

That is why I will oppose the nomination.

I do not believe she lacks the personal qualities or the integrity needed to be a judge or be a successful person throughout her life, whatever job she holds. She certainly has many admirers. I am not questioning that, but her record, as I have discussed, indicates an approach to law enforcement that does not justify the support of a lifetime appointment.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. LANKFORD). The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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 President, I ask unanimous consent that the order for the quorum call be rescinded.

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

ZIKA VIRUS

Mr. CORNYN. Mr. President, over the past few months the Zika virus has not only spread across the Caribbean and Latin America, but it has become a matter of grave concern in the United States.

Although many of the symptoms are relatively minor, Zika has been found to cause severe birth defects in children if the virus is acquired by a woman of childbearing age who is, in fact, pregnant. In places where the virus has been especially active, experts have found alarming rates of infants born with something called microcephaly—in other words, basically a shrunken skull. Obviously, it is a profoundly damaging birth defect. This is due to the mother being infected by the virus while pregnant.

As the weather continues to warm, Texans are rightly concerned about the continued spread of the virus in our State because it is transmitted primarily by mosquitoes. But it is not just any mosquito but those known to be present in places such as Texas, Florida, Louisiana, and some of the warmer areas. But we don't know if that will always be the case or whether they will expand their range or exactly how this could unfold.

In fact, cases in 11 Texas counties have already been confirmed, including Austin, Houston, and Dallas. One important distinction in these cases is that they are tied to people traveling to Latin America, Puerto Rico, or Central America right now. In other words, there has been no confirmed case, I believe, by the Centers for Disease Control of anybody actually being bitten by a mosquito in the United States and having acquired the Zika virus. But that doesn't mean that it is not potentially dangerous, in fact, for the reasons I have mentioned, along with the fact that we now have at least a couple of cases of confirmed sexual transmission of the Zika virus.

Fortunately, top research and medical facilities in Texas have been work-

ing on ways to prevent the spread of the Zika virus and to protect all Americans from its symptoms. A few months ago, I visited with some of those at the University of Texas Medical Branch at Galveston, where they told me about their work in Brazil studying this virus. As the world leader in mosquito-borne viruses, their research is continually groundbreaking.

In fact, recently the Brazilian Ministry of Health announced a collaboration with researchers at the University of Texas Medical Branch at Galveston to help them develop a Zika virus vaccine. They have also had experience when it comes to tackling other large-scale viruses. Last year UTMB was named one of the first regional Ebola treatment centers in the country, and UTMB researchers went on to develop an effective, quick-acting Ebola vaccine.

When they stressed the urgent need for the United States to approach this virus in a careful and deliberate manner, I listened to what they were telling me. I heard a similar message when I recently visited the Texas Medical Center in Houston. They, too, are medical pioneers and are working to create a rapid test for the virus and to strengthen mosquito control in potential hot spots. Interestingly, this is one of the most important components of dealing with the Zika virus; that is, mosquito control.

Indeed, we will hear more about some of the EPA regulations that are currently in effect which discourage or inhibit the ability of local public health units in places such as Houston, Galveston, and elsewhere to actually control the mosquito population. We will talk more about that later.

But like the researchers in Galveston, these folks at the Texas Medical Center urge congressional action so that our country can be better prepared to handle this potential health crisis, instead of having to react after the fact. When the cases of Ebola were confirmed in Dallas, I remember very clearly how people felt overwhelmed by the fast-developing situation on the ground, so much so that they really did not feel that they were totally prepared ahead of time to deal with it. We don't want to make that mistake twice when it comes to the Zika virus.

Conversations I have had with these Texas institutions, as well as the Secretary of Health and Human Services and the Director of the Centers for Disease Control, the CDC, have underscored to me the need to act with urgency to avert what could become a major public health crisis in this country.

Because States like mine boast a warmer climate and they are in closer proximity to where the mosquitoes that currently carry the Zika virus are located, we will likely serve on the frontline in dealing this summer with this response nationwide.

Congress can't afford to sit back and do nothing. I don't hear anybody say-

ing: Do nothing. I hear everybody saying we need to act clearly, with dispatch, and without unnecessary delay.

But part of what we need to do is to make sure we have a plan in place and that we are executing a plan in a way that maximizes the effectiveness in combatting not only the mosquitoes that carry this virus but also the virus itself. We have to make sure our public health officials on the frontline of research and prevention have the resources they need to get the job done too.

Fortunately, tomorrow, the Senate will vote on several pieces of legislation designed to provide additional Federal funding so public officials can handle this impending crisis head on.

The first proposal is from the President of the United States. President Obama has made a spending request of nearly \$2 billion that isn't paid for. It is emergency funding, meaning that the funding would be deficit-increasing and debt-increasing. Also, the President's proposal to spend \$2 billion comes without very much in the way of a plan about how the administration would use the money. I guess they are asking us to trust them, but, frankly, I think we have a greater responsibility to make sure that the money will be put to good use and that we have appropriated an adequate amount of money—but not more money than is necessary—to deal with this potential crisis.

The second piece of legislation we will vote on is a compromise package that was negotiated between the chairman and the ranking member of the Labor, Health and Human Services Appropriations Subcommittee in a bipartisan and commonsense way. I congratulate Senator BLUNT and Senator MURRAY for working through this in an orderly sort of process, and I commend them on reaching an agreement.

Their compromise bill is basically for \$1.1 billion. In other words, it is not the \$1.9 billion or \$2 billion that the President requested. They thought the \$1.1 billion was a more accurate and justifiable number.

Unfortunately, the legislation that has been negotiated between the chairman and the ranking member of the Labor, Health and Human Services Appropriations Subcommittee is not paid for either. What this would essentially do is borrow from our children and grandchildren to meet the present exigencies of this crisis.

The good news is we have a third option, which I want to talk about briefly. It is a third piece of legislation that I have introduced and which is nearly identical to the Blunt-Murray proposal, the Appropriations subcommittee proposal. It would also provide a compromise of \$1.1 billion in Federal funding targeted toward health care professionals across the country.

But my bill has a key distinction. It is fully paid for. You might ask: Where does that money come from?

When the Affordable Care Act—or ObamaCare, as it has come to be

known—was passed, it included a provision for the Prevention and Public Health Fund. This, again, was part of the Affordable Care Act. The purpose that was stated in the legislation was “to provide for expanded and sustained national investment in prevention and public health programs.” In other words, it could have been tailor-made to deal with this potential Zika crisis.

What I would propose is that we deal with the problem without delay. We appropriate the right amount of money, which both Democrats and Republicans—at least in the Appropriations Committee—have agreed is \$1.1 billion, but that we take available funds and funds that will be available under the Prevention and Public Health Fund, and we pay for it.

You wouldn't think that would be particularly revolutionary or novel around here, but unfortunately I think too often what we do is we act in an emergency or to avert an emergency and we don't follow through and do it in a fiscally responsible sort of way.

The fact of the matter is we do need to address the Zika virus. There is no doubt about that. There is no difference among us in this Chamber or in Congress about the need to deal with that. As a matter of fact, the House of Representatives has proposed a version of their response today, I believe. But we need to do this responsibly.

There is no reason why we have to put our country deeper in debt to protect ourselves against this virus. We don't have an endless supply of money. The Federal Treasury can't just keep printing money, and we can't just keep imposing on our children and grandchildren the responsibilities to pay the money back that we continue to borrow, particularly when we have a fund available to offset this expenditure.

As the Presiding Officer well knows, our growing debt in and of itself is a threat to our country's future and our way of life. The Presiding Officer and I have listened to the Senator from Georgia, Mr. PERDUE, talk about what impact our debt has on our ability not only to withstand another financial crisis, such as we had in 2008, but simply to fund such essential functions of the Federal Government like national defense.

Particularly, as the interest rates are going up, more and more money is going to be paid to our bond holders, such as China and others, instead of paying for essential functions of the government, like national defense or safety net programs that we all agree are worthwhile.

If we can deal with this potential crisis and do so in a fiscally responsible way without growing the debt, then we ought to be able to do that. This should be a no-brainer.

We should take this opportunity tomorrow to give our public health officials and local officials back home the resources they need to protect our constituents—the American people—against the spread of the Zika virus,

but we ought to do so without adding to our mounting debt.

Fortunately, this legislation also includes a provision that would waive provisions of the Clean Water Act—I have referred to those a little earlier—and permit State and local officials to spray to protect against mosquitoes year around. Unfortunately, this particular legislation, the Clean Water Act, has provisions in it that essentially tie the hands of public health officials when it comes to mosquito eradication, which is one of the essential components of a strategy to defeat this potential crisis.

We all agree that the Zika virus is a real threat with real public health consequences. It has already impacted a generation in Brazil and other Latin American countries. We are told it is apparently rampant in Puerto Rico and Haiti, and there is no question it is coming our way. With the summer months ahead of us, the potential for this virus to spread to the United States is a major concern that we ought to address with dispatch. We have to give those on the ground the tools and support they need to address this threat, but we have to do so in a responsible way.

I urge our colleagues on both sides of the aisle to support the legislation which funds the Zika prevention program at \$1.1 billion but pays for it out of the Prevention and Public Health Fund, as apparently this fund was created to do—to “provide for expanded and sustained national investment in prevention and public health programs.”

I urge my colleagues on both sides to support this legislation when we have a chance to vote tomorrow. The time to act is now.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

The PRESIDING OFFICER (Mrs. FISCHER). Without objection, it is so ordered.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to executive session to consider the following nomination, which the clerk will report.

The senior assistant legislative clerk read the nomination of Paula Xinis, of Maryland, to be United States District Judge for the District of Maryland.

The PRESIDING OFFICER. Under the previous order, there will be 60 minutes for debate only on the nomination, with the time equally divided in the usual form.

The Senator from Ohio.

ZIKA VIRUS

Mr. PORTMAN. Madam President, I rise today to talk about the Zika virus. We will have a vote on this tomorrow.

Tonight I wish to speak about the need for us to move forward with emergency funding with regard to this virus. We need to combat it. It is spreading. It poses a threat to the safety of women, children, and the elderly. It is particularly important that we keep it from spreading because there is no known Zika vaccine or treatment.

A lot of my constituents have asked me about this back home. This is a virus that has spread from Africa, to Asia, to Latin America, and now it is coming into our own country. It is spreading so quickly because it is insidious. It is difficult to test for it because it is usually confused with other viruses, like dengue. It can only be detected in a few days after you get it in the blood. Many of its symptoms in older adults are similar to other viruses, such as influenza, so it is tough to know whether you have it. It is typically contracted simply by being bitten by a mosquito, and two kinds of mosquitoes—both of which are in the United States—are the problem. We now know that it can also be transmitted by sexual activity. We are told that men may be able to sexually transmit the virus for months after the initial infection based on some experiences.

So, again, this is a difficult issue. Some people may not even know they have it; yet they might be spreading it. The spread of the virus is accelerating. It took 60 years for Zika to make it out of Africa to the Pacific. Just 8 years after that, it reached the Western Hemisphere in Latin America.

Today it has infected people in 62 countries, including the United States and 34 other countries in the Americas, so pretty much every country in the Americas is now infected with it. Hundreds of Americans have been infected. We know of nearly 500, including 48 pregnant women and 12 people in my home State of Ohio, in fact. Thus far, it looks as though all of the Americans who have become infected did so by traveling overseas, being infected by the mosquito or by sexual contact with someone who had Zika.

The World Health Organization calls it “a threat of alarming proportions” because it is spreading so quickly and because it has serious consequences for the most vulnerable in our society, particularly the elderly—an older gentleman in Puerto Rico recently died of Zika—children, babies in the womb, which we will talk about in a second, and pregnant women.

As Zika has spread, health officials have reported an increased incidence of babies born with a horrible birth defect