the Keys. That should be a part of this conversation. Researchers are pretty confident they can find a vaccine for this kind of disease, given its pathology. Maybe not next week, but they can find a vaccine for it. The government has a role to play in basic research that allows the private sector to commercialize that and make that possible.

I understand we want accountability for how this money will be spent. I believe that. I do. I think the administration should come forward and say: Here is our plan. Here is where every penny is going to be spent, and here is how we are going to spend it. We should hold them accountable, and if there are ways to improve on that, we should. But I think there should be a sense of urgency when dealing with this issue.

I honestly believe—I don't believe; I know—it is just a matter of time be-

fore there is a mosquito-borne transmission. By the way, does it really matter how you got it, whether it was from a mosquito or it was sexually transmitted? You have Zika. It acts the very same way once you have it. It is just a matter of time before there is a mosquito-borne transmission in the continental United States.

I also have heard—not that anyone here has said it—but I have heard others say there are no cases of Zika transmitted from a mosquito yet in the United States. That is false. Puerto Rico is in the United States. Puerto Ricans are American citizens. By the way, they travel in huge numbers to and from the United States. Many are moving here. Many work here during the week and travel back on the weekends. This is a catastrophe right now in Puerto Rico, which is a United States territory, and its people are American citizens. They are facing a catastrophe right now on this issue.

So I hope there is real urgency about dealing with this. I understand this is not a political issue. There is no such thing as a Republican position on Zika or a Democrat position on this issue because these mosquitoes bite everyone. They are not going to ask you what your party affiliation is or who you plan to vote for in November. This is a real threat, and it is not just in the tropical States. They may feel it first, but so can any State that has any significant travel, which is basically all 50 States in the Union. In a country where people travel extensively across the country and around the world, we are going to face a Zika problem in this country this summer and fall.

My advice to my colleagues is that we are going to deal with this, so I hope we deal with it at the front end. Not only is that better for our people, but that will be better for my colleagues. Otherwise, we will have to explain why it is that we sat around for weeks and did nothing on something of this magnitude.

The second topic I want to—

Mrs. MURRAY. Madam President, will the Senator yield for just one moment before he goes into his second topic?

Mr. RUBIO. I will yield to the Senator from Washington.

The PRESIDING OFFICER. The Senator from Washington.

Mrs. MURRAY. Madam President, I just want to thank the Senator from Florida for joining the women of the Senate here today to bring attention to such a critical issue and to extend our hands. We want to work with the Senator. We believe this is an emergency, and we want to deal with it quickly. We appreciate his comments and his support this morning.

The PRESIDING OFFICER. The Senator from Florida.

Mr. RUBIO. Madam President, I appreciate the advocacy of the Senator from Washington, and I do look forward to working with the Senator on this as well. Hopefully, we can get a result on this.

There is going to be a recess now, and that means for 10 days people will be going back to their home States. So I hope when we come back a week from Monday, we will hear that we have a plan that we are going to be able to vote on and vote on it quickly.

DUCHENNE MUSCULAR DYSTROPHY AND FDA
ADVISORY PANEL

Madam President, on a separate topic, I want to call attention to a remarkable group of advocates who are bound together, not by a common race or religion or political ideology but by the common hope of one day ridding the world of a rare disease named Duchenne muscular dystrophy.

Duchenne is one of multiple different forms of muscular dystrophy. It affects mostly boys, almost exclusively, at the rate of 1 per 3,600 individuals. Its primary symptom is the steady deterioration of muscle mass beginning early in childhood. By the age of 12, most boys with Duchenne have lost the ability to walk and eventually become paralyzed from the neck down. I am sad to say there is currently no cure for Duchenne, and the average life expectancy is around 25 years.

I am personally the parent of four children, including two boys, and I can only imagine—perhaps I can't imagine; that is how difficult it is—what it must be like to have a child receive this diagnosis. Few are called to do more for their child and to show greater courage in the face of the adversity that MD poses than a parent helping their child battle Duchenne.

I was recently inspired and humbled a few weeks ago to meet a young man struggling against this disease. His name is Austin, and his dad Joe is a hero in more ways than one. Joe helps Austin combat Duchenne, and he does it alone, as a single father. By the way, he also serves as an Active-Duty member of the United States Air Force.

Austin is 12 years old, and I was immediately impressed when I met him. I knew how difficult it must have been for him to travel all the way to Washington from his home in Tampa. This is the embodiment of courage that people living with this disease show every day.

Joe shared with me a few of the struggles they face. He told me how Austin is unable to attend school full time because he needs hours of daily physical therapy to stimulate his muscles. He told me how Austin is quickly losing the ability to walk and how he now needs help getting in and out of his wheelchair and other daily tasks. He needs help with eating.

Joe told me he spends hundreds of dollars each month on over-the-counter drugs that are not covered by insurance, and he spends hours every Friday attending doctors' appointments.

Joe shared the dreams he once had when Austin was born—dreams of being that proud father in the bleachers at little league games or cheering loudly and waving a big foam finger. With Duchenne, he tells me he has even

more reasons to proudly cheer Austin on, though the reasons are different. He cheers when Austin is able to get out of bed without help or to walk to the restroom. These are moments of great pride for Joe, when he sees how resilient Austin is in the face of this disease.

Joe and Austin traveled to Washington as part of a coordinated effort to witness and participate in FDA action related to Duchenne. As advancements in medical science continue, targeted therapies to treat Duchenne are being developed and tested, and each one—even the ones that fail—is providing us greater insight into the way the disease operates and how it might ultimately be defeated.

The last couple of weeks in particular have brought about a display of extraordinary strength from Joe and Austin, and thousands of other parents, children, family, and friends who engage in activism on behalf of those with Duchenne. This Monday, scores of advocates from around the country attended a hearing of the FDA advisory committee, which welcomed them and spent almost an entire day listening to their testimony. What this committee was listening to was the result of a clinical study on a small group. Admittedly, this is a small group of people who have this disease, so any clinical trial will have a small number of people. It is not the same as you would have for another more common disease. So this FDA advisory panel was meeting to decide whether they were going to allow this testing to expand and this drug to be more available.

The panel should have reviewed this in the context of a law that was passed in 2012 called the Food and Drug Administration Safety and Innovation Act; call it FDASIA for short. This act gave the FDA the authority to consider the perspectives of patients when evaluating whether to approve a drug. In essence, it gave the FDA the authority to listen to people who are taking the drug and decide whether it works or not—not just to look at the clinical study.

This also provides real flexibility when evaluating drugs for life-threatening illnesses, such as Duchenne. It included multiple provisions to address the challenges of the rare disease patient community, which is by definition small—meaning clinical trials have a more difficult time finding enough participants to meet the FDA's usual requirements. Usually, when it is a drug for cancer or something like that, you have tens of thousands of people you can do a trial for. When it is a rare disease, you have a harder time finding enough people to test it on the way you would for a normal drug. And on top of that—on top of the perspective of a lesser number of people—it is also a disease that is fatal. In the end, all of these cases with Duchenne end the same way, with death, in a very predictable pattern.

They had a chance to meet this week and review this in the committee. In

the words of someone who was there, who has a lot of experience in interacting with government agencies and bureaucracies, the word they used was “jarring.” They said it was jarring. This is from someone who has a lot of experience interacting with government agencies and bureaucracies. They said it was jarring how it went.

I want to paint the picture of what that place looked like on Monday. There was an entire community of parents whose kids have Duchenne, who are taking this experimental drug, who are seeing their kids improve. They are seeing it. They know these kids better than any scientist, any doctor, or any panelist at the FDA, and they see these kids are doing better. They see this. They are begging the FDA panel: Please allow us to continue to give these kids medicine. And, by the way, make it available to other kids because, No. 1, there has not been a single documented case of harm; no one using this experimental medicine has been harmed by it. No. 2, we, the parents, are telling you it works because we see it in our kids. And, No. 3, if you take it away, we are desperate; there is nothing left. They are going to die. It is very predictable.

The committee ignored them. The committee ruled against them, and it did so because they basically applied the same standard to this drug as they did to a normal one: Oh, you didn't have enough people in the clinical trial. No, there aren't enough people to do a clinical trial with. It is a rare disease. The result is they had this ruling, and I think the vote was 7 to 3.

What is interesting is that one of the board members was quoted as saying: Based on all I heard, the drug definitely works, but the question was framed differently. What that means is the way the FDA posed the question to this committee was not just whether the drug worked, but the question was the process: Did this clinical trial have enough people? Was it conducted the normal way—the way other drug tests are conducted? Of course not, because it is not treating a normal condition. It is one with a very small population.

The committee spent almost the entire time focused on how the clinical study was designed and not on whether it works. By the way, had the FDA followed FDASIA, the law passed a few years ago, and taken that into account—the small patient population and likewise—they might have reached a different result. Instead, what is happening now is these patients and families are on the verge of losing not just access to the drug but to other families as well.

Put yourself in the position of one of these patients. Your son has Duchenne, your son is taking this experimental drug, and you see how he is improving—because you do not improve with Duchenne. It is not one of these things where you get better, worse, better, worse. You get worse and then worse and then worse. It is a steady, predictable decline. So imagine your child is

one of those impacted by this disease. You know what the outcome is. It is a predictable, guaranteed outcome. They are taking an experimental drug, and you know it is working because they are not declining. In fact, in many cases they are improving. You are begging the FDA: Please, allow us to continue to give our children this drug. They say: No, we reject it because the clinical trial was not conducted the way it is for normal drugs. Then you would understand the desperation of these parents.

There is one last chance. The senior leadership of the FDA has the ability to override this decision and allow this to move forward. I personally hope that is what they will do. In the end, the only thing to lose here is to do nothing.

The sad story here would be for these parents, who are already seeing the benefits, to lose access to this drug that they know is having an impact on their children. No one has been able to prove there is any threat that this drug poses to these children. This has been documented. CBS has done a report. Other entities have reported on it.

FDA senior leadership has the chance to overrule this committee, which didn't knock it down for purposes of safety or anything of that nature. They just said the clinical trials didn't meet their standard—and say these kids are going to die anyway if we don't do something.

Here is a drug that is showing improvement, and families who are using it are begging them to allow them to use it. Thousands of people do not fly in from around the country or watch online for something that isn't working. If this weren't working, these parents would not be so adamant about it. They see it is working. They know people it is working for. They are desperate to keep it or to reach it. Listen to them. They know what they are talking about. They know. They are the primary caregivers for their children, and they know improvement when they see it.

I hope the FDA will consider moving in a different direction. These parents deserve better.

Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from North Carolina.

(The remarks of Mr. TILLIS pertaining to the introduction of S. 2885 are printed in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

Mr. TILLIS. I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio.

PENSION ACCOUNTABILITY ACT

Mr. PORTMAN. Madam President, I rise today to talk about an issue that affects not only retirees in Ohio, but retirees all around the country.

Let me start by saying that if hundreds of thousands of retirees were getting the Social Security benefits they had worked for cut by as much as 70 percent, there would be a national up-

roar. People would consider it totally unacceptable. It would be the top news story every night. People would say: These retirees played by the rules; they did everything right. Yet they are seeing these big cuts. How could this happen?

Yet that is exactly what is happening to about 400,000 members of the Central States Pension Fund who are facing cuts of up to 70 percent as soon as July 1 of this year. Again, these are people who worked hard all their lives, put money into the pension system assuming it would be there, made their financial plans based on that, and now they are suddenly finding massive cuts—some 20 percent, some 40 percent, some as high as 70 percent. It is time for the Senate to address this potential crisis and to come up with a fair solution.

The Central States Pension Fund consists mostly of union truck drivers. They have seen its pension fund severely decline. That is why we are in this situation. The pension suffered big investment declines during the great recession, as did other pension funds. One difference is that they missed the market rebound because they had a large population of new retirees, and they had to withdraw large sums from their pension for those payouts.

One of the largest pension funds in America is in trouble. It is projected to go bankrupt in about a decade. That bankruptcy could be so large that it would have a very negative impact on the larger Pension Benefit Guaranty Corporation that insures the fund. We don't want that to happen because that could, of course, leave hundreds of thousands of retirees with severely reduced or no pensions.

Something has to be done. Math is math. I understand that and, by the way, Central States retirees understand that. They know there is a problem. But the way Congress and the President have dealt with this is totally unacceptable. The House of Representatives worked on a proposal. It was crafted in the House, not in the Senate. It allowed the pension to possibly avert bankruptcy—and I say "possibly" because, as I will talk about later, even this proposal doesn't mean they are going to avert bankruptcy. But they did so by cutting the benefits of current retirees substantially, severely in some cases, again by as much as 70 percent.

They then took this proposal called the Multiemployer Pension Reform Act, or MPRA, and buried it inside a \$1 trillion spending bill, which, frankly, nobody read. It was one of those last-minute bills, an end-of-the-year omnibus spending package, as they call it, and they sent it to the U.S. Senate. Members of the Senate were told: This is an up-or-down vote. There were no hearings in the Senate. There was no transparent process.

I remember when this happened about a year and a half ago, we were told that if the Senate didn't quickly pass these unprecedented reforms, with

no hearings and no opportunities for amendments on the floor of the Senate, the spending bill would fail.

This is Washington at its worst: Bury something in a spending bill that has nothing to do with a spending bill—in this case, a pension cut—and then basically try to blackmail lawmakers to vote for it, saying: If you don't vote for this, the whole bill goes down.

I voted against it, as did other Members here in the Senate, but it passed. Of course, President Obama quickly signed it into law. Suddenly, these retirees were sent notices saying they have this big cut in their pension.

I agree that the status quo is not acceptable. I think over time it would lead to pension bankruptcy, and something has to be done. Difficult decisions are necessary. But the MPRA was an unfair remedy because it did not go through a fair and open and transparent process. Also, it didn't give the workers or retirees a sufficient voice in their own futures. They did not have a voice in crafting the reforms because of the way it was structured.

We probably have 47,000, 48,000 Ohioans affected by this. After months of meetings with Ohio workers, retirees, and stakeholders, including the administration, I introduced what is called the Pension Accountability Act. Basically, it gives workers and retirees a voice in this process. Right now, MPRA does allow there to be a vote by workers and retirees, but for these large plans, the vote is nonbinding. So there is a vote, but it doesn't count. Even if the participants vote 100 percent against the reforms, it wouldn't stop the cuts from going forward. That is crazy. That is certainly not democratic.

Additionally, the vote is designed unfairly. Here is how it works: If a retiree or a worker chooses not to take out a ballot and vote, it is automatically counted as a "yes" vote for the plan. Imagine how that would work in U.S. Presidential elections or other democratic processes. But that is not how this works. If you submit a ballot, it should be counted. If you don't submit a ballot, it shouldn't be counted.

So the Pension Accountability Act fixes these two problems: First, it makes the retiree and the worker vote binding. This will give workers and retirees a seat at the table, and a majority vote would be required for any pension cuts to go forward. Second, it makes the vote fair by counting the ballots as they should be counted, not returning the ballots as an automatic "yes" vote.

These commonsense reforms give the workers and the retirees more leverage. It gives them a fair say in the process because their vote is going to be heeded to implement changes. They are going to have a seat at the table to find the right balance.

Again, we know these pensions are in trouble, and some changes are necessary to prevent bankruptcy, which could leave some families with nothing. So let the process play out. If the

businesses, unions, workers, and retirees can craft a solution to win a majority vote, more power to them. But let's give everyone a seat at the table, and let these retirees have a vote.

The goal should not be to stop all pension reforms. If Central States continues on its road to bankruptcy, then, everybody loses. But the goal should be to give those affected a say in how these reforms are designed. It brings accountability. It opens the lines of communication on both sides of the bargaining table to come up with a fair solution.

There are some other proposals. I think the Pension Accountability Act has a much more realistic chance of enactment because I do not believe a massive tax increase is viable. It is the only reform proposal with bipartisan support. In fact, between my bill and the House companion legislation, we have nine Democrats and nine Republicans.

In the meantime, for the reasons I have discussed, the Department of the Treasury should not accept Central States' application. They should reject this proposal to cut benefits up to 70 percent for some of the retirees, as we have talked about. By the way, even if all the application's positive market assumptions play out, there is still a 50-percent chance the pension goes bankrupt anyway. This doesn't exactly inspire confidence in this plan. I think they should go back to the drawing board.

By the way, I am openminded to other solutions that would provide funding from inside the multiemployer pension system. There are different ideas out there, and we should talk about them.

Let me finish with a story about a guy I got to know through this process. His name was Butch Lewis, from Westchester, OH. Butch was a star baseball player in high school. He was drafted out of high school by the Pittsburgh Pirates. But instead of going on to a career in baseball, he heard the call of duty and he volunteered to join the U.S. Army and to serve in Vietnam. He became an Army Ranger. He was seriously injured while rescuing fellow soldiers. He was sent home with a Bronze Star and a Purple Heart.

When he came home, Butch reunited with his high school sweetheart Rita. He started a family, and he started working, despite his injuries. He spent 40 years as a truckdriver. The lack of shock absorbers in those old trucks hurt his knees a lot. His knees had been injured in Vietnam in battle. Ultimately, it required 37 surgeries. But he kept working and never complained. He sacrificed for his family and for their pension—to the point of foregoing pay raises, vacations, and other benefits in order to guarantee that he had a sufficient pension for retirement. They planned on it, like you would or anybody would.

Finally retired, a year ago Butch was surprised when he received a letter in

the mail saying his pension would be cut by 40 percent—the pension that he was depending on. So after all those years of work and sacrifice, his pension would be deeply slashed. Butch felt betrayed, and I think that is understandable. He organized with his fellow retirees an effort to try to defend those pensions, and that is how I came to know him. He came to Washington, DC, to meet with me here. I also met with him in Ohio. I listened to his story. I listened to his wife Rita, who is very articulate, and we addressed different ways to try to save his pension. He is one of the reasons we came up with this legislation.

This past New Year's Eve, feeling the stress, Butch became ill, and he died of a massive heart take. He was 64 years old. His wife Rita is left to pick up the pieces. She has now lost her husband. Her own dad is battling Stage IV cancer. She is looking at a 40-percent cut to her survivor's benefit. She is preparing to sell the house that she and her husband Butch saved a lifetime for. She is wondering what her future is going to be. She is a very strong woman. She worked tirelessly to save for these pensions. Now she is fighting to make sure all the hard work her husband put in was not in vain.

This is who we are fighting for. Think about Butch Lewis when we think about what we should do. Think about Rita and 400,000 other members of the Central States Pension Fund. These are people who played by the rules. They worked hard, and yet, in their retirement years, they face possible financial ruin through no fault of their own.

This is why we need to pass the Pension Accountability Act. We have attempted to offer it as amendments in previous legislation here over the last couple of months. We are going to continue to do that. We are not going to give up. I would hope the Senate and the House would see that by giving people a voice, it gives them leverage, and we can come up with a better and a more fair solution for everybody.

I yield back my time.

I yield to the Senator from North Carolina.

THE PRESIDING OFFICER (Mr. SASSE). The Senator from North Carolina.

GENOCIDE AND ATROCITIES PREVENTION ACT

Mr. TILLIS. Mr. President, April is Genocide Awareness and Prevention Month. As we remember all those who have lost their lives in the wave of terrorist violence sweeping the world, I call on my Senate colleagues to join the effort to make real the words "never again" by cosponsoring S. 2551, the Genocide and Atrocities Prevention Act.

Islamic extremists are waging religious war so severe that the Pope of the Catholic Church and the Patriarch of the Greek Orthodox Church came together, stating:

Whole families, villages and cities of our brothers and sisters in Christ are being com-

pletely exterminated. Their churches are being barbarously ravaged and looted, their sacred objects profaned, their monuments destroyed. It is with pain that we call to mind the situation in Syria, Iraq and other countries of the Middle East, and the massive exodus of Christians from the land in which our faith was first disseminated and in which they have lived together with other religious communities since the time of the Apostles. We call upon the international community to act urgently in order to prevent the further expulsion of Christians from the Middle East. In raising our voice in defense of persecuted Christians, we wish to express our compassion for the suffering experienced by the faithful of other religious traditions who have also become victims of civil war, chaos, and terrorist violence.

On February 4, a nearly unanimous European Parliament passed a resolution declaring that ISIS "is committing genocide against Christians and other religious and ethnic minorities." Sadly, the United States, in keeping with the President's desire to lead from behind, only recently decided to call it genocide in the face of the religious cleansing taking place in the heart of the Middle East. ISIS vows that they will break our crosses and enslave our women—they are speaking of Christians—and they will place a black flag at the top of St. Peter's Basilica. At the other end of the Middle East, we have Iran. Iran is launching test missiles with the words "Death to Israel" on the tips of the ballistic missiles, in Hebrew.

We would do well to remember the words of an Israeli Prime Minister who said: "When someone tells you he wants to kill you, believe him." If you think it is a problem that is over there, think again. Terrorism reaches our shores. It has devastated some of the great cities of the world like London, Paris, Brussels, Madrid, and Bali. As a result of conflict, there are now a record 60 million displaced persons—men, women, and children. That is more than at the height of the displacement of World War II.

Responding to the dire needs of those fleeing violence has driven a 600-percent increase in global humanitarian aid over the past 10 years, from \$3.5 billion in 2004 to \$20 billion in 2015. I have actually seen the human cost in refugee camps along the Turkish-Syrian border. I was there a couple of weeks ago, less than 30 miles away from the Syrian border in Turkey. These were Muslims fleeing ISIS and a blood-thirsty dictator who unleashed chemical weapons on his own citizens.

In the 1980s, then-Ambassador to the United Nations Jeanne Kirkpatrick took up the cause of preventing genocide. With the memory of Chairman Mao's killing of 100 million still fresh in her mind, her attention was turned to Africa, where she saw the first stirrings of the genocide on the continent, and then to Cambodia, where Pol Pot murdered over one-third of his nation. She urged President Reagan to sign the convention on genocide, and President Reagan did just that.

President Reagan said:

We gather today to bear witness to the past and learn from its awful example, and to make sure that we're not condemned to relive its crimes. . . . the genocide convention [is a] howl of anguish and an effort to prevent and punish future acts of genocide.

I believe Congress has an important leadership role to play here. We can help ensure that America has the tools to combat genocide and atrocities and combat violent conflict. That is why I joined Senator CARDIN in introducing the Genocide and Atrocities Prevention Act.

As does the Senator from North Carolina, I also have a special reason for supporting this legislation that has the potential to fuse diplomacy, intelligence, and foreign aid, and in turn, prioritize government action to prevent future atrocities by working together.

It is important to me because my State, as I said earlier today, is at the tip of the sphere. When diplomacy fails, it is the 82nd Airborne and Special Forces from Fort Bragg or the U.S. Marines from Camp Lejeune who are going to go resolve the conflict. We want to avoid those conflicts. We owe it to them to do better by putting partisanship aside and by taking up proactive steps to avoid sending our servicemembers into harm's way to confront a conflict that may be able to be prevented without firing a single shot.

Silence is the greatest enemy of freedom. Silence led to the devastation of Jews in Europe. But from the ashes of the Holocaust came the State of Israel and the vow "never again." The first President Bush reminded us: "The words 'never again' do not refer to the past; they refer to the future.

I yield the floor.

The PRESIDING OFFICER. The Senator from Arizona.

UNANIMOUS CONSENT REQUEST—EXECUTIVE CALENDAR

Mr. MCCAIN. Mr. President, I come to the floor this afternoon with great regret, having to raise the issue of the pending nomination of the Secretary of the Army. Mr. Eric Fanning has been nominated to be the Secretary of the Army. We have held hearings in the Armed Services Committee, and his name has been on the calendar for confirmation. My friend from Kansas, who is on the floor with me—and he is my dear friend of many years, despite the branch in which he chose to serve in the military—has been objecting to the confirmation of Mr. Eric Fanning as the Secretary of the Army, which is his right.

Mr. Fanning had a distinguished career. He served as Special Assistant to the Secretary of Defense and White House Liaison. He served as Deputy Undersecretary of the Navy and Deputy Chief Management Officer of the Navy. The Senate confirmed him, and he served as Under Secretary of the Air Force, including 6 months as Acting Secretary of the Air Force. He served as Chief of Staff to the Secretary of Defense, Dr. Ash Carter. Later, he served

as Acting Under Secretary and Acting Secretary of the Army. In 2016, he served as the Special Assistant to the Secretary of Defense.

He comes from a military family. He has two uncles who graduated from West Point and were career Army officers. He has another uncle who is a career Air Force officer. He has a cousin who flew helicopters in the Marine Corps and another cousin who was an Army Ranger.

He has senior executive leadership experience in all three military departments and has pursued efficiencies and transformation in every part of the Department of Defense. His most recent experience as Acting Under Secretary and Secretary of the Army has given him a solid understanding of the challenges currently facing the Army and the need to sustain a ready Army that will, as he said at his confirmation hearing, deter enemies, assure allies, build partner capacity, and be ready to respond when the Nation calls.

One of the obligations—in some respects—that we as Senators have is the role of advice and consent, and that is an important role. As Senators, we also understand that elections have consequences, and therefore—although it is not written down anywhere—when a President is selected by the American people, then that President should be given the benefit of the doubt as to the person or persons the President wants on his or her team. I believe it is then our job to make the decision on whether to confirm or deny confirmation based on our view of the qualifications but with the presumption that we would confirm someone rather than the presumption that we wouldn't confirm someone. When the American people choose their leader—the President of the United States—then it seems to me it is our obligation, unless there is a reason not to do so, to ensure that the President has a team around him he has selected.

I am stating the obvious, and Mr. Fanning is clearly qualified. He has performed well in the hearing before the Senate Armed Services Committee. My friend from Kansas has objected to Mr. Fanning being confirmed by the Senate, and I will let him describe his reasons for objecting to the nomination, but as I understand it, the Senator from Kansas does not want the detainees from Guantanamo transferred to the State of Kansas.

I have assured my dear friend from Kansas that the Armed Services Committee will not approve the transfer of detainees to the United States of America unless there is a plan that will assure the American people the circumstances surrounding that transfer, if it should ever take place, will be appropriate. The administration, after 7½ years that I have been dealing with them, has no plan. I can assure the Senator from Kansas that the Defense authorization bill, which I assume will be made into law, will again prohibit the transfer of detainees from Guanta-

namo to the United States of America until there is a plan that is approved by the Congress of the United States. That is our obligation and our role. Now, add to that that Mr. Fanning has no role to play. He has no role to play in this decisionmaking as to whether we transfer detainees from Guantanamo to the United States of America.

When we consider nominations, we should be considering the role, mission, and responsibilities of that nominee, and, frankly, I say to my dear friend from Kansas, he has no role to play in the whole scenario I described.

I urge my friend, in the strongest possible way I can, to work together with me, as we have over the last 7½ years on this issue of Guantanamo, and give the benefit of the Senator's expertise as we bring the Defense authorization bill to the floor during the last week in May, which is when it is scheduled, and talk about Guantanamo. I am totally confident and can assure the Senator from Kansas that the overwhelming majority of the Armed Services Committee and I am sure a majority in the Senate—I am totally confident that the Defense authorization bill will have a prohibition on the transfer of detainees to the United States of America unless there is a plan that is approved by the Congress of the United States.

Finally, I understand that the Senator from Kansas is very concerned about this issue and has been for a long time. No one understands better than he. He was a former member of the U.S. Marine Corps and is aware of the obligations to preserve the safety and security of this Nation.

All I can say is that the U.S. Army needs this man, Mr. Eric Fanning's leadership. It is not fair to the men and women of the U.S. Army to be without the leadership of a Secretary of the Army. Mr. Fanning is eminently qualified to assume the role of Secretary of the Army.

I urge my friend and colleague to not object to the unanimous consent request I am about to propound.

Mr. President, I ask unanimous consent that the Senate proceed to executive session to consider Calendar No. 477, the nomination of Eric Fanning to be Secretary of the Army; that the nomination be confirmed, the motion to reconsider be considered made and laid upon the table; that the President be immediately notified of the Senate's action, and the Senate then resume legislative session.

The PRESIDING OFFICER. Is there objection?

The Senator from Kansas.

Mr. ROBERTS. Mr. President, reserving the right to object. I want to make certain that my colleagues understand my position on this matter. My hold on Eric Fanning's nomination is not in relation to his capabilities, expertise, or character, and it is certainly not intended to bring undue stress to our U.S. Army. Rather, my hold on the nominee is to protect the security of

the United States and especially the people of Kansas.

I will be more than happy to vote for Mr. Fanning once the White House addresses my concerns regarding the President's efforts to move Guantanamo Bay terrorist detainees to the mainland, with Fort Leavenworth, KS, the intellectual center of the Army, very high on the list.

I have been clear, honest, and flexible with the White House. I am simply asking that they communicate to me what all those who have reviewed Fort Leavenworth already know; that Fort Leavenworth is not a suitable replacement for the detention facilities at Guantanamo Bay. The White House has not reciprocated.

I have prepared lengthier remarks on my position in this matter. At this time, I ask unanimous consent to proceed for 5 additional minutes.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. ROBERTS. Mr. President, the senior Senator from Arizona, our distinguished chairman of the Armed Services Committee and my friend, has made a very impassioned plea for me to remove my hold on Eric Fanning to be Secretary of the U.S. Army. I want to be very clear that as a veteran and marine, I support the nominee for this post.

Kansas is the proud home to two Army posts, Fort Leavenworth, the intellectual center of the Army where the commandant staff school is located, and Fort Riley, home of the Big Red One—two proud posts with very rich histories.

I want the Army to have a highly qualified Secretary just as much as the distinguished Senator from Arizona, but it is due to my deep respect and concern for the men and women in uniform at Fort Leavenworth, and those who live and work in the region, that I am compelled to issue my hold on the President's nominee in the first place.

As I have publicly stated from the beginning, and personally to Mr. Fanning, former Army Secretary John McHugh, and Defense Secretary Ash Carter, my quarrel is not with the nominee but with the President.

President Obama continues to insist that he will close the Guantanamo Bay detention facility before he leaves office, transferring the remaining detainees to the U.S. mainland, with Fort Leavenworth under serious consideration. Quite frankly, this is a legacy item for the President. After much study and review, I can name countless reasons why this plan is wrong and it is also illegal. The President's own Cabinet has acknowledged this, and the Secretary of Defense and the Attorney General have publicly stated that current law prohibits the transfer of Guantanamo Bay detainees to the mainland. Yet the President is undeterred. He continues to insist it will be done, even if he has to resort to Executive power in defiance of the law

and the will of the Congress. As a result, I have been left with very little choice other than to do what I can as an individual Senator to block the transfer of detainees to Fort Leavenworth.

I understand and share the concerns of the distinguished Senator, but if there is any anger, concerns, or frustrations, it should be directed at a White House that intends to ignore laws written and introduced by the Senator from Arizona himself. We should be speaking today, not about my attempts to protect the people of my State and Fort Leavenworth, we should be speaking about a White House that ignores the National Defense Authorization Act and every appropriations bill passed in this Chamber since 2009. We should be angry at a White House that wants to bring this terrorist threat to our shores without so much as an intelligence assessment as to the risk and benefits of such an action to our citizens at home or to our men and women in uniform. An intelligence assessment regarding these concerns does not exist.

The administration is responsible for refusing to come forward with a real plan to relocate prisoners, instead of a weak and veiled attempt to honor a campaign promise, which is the only way to characterize the actions to date.

Just days ago, I received the most classified report from the Department of Defense on moving the detainees from Gitmo. This report—far from clearing up any reports—made it even more apparent to me that it is virtually impossible to safely relocate terrorists at Fort Leavenworth.

The assessment is there. All I am asking is for the White House to assure me that Fort Leavenworth is not a viable alternative. Cities and towns across America are holding their collective breath while we await the White House's judgment as to where to house these detainees.

For those of us in the crosshairs, we are left with very few options to fight a President who is willing to break the law. With this hold, I have used one of the tools—perhaps the only tool other than a filibuster—afforded to me as a U.S. Senator, and I will continue to do everything in my power to fulfill the obligations of the security of the United States. It is what Kansans expect and have demanded of me.

If the White House calls and assures me that terrorists held at Guantanamo will not come to the Fort Leavenworth, I will gradually release this hold immediately. As a matter of fact, we just had a conversation with the White House this morning in the hopes that this could be worked out, but the White House simply would not give me that assurance.

Make no mistake, I remain adamantly opposed to placing detainees anywhere on the mainland. The distinguished Senator from Arizona knows that, and I think he shares those views.

However, if the plans and studies from the administration rule out Fort Leavenworth as an option, all they have to do is tell me.

I yield the floor.

The PRESIDING OFFICER. Is there objection to the request by the Senator from Arizona?

Mr. ROBERTS. I object.

The PRESIDING OFFICER. Objection is heard.

The Senator from Arizona.

Mr. MCCAIN. Mr. President, Mr. Fanning has nothing to do with the issue. We are shooting a hostage that has nothing to do with the decisionmaking process. If we inaugurate a practice here of holding nominees over an issue that is not related to those nominees, we are abusing our power and authority as U.S. Senators.

Secondly, the Senator from Kansas knows he cannot have the President call him. If he did that, he would then have to call 99 other Senators who would then hold up nominees because they have not been assured that detainees will not be relocated to their States according to any plan that the President may come up with.

What we are doing is telling a nominee who is totally and eminently qualified for the job that that person cannot fulfill those responsibilities and take on that very important leadership post because of an unrelated issue that has nothing to do with Mr. Fanning. That is not the appropriate use of senatorial privilege. What if we set this precedent and every Senator—100 Senators—adopts the practice of saying: I don't want the President to pursue a certain course of action, therefore I will hold his or her nominees hostage until they take a certain course of action. That is not the role of advice and consent. That is a distortion of advice and consent.

Let me say, I will be coming back to the floor on Mr. Fanning's nomination. It is not fair to him. He is an American citizen. He has served for years in the service of his country, at least since 2009 that I can see. He shouldn't be held hostage to a policy decision that—the full Senate will act to prevent that action.

I tell my colleague that the full Senate, as we have the last several years, will prohibit the transfer of detainees from Guantanamo Bay until the President of the United States comes forward with a plan that is approved by the Senate. So if a plan came forward that contained movement of the detainees to Fort Leavenworth, as the Senator from Kansas is worried about, then the Senate would say no. We would say no.

So, unfortunately, we have seen the Senator from Kansas take a nominee who is fully qualified in every aspect—he passed through the Senate Armed Services Committee by voice vote—and hold him hostage to an action that the nominee has no ability to take, has no ability to determine, nor is it in his area of responsibility as Secretary of

the Army to determine a policy on Guantanamo.

So if we are going to set a precedent here, I say to my friend from Kansas, that if we don't like a certain policy or anticipated action by the President of the United States in some area, we will therefore hold up a nominee for an office which they are not in any way related to—that is not the way the Senate should behave.

Mr. ROBERTS. Will my friend from Arizona yield?

Mr. MCCAIN. Sure. I will be glad to yield to my friend.

Mr. ROBERTS. Well, if this is a bad precedent and all that the distinguished chairman of the Armed Services Committee has said it is with regard to my actions, I will remind him that there has been a precedent before this time. The year was 2009, and this issue came up. Obviously, it was a campaign promise by the President. There was a lot of concern, a lot of frustration, a lot of anger. I asked myself at that particular time what on Earth I could do to stop this effort to move detainees to Fort Leavenworth. Again, I would stress that it is the intellectual center of the Army. The commander staff school is there—think Pershing, think Eisenhower, think MacArthur, think Petraeus. Bad fit. Sixteen thousand people at Leavenworth have signed a petition saying no to the detainees.

Back then, in 2009, John McHugh—a wonderful Congressman, a great friend to me, and a great Secretary of the Army—was being nominated. I took the very same action, I would tell the distinguished Senator from Arizona, and put a hold on John.

I called him up. I said: John, I have some bad news and some good news.

He said: Well, give me the bad news.

I said: Somebody here in the Senate has put a hold on you.

He said: Who on Earth would do that?

I said: It is me.

He was a little stunned—I think a lot—and would probably make the same statement and speech the Senator from Arizona has given.

I said: Not to worry. All that has to happen is for the administration to give me assurance—it could be vocal; I don't expect him to write it down—that the detainees will not be moved to Fort Leavenworth.

John went to work to try to carry that message to the administration. I am not saying that Eric Fanning should do that, but John McHugh did. And it wasn't very long after that that the legal counsel from the White House—and I won't get into names here—called me and assured me that would be the case. I immediately lifted the hold.

So there is a precedent in 2009, and it worked.

Again, I really regret—my hold on Eric Fanning's nomination is not in relation to his capabilities, his expertise, his character, and certainly not intended to bring undue stress to the

U.S. Army. I understand that. But when we are faced with a situation like this, and the situation could be further explained by a call that I just received prior to the distinguished Senator coming to the floor—the White House knows this—we had a very frank conversation. The conversation pretty well ended up: I can't give you that assurance, but we won't surprise you; i.e., if we have an Executive order and we are moving detainees into Fort Leavenworth, we will certainly tell you.

So I can't release this hold, as I did in 2009. I don't think the statute of limitations is here with regard to the previous assurance I got from the White House. If there is, maybe it is because that is—when the legal counsel left, all of a sudden we were back to where we are.

So the ball is in the court of the White House. All they have to do is give me another call and indicate that things will be fine. I am not telling them what language to use or anything else.

I might add that there are two other Senators who are very concerned about this—Senator TIM SCOTT of South Carolina and the distinguished Senator from Colorado, CORY GARDNER.

I thank the Senator for yielding.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. MCCAIN. Mr. President, just quickly, facts are stubborn things, I say to my friend from Kansas. The reason there hasn't been movement of the detainees is because the action of the Senate Armed Services Committee in the authorization bill prohibited such a thing from happening. It has nothing to do with any hold or no hold that the Senator from Kansas has. Let's be very clear about that. And whether Eric Fanning is confirmed or not, it does not change the situation one iota—not one iota.

I have assured the Senator from Kansas that the Senate Armed Services Committee—I know enough about my own committee to know that they will be passing again, as we have for the last several years, a prohibition on the movement of detainees until there is a plan. And in 2009 or whenever it was, I am sure they had no plan at that time because they came to see me and I told them to come up with a plan.

So the Senator's actions have nothing to do with whether or not the President closes Guantanamo and transfers them, and the Senator's action right now has nothing to do with whether or not the President of the United States will decide to close Guantanamo by Executive order and move them to Leavenworth. There is nothing he is doing by withholding this nomination that would in any way inhibit the President from acting. The only thing that will inhibit the President from acting is the aye vote of Senator from Kansas on the Defense authorization bill which will be on the floor at the end of May and which will have a prohibition for the transfer of those detainees.

So I would hope my dear friend from Kansas would understand that what we need to do is get a defense authorization to the floor, get it in conference with the House, and get it to the President's desk. That is the best way he can keep any movement of detainees to Kansas and to Fort Leavenworth. And at the same time, the President of the United States, despite your hold on Mr. Fanning, may act by Executive order. Nothing you are doing by prohibiting Mr. Fanning from being confirmed to a post he is well qualified for—to lead the U.S. Army—will have any effect whatsoever on an Executive order by the President of the United States.

Mr. ROBERTS. Will the Senator yield again for one last comment?

Mr. MCCAIN. Yes.

The PRESIDING OFFICER. The Senator from Kansas.

Mr. ROBERTS. Mr. President, every Senator listening to this—every person listening to this—should understand, with the summation the Senator has just given, what an outstanding chairman of the Senate Armed Services Committee he has been and what a stalwart he has been for our men and women in uniform. I cannot think of a chairman—and there have been a lot of very great chairmen in the Senate Armed Services Committee, but none so well qualified as the Senator from Arizona. His remarks are right on point with regard to his point of view. His remarks sing, if you will, in behalf of our national defense. He is a great friend. He is a personal friend. I respect him more than he knows, and I appreciate him. I think he mentioned Eric Fanning to be Secretary of the Navy. That might be an alternative. But at any rate, I want to thank him for his remarks.

But if this has no bearing on anything, why did the White House call me just before we came down here trying to work it out? And saying that in 2009—OK, they did let me know that Fort Leavenworth was not being considered. As I say again, there is no statute of limitations, I don't think, except just “Oh well, by the way, we are going to change our mind” and a couple of little campaign assurances by the President saying “Well, we can always use an Executive order”—not to mention his Press Secretary. So if there is nothing to bear here—this doesn't have any relationship to the issue at hand—why did the White House call and say “Well, we will make a decision down the road, but we won't surprise you”?

I shouldn't even be talking about this with regard to the communications this morning. So I just disagree with my good friend. I thank him for his leadership, and I thank him for his position. Were I in his position, I probably would be saying the same thing.

Mr. MCCAIN. May I just say, Mr. President, that I hope my dear friend from Kansas—we are about to go into a week-long recess—would do as he always does, and that is contemplate and

communicate, as he does with the people of Kansas, who have honored him for so much time here in the Congress of the United States. Maybe hopefully we could work this out with the certain knowledge and my assurance that I am 100 percent confident that the Senate Armed Services Committee will report a bill that will become law that prohibits the transfer of the detainees from Guantanamo to anywhere in the United States of America until there is a plan that is approved by Congress, and I want to give him that confidence.

His passion that he has displayed here is ample evidence for why the people of Kansas hold him with such affection and respect. He is fighting for what he believes is in the best interests of the people whom he represents so well and honorably.

I hope he will have the opportunity, as we go into recess next week, to talk with his constituents and think about this and think about my assurance that we will not—we will not—approve of a transfer of detainees from Guantanamo Bay unless it is in compliance with the law that we will pass.

I thank my colleague.

I know the Senator from Tennessee is waiting.

I yield the floor.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. ALEXANDER. Mr. President, within a few minutes we will be voting on whether to cut off debate on the Energy and Water appropriations bill and move to finish the bill. I hope my colleagues on both sides of the aisle will vote yes.

This is a bill the Senator from California and I have worked on carefully with Members on both sides of the aisle. More than 80 Senators have made contributions to the bill. We considered 18 amendments on the floor. This is a bill which is about half national defense and about half essential services. These include dredging harbors and building locks and dams. These include our 17 National Laboratories and keeping us first in the world in supercomputing. It is within the Budget Control Act, and it is the part of the budget that is flat. In other words, it is a part of the budget that is reasonably under control, not the part that is not.

It is also the first time since 2009 that this Energy and Water appropriations bill has had the opportunity to go across the floor in the regular order. It is the earliest appropriations bill that has been considered by the Senate since 1974. Senator MCCONNELL and Senator REID picked this bill because they thought Senator FEINSTEIN and I could work with Members of the Senate to establish a model for how to deal with the remainder of the appropriations process, and we hope that proves to be true.

We have run into one issue, and that is an amendment by the Senator from Arkansas regarding Iran. That is a provocative amendment—I understand that—on both sides of the aisle, and

the President cares about it as well. But I have worked hard to get Senators a right to offer germane amendments. Some Senators have chosen to withdraw their amendments in order to keep the bill moving along, but Senator COTTON has a right to offer his amendment on the bill, and I support him in doing that. He has been eminently reasonable. He has offered to modify it. He has offered to do it at another time. He has offered to vote it at 60 votes or to vote it by voice vote. So far, we have not had any agreement.

If we do not succeed, I am going to keep working with Senator FEINSTEIN, the Democratic and Republican leaders, and with Senator COTTON in the hopes that when we come back next Monday, we will have a suitable solution and we will vote still again on finishing the Energy and Water appropriations bill.

Mr. President, I ask unanimous consent to speak for 2 more minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. ALEXANDER. Over the last year and 5 months the White House has threatened 87 vetoes. That is about one every week and a half. If we shut down the Senate and stopped our work every time the President threatened a veto, we would be here about 3 or 4 hours every Monday afternoon.

When we say to the President: Your budget is dead on arrival, he sends us his budget anyway.

The way to handle a veto threat is the way we did it with the national defense act, which is to say: All right, Mr. President, if you want to veto it, you may. We sent it to him, and he did. It came back, and the offending provision was taken out. A better way to do it might be that the President says: I will veto the education bill. We worked with him, and we sent him a version that he could sign.

My plea with my friends on the Democratic side, as well as on the Republican side, is let's not let the White House lead us around by the nose and tell us we can't consider a bill just because there is a veto threat. We should consider the bill. We are a coequal branch of government. We should do what we think we ought to do—defeat it or pass it. Then, if the President chooses to veto it, that is his constitutional prerogative, and most of the time, if we know that is going to happen, the offending provision comes out.

I ask for a "yes" vote. I hope that it succeeds. If it doesn't, we will be having the same exact vote a week from next Monday when we come back, and I will do my best to help that succeed.

The PRESIDING OFFICER. Under the previous order, the motion to proceed to the motion to reconsider the cloture vote on amendment No. 3801 is agreed to and the motion to reconsider is agreed to.

CLOTURE MOTION

Pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will state.

The bill clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on Senate amendment No. 3801 to Calendar No. 96, H.R. 2028, an act making appropriations for energy and water development and related agencies for the fiscal year ending September 30, 2016, and for other purposes.

Mitch McConnell, Lamar Alexander, Jerry Moran, John Boozman, Steve Daines, Richard Burr, Roy Blunt, Orrin G. Hatch, John Hoeven, John Thune, Thad Cochran, Roger F. Wicker, Mark Kirk, John McCain, Lindsey Graham, Johnny Isakson, Pat Roberts.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call has been waived.

The question is, Is it the sense of the Senate that debate on amendment No. 3801, offered by the Senator from Tennessee, Mr. ALEXANDER, as amended, to H.R. 2028, shall be brought to a close, upon reconsideration?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The bill clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Texas (Mr. CRUZ) and the Senator from Wisconsin (Mr. JOHNSON).

Mr. DURBIN. I announce that the Senator from New Jersey (Mr. BOOKER), the Senator from California (Mrs. BOXER), and the Senator from Vermont (Mr. SANDERS) are necessarily absent.

The PRESIDING OFFICER (Mr. HOEVEN). Are there any other Senators in the Chamber desiring to vote?

The yeas and nays resulted—yeas 52, nays 43, as follows:

[Rollcall Vote No. 65 Leg.]

YEAS—52

Alexander	Ernst	Paul
Ayotte	Flake	Perdue
Barrasso	Gardner	Portman
Blunt	Graham	Risch
Boozman	Grassley	Roberts
Burr	Hatch	Rounds
Capito	Heitkamp	Rubio
Cassidy	Hoeven	Scott
Coats	Inhofe	Sessions
Cochran	Isakson	Shelby
Collins	Kirk	Sullivan
Corker	Lankford	Thune
Cornyn	Manchin	Tillis
Cotton	McCain	Toomey
Crapo	McConnell	Vitter
Daines	Menendez	Wicker
Donnelly	Moran	
Enzi	Murkowski	

NAYS—43

Baldwin	Heller	Reed
Bennet	Hirono	Reid
Blumenthal	Kaine	Sasse
Brown	King	Schatz
Cantwell	Klobuchar	Schumer
Cardin	Leahy	Shaheen
Carper	Lee	Stabenow
Casey	Markey	Tester
Coons	McCaskill	Udall
Durbin	Merkley	Warner
Feinstein	Mikulski	Warren
Fischer	Murphy	Whitehouse
Franken	Murray	Wyden
Gillibrand	Nelson	
Heinrich	Peters	

POT VOTING—5

Booker	Cruz	Sanders
Boxer	Johnson	

The PRESIDING OFFICER. On this vote, the yeas are 52, the nays are 43.

Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, upon reconsideration, the motion is rejected.

The majority leader.

CLOTURE MOTION

Mr. McCONNELL. Mr. President, I send a cloture motion to the desk for the Alexander substitute amendment No. 3801.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The bill clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on Senate amendment No. 3801 to Calendar No. 96, H.R. 2028, an act making appropriations for energy and water development and related agencies for the fiscal year ending September 30, 2016, and for other purposes.

Mitch McConnell, Tim Scott, Marco Rubio, Michael B. Enzi, Daniel Coats, Cory Gardner, Roy Blunt, John Cornyn, Mike Rounds, James Lankford, Roger F. Wicker, Thad Cochran, Lamar Alexander, Johnny Isakson, David Vitter, Patrick J. Toomey, Rand Paul.

Mr. McCONNELL. Mr. President, I ask unanimous consent that the mandatory quorum call be waived.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. McCONNELL. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. DURBIN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

SENTENCING REFORM AND CORRECTIONS ACT

Mr. DURBIN. Mr. President, there are a lot of divisions on Capitol Hill, and the press spends a lot of time reporting differences between Democrats and Republicans in the House and the Senate. I think that is one of the reasons the press conference I just left is noteworthy, because at this press conference, we had equal numbers of Democratic Senators and Republican Senators talking about a bill that we hope to move forward on the floor of the Senate. The bill relates to criminal justice reform.

I am pleased to cosponsor this legislation with Senator CHUCK GRASSLEY, the Republican chairman of the Senate Judiciary Committee. We are proud to have the support as well of Senator LEAHY and Senator MIKE LEE of Utah, who was one of the original authors of this bill 3 years ago when we both introduced it. We also have the support of the Republican whip, JOHN CORNYN of Texas; SHELDON WHITEHOUSE of Rhode Island; and many others who have joined this effort.

What is it about this bill that could bring people together who are so different—liberals, conservatives, Demo-

crats, Republicans? It is a common belief that we bring to this that at this moment in history, we need to take an honest look at the incarceration policy in America.

The United States of America has 5 percent of the world's population and 25 percent of the world's prisoners. Over the last 35 years, we have increased the number of Federal prisoners by anywhere from 800 percent to 900 percent. We are building Federal prisons as fast as you can imagine, and they are dramatically overcrowded.

It raises the obvious question: Are we safer? If we spend \$30,000 a year to incarcerate a person, take them off the streets and away from their family, are we safer because of it? In some cases, we clearly are. Our first obligation is public safety. If someone is a threatening, deadly, violent criminal, they ought to be taken off the streets as long as they are a menace or a danger to society. But the largest increase in the Federal prison population during the period I just described is for non-violent offenders, people who have sold drugs in America.

The problem is made worse because we decided 25 or 30 years ago to create mandatory minimum sentences. What it meant was that when the judge sentenced someone, there was an absolute floor they couldn't go below regardless of the circumstances. Needless to say, that resulted in the miscarriage of justice in many cases.

Sadly, it isn't just a matter of longer sentences. We have seen some disparities and injustice that we have to be very honest about, as painful as it is to describe them. For instance, the majority of illegal drug users and drug dealers in America are White. Three-quarters of all the people incarcerated for drug offenses are African American and Latino, and the large majority of those who are being sentenced under mandatory minimum sentences are African American and Latino.

Let's be very honest about this. In my State of Illinois, I have to be because in the city of Chicago and other communities, we are going through a very candid and painful discussion about the issues of race and justice. We have to be honest. We are incarcerating minorities in this country at dramatically higher percentages than we should. The reason I say that goes back to the original point: The majority of illegal drug users and sellers in America are White; three-quarters of those in prison are not.

As a result of mandatory minimums, the families of nonviolent offenders are separated for years on end, and a disproportionate number of them are people of color. This is destroying communities, damaging and destroying families, and, sadly, eroding faith in our criminal justice system.

In 2010 I worked with Senator JEFF SESSIONS of Alabama. He is a very conservative Republican but one of my colleagues and friends on the Senate Judiciary Committee. We passed the

Fair Sentencing Act. You see, we had a disparity in sentencing so that those who were found guilty of selling and using crack cocaine were sentenced at 100 times the standard of powder cocaine. There was a reason for it, but it turned out not to be valid. Yet for years this was the standard. We were filling our prisons primarily with African Americans on crack offenses, and if they were repeat offenders—three times and you are out, three strikes and you are out—they could be sentenced for long periods of time.

Senator SESSIONS and I decided to change it. We reduced the disparity between crack and powder, and we have seen a dramatic downturn not only in those serving times for crack cocaine offenses and selling them but also the arrests that are being made today.

This bill we just announced in a press conference—the latest version and I think a good version—is another step forward. It will give judges more discretion in sentencing below the mandatory minimum on an individual case-by-case basis.

A young man whom I have come to know is Alton Mills. Alton is from Chicago, IL. In the year 1994 at the age of 24, Alton Mills was given a mandatory sentence of life in prison without parole for a low-level, nonviolent drug offense. This man had never served 1 day in prison in his life, and at age 24 he received a life acceptance. I appealed to President Obama to use his Executive authority to give Alton Mills another chance. Just before Christmas last year, the President commuted his sentence, and Alton Mills was released after 22 years in Federal prison.

He was there today in a meeting we had with his mom. She never gave up on him. She was the one who appealed to me initially to take a look at her son's case. His attorney, a dynamic African-American woman named MiAngel Cody, really closed the deal as she described this case in detail and how unfortunate it was that a 24-year-old man would receive a life sentence for low-level, nonviolent drug offenses.

He is not alone. There are hundreds more just like him serving mandatory life sentences for third-strike sentences. The Sentencing Reform and Corrections Act, which Senator GRASSLEY and I have introduced, would eliminate this mandatory life sentence. This change alone would change the sentencing for many who are currently serving in Federal prisons.

The bill was reported out of the Judiciary Committee in its original form by a vote of 15 to 5—a good, strong vote. We have picked up an additional number of Republican sponsors since we have made some other changes in the bill. I thank Senator LEE for joining me in initially introducing this bill.

There are so many people who are counting on this legislation, not just those families who have someone serving time in prison but many people across the board—Black, White, and

Brown—who want to see us restore faith in the system of criminal justice.

We had an amazing endorsement of our bill.

Mr. President, I ask unanimous consent to have printed in the RECORD the letter of endorsement.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

NATIONAL DISTRICT
ATTORNEYS ASSOCIATION,
Alexandria, Virginia, April 26, 2016.

Hon. MITCH MCCONNELL,
*Majority Leader, U.S. Senate,
Washington, DC.*

Hon. HARRY REID,
*Democratic Leader, U.S. Senate,
Washington, DC.*

DEAR MAJORITY LEADER MCCONNELL AND DEMOCRATIC LEADER REID: On behalf of the National District Attorneys Association (NDAA), the largest prosecutor organization representing 2500 elected and appointed District Attorneys across the United States as well as 30,000 assistant district attorneys, I write in support of S. 2123, the Sentencing Reform and Corrections Act of 2015. As a result of months of changes and good faith negotiations, our organization feels the latest version of the bill strikes the appropriate balance between targeting the highest level drug traffickers plaguing our communities, while simultaneously decreasing crime rates and addressing the burgeoning prison population.

America's federal, state, local and tribal prosecutors have as their primary responsibility the administration of justice. Everyday, prosecutors have to make tough judgment calls. Sometimes, that judgment call involves locking up individuals for a long period of time for a heinous crime that damaged a community. More often, we work hard to provide second chances and concerted efforts are made to rehabilitate an individual with the goal of reducing the chance that he or she will reoffend back into the system.

As we have seen from the cost curve published by the National Academy of Sciences, the current prison population is simply unsustainable and continues to have a greater and greater impact on broader funding and programming at the Department of Justice. Budget aside, communities across this country have shifted to embrace rehabilitation and the opinion that certain individuals in our federal prison system are serving sentences that are too long compared to the crime they committed. This legislation aims to strike the appropriate balance of time served and the relevant crime by modifying the three strikes rule for drug felonies, with a third strike now carrying a 25-year penalty as opposed to life, and second strike carrying a 15-year sentence instead of 20 years. Appropriately so, the bill expands the three strikes rule to apply to serious violent felonies, ensuring that we use prison for those we are afraid of, not those whom we are mad at based on their behavior.

One previous concern our members highlighted was the retroactive nature of many provisions in the original bill. The new version takes into account that concern by limiting the retroactivity where applicable if an individual's record contains any serious violent felony. We feel this filters out the truly dangerous individuals who should stay out of the community, while allowing lower level offenders a chance for redemption.

Our members also realize that as we see the same offenders reenter the criminal justice system time and time again, we must be creative and come up with innovative programs to reduce recidivism, including job

training skills, addiction counseling and other productive activities. According to a report primarily authored by the National Center for State Courts, "properly designed and operated recidivism-reduction programs can significantly reduce offender recidivism. Such programs are more effective, and more cost-effective, than incarceration in reducing crime rates."

As part of the broader legislation, the Corrections Act requires the development of a risk assessment tool that will categorize inmates based on their risk of recidivism and subsequently determine which types of programming are most tailored to that individual's needs and risks. This is an important step in targeting at risk populations and providing the necessary resources to rehabilitate those individuals with the eventual goal of returning to our communities as productive citizens. At the same time, appropriate parameters are set for who is eligible to earn good time credit for completion of the recidivism reduction programming in order to keep the most dangerous and high-risk individuals from being eligible for early release to community supervision and off the streets.

We are especially appreciative of the provision in the legislation requiring an annual report by the Attorney General outlining how savings accrued from modifications to federal sentencing will be reinvested into efforts by federal, state and local prosecutors and law enforcement to go after drug traffickers and gangs, as well as provide the necessary training and tools needed to carry out investigations, keep officers safe, and ensure successful programming and initiatives are duplicated across communities in the form of best practices. Unfortunately, as the Bureau of Prison's (BOP) budget has continued to rise, funding for state and local law enforcement grants has been slashed to the bone negatively impacting innovative work in the field including diversion programs, updating of information sharing systems, and hot spot policing. This language is an acknowledgement that vital funding streams to prosecutors and law enforcement must be restored to protect the communities we serve.

The members of NDAA are acutely aware that our federal partners need to have the ability to allocate resources to state prosecutors to help combat human trafficking, domestic violence, the scourge of prescription drug addiction, and so many other ills that plague our communities. Absent meaningful sentencing reform, where the truly dangerous are locked up for an appropriate period of time and those with addiction or mental health issues have the chance for treatment and rehabilitation, those needed resources will not exist.

We applaud the bipartisan leadership of the Senators and staff who have spent considerable time working on this compromise legislation. Their tireless efforts have included open and transparent communication with our organization and members, which has not gone unnoticed. We look forward to working with both of you and other Senators and staff in the weeks ahead to move this bipartisan legislation forward.

Respectfully,

WILLIAM FITZPATRICK,
*President, National District Attorneys
Association.*

Mr. DURBIN. The National District Attorneys Association, which is the largest group of criminal prosecutors in America, has endorsed our criminal justice reform bill. We have brought together an incredible coalition. I am proud to have not only the civil rights community, but we also have others

from the conservative side, such as Michael Mukasey, former Attorney General. Everyone knows him to be a tough prosecutor. He endorses our bill. Others have come forward. They understand that it is time to step back and take an honest look at where we are today.

This criminal justice reform bill will bring some sanity to our corrections system, and it will save us money. Roughly one-fourth of the Department of Justice appropriations now goes into prisons. By the year 2030, it will be 30 percent. As Senator LEE said, we are spending more money on prisons than we are spending in the Department of Justice on the FBI and the Drug Enforcement Administration combined.

What if we could reduce that prison population in a responsible, sensible way that doesn't endanger public safety but gives us resources that could be used by the Department of Justice for law enforcement, for dealing with the heroin epidemic across America and making our neighborhoods truly safe? What if we could take part of that and invest it in the lives of young people before they turn to gangs, before they turn to drugs, and before they turn to guns? That could literally change the face of a great city such as Chicago and the great Nation we live in.

This is a historic bill—not just because Democrats and Republicans have come to support it; it is historic because we are tackling one of the toughest issues of our time. We are doing it in a thoughtful, careful, bipartisan, and respectful manner. I happen to believe that is what the Senate should be all about.

I look forward to encouraging my colleagues who have not signed on as cosponsors to do so as quickly as possible.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Ms. KLOBUCHAR. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

DUCHENNE MUSCULAR DYSTROPHY

Ms. KLOBUCHAR. Mr. President, I rise today as the cochair of the Rare Disease Congressional Caucus in recognition of patients with Duchenne muscular dystrophy and the loved ones who care for them.

Duchenne is a devastating, rare disease that primarily affects boys and young men. There is no cure. It is 100 percent fatal. There are no approved disease-modifying treatments at this time, but we want to give them hope. In 1999, there were no human clinical trials for Duchenne. Today, there are 22 observational trials currently underway. Life expectancy rates have increased by about 10 years in just the past decade. The FDA has more tools in its toolbox than ever to accelerate

approvals of safe and effective Duchenne therapies, but we would like more therapies to be approved in the future.

Duchenne muscular dystrophy is the most common fatal genetic disorder diagnosed in childhood, affecting approximately 1 in every 3,500 male children. The disease results in the gradual loss of muscle strength, usually beginning before age 5. The progressive muscle weakness leads to serious medical problems, particularly issues related to the hearts and lungs. By age 14, over 80 percent of these boys are using wheelchairs.

My work on Duchenne muscular dystrophy began when I was elected to the Senate. It was an issue my dear friend and former Minnesota Senator, Paul Wellstone, championed. Paul was instrumental in getting the Muscular Dystrophy Community Assistance Research and Education Act—or as it is known, the MD-CARE Act—signed into law back in 2001.

The bill dramatically increased investment at the National Institutes of Health for muscular dystrophy research and included funding for the creation of six centers of excellence. In recognition of his work, all of the centers share Senator Paul Wellstone's name. The bill also supported public health policies designed to improve quality of life and boost life expectancy of children and adults diagnosed with muscular dystrophy.

Since passage of the MD-CARE Act, \$500 million has been leveraged for muscular dystrophy research and education programs, half of which is Duchenne-specific. I then led the reauthorization of the MD-CARE Act in 2008, and it passed the Senate by unanimous consent. In 2014, Senator ROGER WICKER and I led the MD-CARE Amendments of 2014, which built upon the progress by ensuring that efforts are focused on the most critical needs of doctors, patients, and researchers. These are important accomplishments, but more needs to be done.

The Food and Drug Administration Safety and Innovation Act of 2012 gave the FDA increased flexibility to grant accelerated approval for rare disease treatments that have proven to be beneficial. The bill also directed the FDA to use patient-focused drug development tools during the drug approval process. The idea is simple: Patient experience should be a factor when the FDA considers a drug for approval. This gives the FDA the opportunity to hear directly from patients, their families, and caregivers about the symptoms that matter most to them, the impact the disease has on patients' daily lives, and their experiences with treatments.

To build upon that progress, Senator WICKER and I introduced the Patient-Focused Impact Assessment Act. The bill would help advocates understand how the FDA uses patient-focused drug development tools and how it engages patients, including those with rare dis-

eases, such as Duchenne, as it reviews drugs and therapies. Last month this bipartisan bill unanimously passed the Senate Health, Education, Labor, and Pensions Committee, bringing us one step closer to ensuring strong patient engagement throughout the FDA review process.

At an FDA meeting on Monday, there was one example of patient involvement in the drug approval process. It was a meeting that broke records. According to advocates, it was the largest gathering of Duchenne families in history. More than 900 members of their community were there. In fact, turnout was so large the FDA changed the meeting location to accommodate everyone.

Many stories were shared during the daylong meeting—stories of hope, stories of progress. Even seemingly small improvements—such as the ability to open a bottle of water on their own or lift their arm a little higher—make a huge difference in the quality of these boys' lives. These small victories have a ripple effect across a lifetime.

Monday's historic event shows the strength of the Duchenne community, the passion of the families, and the hope that treatments are on the horizon. This particular treatment was not approved that day, but we continue to hold hope that change will be on the horizon.

The fight against muscular dystrophy will not be won overnight, but we have already seen incredible progress in the last few years. I am confident that by working together—by bringing families to the table with policymakers and health care experts—we can accomplish some truly remarkable things.

One of the reasons Senator WICKER and I fought so hard to have the FDA officials listen directly to the families is that when you know your child has a disease that is 100 percent fatal, you might take different risks. You might see different improvements in a different way than a medical professional who does not have this experience. We hope going forward this kind of experience and testimony and information will make for better decisions by the FDA.

We need to continue to ensure the FDA has the tools and flexibility it needs to increase the number of safe, effective, and affordable treatments that are available for people with rare diseases. I also thank Senator HATCH, who has done a lot of work with me on the rare disease issue, and we will continue to push for cures for people who have so little hope.

I thank the Chair, and I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. ISAKSON. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

MORNING BUSINESS

Mr. ISAKSON. Mr. President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

VETERANS FIRST ACT

Mr. ISAKSON. Mr. President, this morning at 11 a.m., a big event happened in Washington, DC, on the third floor of this building when all members of the Veterans' Affairs Committee, Republican and Democrat alike, introduced what we call the Veterans First Act—a comprehensive overhaul of the Veterans' Administration to bring about accountability in services to our veterans by the Veterans' Administration. Every member of the committee, Republican and Democrat alike, came to that press conference.

I want to start by thanking Senator RICHARD BLUMENTHAL of Connecticut, who is my ranking member on the committee, for his efforts and his work over the last 10 months to help make this a reality, and each and every member of the committee for the work they did. In the end, we adopted 148 provisions of the Senate to amend, reconstruct, and hold accountable the Veterans' Administration.

I don't know about the Presiding Officer, but every morning when I wake up in Washington, DC, and turn on the TV, whether it is CNN, FOX, or a local station, one of the lead stories is about a tragedy in the Veterans' Administration. This morning, in preparing for this press conference I didn't turn on the TV until after I read my notes. After I read my notes, I turned on the TV, and what, to my dismay, did I see? In Chicago, IL, at the Veterans' Administration hospital, they found cockroaches in the food of our veterans. What kind of accountability is that in the Veterans' Administration? For our veterans to be fed food with vermin in it is ridiculous and crazy.

We all know what happened in Arizona a few years ago when appointments were manipulated, so veterans missed their appointments, and three veterans died. We know what happened in Atlanta, where we had an outbreak of suicide by people who couldn't get to mental health services in time. We know what happened when cost overruns went awry in Denver, CO. When the costs of the hospital got out of line, the Veterans' Administration didn't know how to control it.

Every time we turn around, there is no accountability in the Veterans' Administration, so our committee decided it is our job to see to it that our veterans get what they deserve and what they fought for for us; that is, a Veterans' Administration that delivers on