

seen turning up in New Hampshire and in so many other places that makes heroin 50 times more deadly. Until recently, Hamilton County, OH, had four or five overdoses a day. Now, because of carfentanil, the county is reporting 20, 30, or sometimes even 50 overdoses a day, completely overwhelming first responders.

Some public health officials say that the United States has reached a disastrous inflection point in the opioid epidemic. Going forward, we may be seeing more and more synthetic opioids in the market that are cheaper, more potent, more addictive, and even more deadly. This is just one more wake-up call.

The hour is late, and as I travel across New Hampshire and talk to Senate colleagues from across the country, again and again I hear about the lack of resources to marshal an effective, well-coordinated response. As the new and more dangerous synthetic opioids hit the streets, the crisis is becoming exponentially worse, and Congress's failure to act, the fact that we are, again, going home very soon means that more people will die before we take action.

If Congress can spend billions to fight an Ebola outbreak in a distant continent, surely we can allocate \$600 million to combat a raging epidemic back home if we stayed here and if we worked together to get this done.

I also want to raise the issue of the Zika outbreak, as my colleagues have—again, this is one more area—because, while the Senate has been out of session, while Congress has been out of session, while we have been at a standstill, Zika has been on the move with tragic consequences.

Local transmission of Zika is now taking place in the State of Florida. According to the latest data from the Centers for Disease Control and Prevention, more than 1,750 pregnant women in the United States and Puerto Rico have tested positive for the Zika virus, and that means their babies are at risk. We are not even sure exactly what all their babies might be at risk for because we are still trying to get the research to determine what all of the impacts of Zika are.

We know microcephaly is one of the birth defects that results from the Zika virus. Since January, I have joined with other Senators in calling for a robust response to the Zika outbreak because we need Congress to act. In fact, the Senate did act. We acted before we went out in August with a bipartisan vote of 89 people, but then we saw the House—

The PRESIDING OFFICER. The Democrats' time has expired.

Mrs. SHAHEEN. Now it is time to put politics aside and work together, to stay here and do what the American people need.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. ALEXANDER. Mr. President, I understand the Senator from North Da-

kota would like 2 or 3 minutes to speak. I will be glad to yield to her.

The PRESIDING OFFICER. The Senator from North Dakota.

Ms. HEITKAMP. Mr. President, I thank my great friend the senior Senator from Tennessee, always the statesman and always willing to engage in wonderful debate, a great Member of this body.

I thank my colleague from Missouri for shining a bright light on this issue. The Senate work Calendar she displayed is honestly breathtaking. In fact, we are on track to work the fewest number of days in 60 years. That doesn't look like a work schedule anyone from North Dakota has—not that they would not want that but that they have. It should not be a work schedule for the important work that is being done in the Senate.

We are out more than we are in. We were elected to a job, but the Senate is refusing to do that job. In the meantime, the opioid crisis, as my great friend the Senator from New Hampshire has outlined, is destroying families across this country and certainly in North Dakota. When I held discussions throughout my State, mothers and fathers who had lost children to this crisis pleaded for resources to save other families from losing their children.

Their stories brought police chiefs to tears. One even watched his own son serve as a pallbearer for his 19-year-old best friend who had succumbed to addiction. Another man I spoke to became addicted after he dislocated his shoulder when he was just 14. Soon he began dislocating his own shoulder to obtain prescription drugs that washed away the pain of social situations.

This Congress has failed to provide the funding we need to take on the opioid crisis. Now we are headed for the door. Senator MANCHIN, along with a number of us, has introduced a bill that would add just a small cost to prescription drugs, opioids that are prescribed—1 cent per milligram—and put it in a fund.

Shockingly, 1 cent per milligram actually raises over \$1 billion. It tells you how rampant prescriptions for opioids are. So we need to have a debate on that bill. We can't say we are concerned about the opioid crisis unless we come for resources to treat addiction and help our communities get well. I think my police chief in Fargo said it best. He can't protect a community until he heals a community. We have a role in making that happen.

Last month, I also met with 100 North Dakota retirees who stand to lose as much as half of their pensions, sometimes more, after dedicating years of their lives to backbreaking labor, all to support a secure future for their family, and they saw it all disappear in the blink of an eye. That is why we have been calling on Congress to step in and come up with a bipartisan solution to protect the workers and their families who paid into the Central States Pension Plan.

While working to make the fund solvent across the country, nearly one-half million hard-working retirees face cuts through no fault of their own. As one retiree who drove a truck for 30 years put it, "If you cut my pension 50 percent, I am no longer in the middle class."

Are you going to kick 400,000 people out of the middle class? Is that what Congress is prepared to do, even when Members of this body have the power and actually the responsibility and duty to do something about it? We are headed for the exits, but American families are dealing with the heart-breaking loss of children, they have lost their savings that they worked their entire lives to earn, lost their retirement security.

The Senate—instead of dealing with these issues, we simply are not doing our job. What are Members of this Congress going to tell American families—dealing with tough decisions on how to move forward—when they return home for our recess? How are they going to look them in the eyes and explain the possibility of this scheduling getting truncated even more?

The PRESIDING OFFICER. The Senator's time has expired.

Ms. HEITKAMP. Instead of working until October 7, the majority is wrapping up in the next week. So I just ask that we stay here, that we do our job, that we restore the faith the American public has in our democracy, and that we are addressing the issues we are responsible to address.

I thank my friend from Tennessee.

The PRESIDING OFFICER. The Senator from Tennessee.

ZIKA VIRUS FUNDING

Mr. ALEXANDER. Mr. President, I have been listening carefully to my friends on the other side of the aisle. Zika is truly an epidemic. It is terrifying young families all across the country who are worried their babies might be born with a birth defect. We are working hard to fund the creation of a vaccine. The Centers for Disease Control and Prevention tells us that is likely to happen in the next year and a half.

It takes a certain amount of creativity for the Democratic Senators to come to the floor and complain about the Senate not doing our job on Zika funding when three separate times the majority leader and Republicans have offered \$1.1 billion in funding for Zika, and the Democratic Senators have refused to allow a vote.

Let me say that again. Republican Senators had offered \$1.1 billion in funding for Zika early in the summer, at a time when mosquitoes were flying, and the Democratic Senators have said: No, you can't even vote on it. This \$1.1 billion, passed by the House, we are ready to vote on it here, and they have said no.

Let's be straight up about this. We regard it as an urgent problem. Three

times we have brought it up. We are ready to vote again if that is what we need to do.

(The remarks of Mr. ALEXANDER pertaining to the introduction of S. 3326 are printed in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

The PRESIDING OFFICER. The Senator from Delaware.

Mr. CARPER. Mr. President, I ask unanimous consent to speak, I suppose out of turn. I understand the Republicans, the majority, have control of the floor. I ask unanimous consent to speak for 10 minutes, since there are no other majority Senators.

The PRESIDING OFFICER. Is there objection?

Mr. ALEXANDER. Mr. President, through the Chair, may I ask a question, which would be that Republican minutes will be—

The PRESIDING OFFICER. Will the Senator state his inquiry?

Mr. ALEXANDER. Mr. President, I ask unanimous consent that the Republican minutes be preserved for Senator THUNE.

The PRESIDING OFFICER. Will the Senator from Delaware so modify his request?

Mr. CARPER. I am not sure what the Senator from Tennessee is saying.

Mr. ALEXANDER. Mr. President, following the Senator from Delaware, I ask unanimous consent that whatever Republican minutes are remaining would be reserved for Senator THUNE.

Mr. CARPER. That will be fine. I have absolutely no objection.

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

Mr. ALEXANDER. I thank the Senator from Delaware for his courtesy.

Mr. CARPER. I thank the Senator from Tennessee. As he knows, I am a huge fan of his. I have been for a long time. I respect him as a colleague, I respected him as a Governor, and I respected him long before that when he was a principal aide to Howard Baker, who was one of the greatest Senators who served in this body in the last century.

He and I agree on a lot. We work on a lot of things together, and it has been a source of real joy for me.

AFFORDABLE CARE ACT

Mr. CARPER. Mr. President, I like to tell the story about a Senate Finance Committee hearing about 2 years ago when we had a bunch of very smart people who came in to talk to us about this: What are we going to do about reducing the deficit?

We continue to reduce the deficit. We peaked out at \$1.4 trillion about 6 or 7 years ago. We are down to about \$400 billion now; it is still way to high. But the hearing was designed to ask: What are some things we can do to further reduce our budget deficit?

One of our witnesses was a fellow who used to be Vice Chairman of the Federal Reserve, Alan Blinder. At the

time he testified 2 years ago, he was back at Princeton teaching economics.

As a witness before our committee on reducing Federal budgets, he said: The 800-pound gorilla in the room on health care, on deficit reduction, is health care costs. That is what he said. That is the biggest one—Medicare, Medicaid, the VA system, and so forth. He said that is where the money lies; that is where we have to focus.

When it came time to ask questions of our witnesses, I asked Dr. Blinder: You mentioned that health care is the 800-pound gorilla in the room on deficit reduction. What do you think we ought to do?

He sat there for a while, he sat there for a while, and he sat there for a while. Finally, he said these words: I am not an expert on health care. I am not a health economist, but if I were in your shoes, here is what I would do. I would find what works and do more of that.

That is all he said.

I said: Do you mean to find out what doesn't work and do less of that?

He said: Yes.

If you go back—oh, Lord, this is 2016. If you go back about 22 years in our Nation's history, there was a big debate on Capitol Hill on an idea actually proposed and put forward by the First Lady of our country, Hillary Clinton. She proposed—not ObamaCare; she worked on something that was called HillaryCare. But the idea we had—like a lot of people in this country who were not covered by health insurance—millions, tens of millions of them—we spent way more money in America on health care costs than just about any other developed Nation. We didn't get better results.

Every President since Truman has basically said that we have to do something about extending health care coverage to people who don't have it and trying to make sure it is affordable. Nobody really came up with anything. So the First Lady of this country, of all people, said: Well, I am going to work on this.

And she went to work on it. She came up with a proposal called HillaryCare. It was ultimately not adopted, but our Republican friends, as they should have, came up with an alternative to HillaryCare.

One of the key components of their proposal was something that actually looks a lot like ObamaCare. What they came up with was this idea of creating health care exchanges or purchasing pools, large purchasing pools, that people who don't have health care coverage could elect to join.

As with thousands, maybe tens of thousands, even hundreds of thousands of people from their States, these State-by-State purchasing pools or exchanges could provide the opportunity for people who don't get health care coverage, are not part of a large purchasing pool, and don't work for a big employer who provides health care coverage—they could derive the same ad-

vantages as those who do have that kind of employment opportunity. That was the Republican alternative.

At the end of the day, it didn't go anywhere. But at the time I thought that was a good idea.

I wasn't here at that time. I was Governor of my State and very active in the National Governors Association. I said: I think these Republicans have a good idea, creating these exchanges, these large purchasing pools, and maybe providing a tax credit from the Federal Government to buy down the cost of premium coverage.

But neither idea ended up flying. HillaryCare ended up going away. The Republican alternative, which was a lot like ObamaCare today, was not enacted.

Fast forward to 2009, with a new President who wanted to finally do something about reining in health care costs, covering people who didn't have coverage—tens of millions of people—and trying to figure out: How do we bring down not only the cost of health care, but how do we get better results?

At the end of the day, a white paper was issued for those of us on the Finance Committee to consider as we took up our debate in 2009. The way negotiations ended up proceeding, in order to try to find a starting point, was to work from the white paper on health care reform but then have three Democrats and three Republicans who would join one another. These were senior members of our committee who were very good at finding the middle, very good at finding consensus. The idea was for them to try to negotiate an agreement, a bill. They tried not just for days, not just for weeks, but for months.

I am a pretty bipartisan guy around here, but I am not sure there was a real bipartisan intent to get to a compromise. I would not cast aspersions, but I think there is probably a little more blame to lie on the other side of the aisle than on this one.

As Democrats, we pretty much decided to put something together, and we took two good Republican ideas. One of those is these large purchasing pools, these exchanges. We said every State should have one and give the opportunity for people to be part of a larger purchasing pool if they don't have health care coverage—if they don't work for an employer that provides health care coverage—to get the advantage of buying health care coverage in bulk, if you will, and having a stronger negotiating position, more leverage.

That was the Republican idea. I thought it was a good idea in 1994, and, frankly, as a member of the Finance Committee, I thought it was a good idea in 1999.

Another good Republican idea that was put forward at the time was the individual mandate. That is not a Democratic idea; that was an idea that came from Governor Romney in Massachusetts, where they put in place their