

upon the table, and the President will be immediately notified of the Senate's action.

EXECUTIVE CALENDAR

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of the following nomination, which the clerk will report.

The senior assistant legislative clerk read the nomination of Clifton L. Corker, of Tennessee, to be United States District Judge for the Eastern District of Tennessee.

The Senator from New York.

UNANIMOUS CONSENT REQUEST—H.R. 1327

Mrs. GILLIBRAND. Mr. President, I ask unanimous consent that as in legislative session, the Senate proceed to Calendar No. 153, H.R. 1327; that the bill be considered read a third time and passed; and that the motion to reconsider be considered made and laid upon the table with no intervening action or debate.

The PRESIDING OFFICER. Is there objection?

The Senator from Kentucky.

Mr. PAUL. Mr. President, reserving the right to object, it has long been my feeling that we need to address our massive debt in this country. We have a \$22 trillion debt. We are adding debt at about \$1 trillion a year. Therefore, any new spending that we are approaching, any new program that is going to have the longevity of 70 or 80 years should be offset by cutting spending that is less valuable. At the very least, we need to have this debate.

I will be offering up an amendment if this bill should come to the floor, but until then, I will object.

The PRESIDING OFFICER. Objection is heard.

The Senator from New York.

Mrs. GILLIBRAND. Mr. President, I am deeply disappointed that my colleague has just objected to the desperately needed and urgent bill for our 9/11 first responders—a bipartisan bill that just earned over 400 votes in the U.S. House of Representatives and that has 73 cosponsors in this Chamber.

Enough of the political games. Our 9/11 first responders and the entire Nation are watching to see if this body actually cares. Do we care about the men and women who answer the call of duty?

When our country was attacked on 9/11/2001, the entire world looked on in shock as many people rightfully sought to get away as quickly as they could. As those towers began to crumble, there was one group of men and women—our heroes, the bravest among us—who ran the opposite way. They ran toward danger. They raced up the towers. They went into harm's way to answer the call of duty.

Then, in the days and weeks that followed and the months and months that followed, life slowly began to return to normal for the rest of the country, but at Ground Zero, nothing was normal.

The pile kept burning. It was smoldering. You could smell it blocks and blocks away—10 blocks, 20 blocks, 30 blocks away. Men and women kept going to that pile to do the very hard work of, first, trying to find survivors and then, of course, just trying to find remains and doing all the hard work of cleaning up. They dove in. They got to work. They wanted to help our country heal.

Now more than 18 years have actually passed, and thousands of those men and women have actually died. Thousands more are getting sick. They are getting grueling, painful diseases, like cancer, and they are now dying. Why? Because they did the work at Ground Zero that we asked them to do, and it made them very sick—the air they breathed, the smoke, the burning metal, the crushed glass, the crushed electronics, the toxins they breathed in that the EPA told them was safe.

These heroes have since had to quit their jobs and doing the jobs they love and providing for the families they love because they are too sick. They have had to give up their income. They have had to give up their dreams. They have had to give up their future. They have had to face the terrifying reality that they are actually going to die because of what they did on 9/11 and the months thereafter.

If that wasn't a great enough burden, they had to use their most precious commodity, time—time away from their families, time away from their friends, and time away from their children, from their loved ones, and from their community. To do what? To come here. To come here to walk the Halls of Congress, to go to office after office, to ask that this body and this government stand by them in their greatest time of need, to ask for the basic compensation that they have earned and deserve, to ask for the healthcare that could actually keep them alive maybe another year longer and not have to go through bankruptcy, and to have to come here week after week, spending thousands of dollars of their own money, sacrificing the time and energy that they have left.

I have seen first responders in wheelchairs, attached to oxygen tanks, spending their last moments here in Congress just asking that we do the right thing.

Almost a decade ago, 9 years after the attacks, Congress finally listened. We passed a healthcare and compensation fund for the people who got sick because of 9/11, but that compensation fund was only designed to last for 5 years. You know how this place works. They wanted to make sure it worked right. They wanted to make sure every i was dotted and every t was crossed. They wanted to make sure there could be no fraud and no corruption. Well, of course, there wasn't. So it was limited. These first responders—many of them sick and some dying—had to come back again and again and again to spend more of their time walking these halls.

Eventually, we passed another compensation bill, but, again, it was for another 5 years. Even though thousands of 9/11 first responders are sick and even more will become sick, they still had to come back, even though some of these diseases are lifetime diseases and more will die. And, now, sadly, the fund is running out.

The 5 years aren't over yet, and the Federal Government is already having to tell these families who have gotten cancer and died since 9/11 that we have actually run out of money for them, that the compensation they have earned and the need their families have will be cut by up to 70 percent.

Once again, sick and dying first responders are being forced to come here to knock on our office doors to remind Members of Congress of what they did on that day and the weeks and months since, to tell them their personal stories of how painful it is to lose everything you love. First, it is your ability to work, then your ability to play with your kids, then your ability to eat, and then your ability to breathe.

I believe we have a responsibility—a sacred responsibility—so that anyone in this Chamber who has any sense of decency, compassion, or patriotism would listen to our first responders and give them what they need: a permanent compensation program so that these men and women will never have to spend another moment in these hallways again.

We could pass this bill right now, but, instead, my colleague has objected, asking people to come back over and over. Everyone loves to point fingers in this place, but there is nowhere else to point that finger today than this Chamber.

The House has already passed the bill overwhelmingly 402 to 12. It is about as bipartisan as it gets. Shame on those 12 Members who voted no.

The same bipartisan bill, the one I just called on my colleagues to pass already, has 73 cosponsors—73. When was the last time that happened?

I want to say how grateful I am to my Republican colleague from Colorado, Senator GARDNER, for leading this bipartisan bill with me. In these divided times, what other bill can you imagine would have so much support by both parties?

Enough is enough. We should pass this bill today. We should have passed this bill today, and I hope we can pass this bill with no further delay.

I yield the floor.

The PRESIDING OFFICER. The Senator from New York.

Mr. SCHUMER. Mr. President, first, let me thank my colleague and friend, the Senator from New York, for the amazing work she has done to get this bill to this point. She has worked long and hard on this for years and years and years with compassion, dedication, intelligence, and persistence. The bill wouldn't be here today without her hard work. I thank her for that.

I also want to thank—I know there are police and firefighters in the Gallery over here. I want to thank them

for coming. You are the people who got this done. You are the people who made this happen more than any of us and more than anyone else. The heroes of 21st century America have names like Zadroga and Pfeifer and Alvarez, for whom this bill is named—three of the thousands who rushed to the towers bravely and lost their lives because of their bravery and selflessness.

I say to my friend from Kentucky: Throughout the history of America, when our young men and women or older men and women volunteered in the armed services and risked their lives for our freedom, we came back and gave them healthcare, and we are still working on making it better. Why are these people any different? They, too, risked their lives in a time of war and were hurt by it—by diseases they didn't even know they could get. How can we, for whatever reason, stop this bill from moving forward?

We are going to have a defense bill on the appropriations floor. We are not going to offset it. It has pay raises for our soldiers. It has new equipment. We are not going to ask for an offset. Why this bill—why is it different? It is not. This fund needs to be fully funded.

I say to Leader MCCONNELL, the House leadership, hardly people who aren't careful with the dollar—sometimes too careful—when KEVIN MCCARTHY and SCALISE, the Freedom Caucus leader, MARK MEADOWS, all voted for it, why are we holding this bill up? If we put it on the floor today, we could pass it, and it would be on the President's desk this week, and those brave people here and the many more who came would not have to come again. They should not have to come again.

It is not that it will be a joyous day when this bill passes. They are going to have to return to nurturing their brothers and sisters who are sick and to worry if they might get sick from all the gunk that was in the air that poisoned their systems, their lungs, their digestive systems, their kidneys, and their livers.

The bottom line is very simple. You can come up with 10,000 reasons not to do something, but you shouldn't come up with any reason not to do something noble and right.

I urge my friend from Kentucky to withdraw his objection. I urge Senator MCCONNELL, the leader, to put it on the floor now, and we can let these folks in the Gallery and so many others do what they need to do—help their families, help their friends, and make sure their health is given the best protection possible.

I yield the floor.

The PRESIDING OFFICER. The Senator from New York.

Mrs. GILLIBRAND. Mr. President, I thank Senator SCHUMER for being such an extraordinary advocate for the men and women who have served our Nation. This bill would never have gotten this far without his leadership, without his dedication, and without his absolute commitment to the men and

women in the Gallery, as well as the men and women in all 50 States throughout this country.

I thank Senator SCHUMER for never giving up on this bill and for always bringing it across the finish line when we need his skills and his leadership and his tenacity the most. I thank him, for the record, for his undying commitment to the men and women who serve this Nation.

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

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

GOVERNMENT WASTE

Mr. SCOTT of Florida. Mr. President, today is "Washington Waste Wednesday." It is a new series I launched last week to highlight all of the ways Washington wastes taxpayer dollars. Unfortunately, there are a lot of ways.

My belief is that you, the American taxpayer, can spend your money better than Washington can. It is a novel concept here in DC. The way Washington spends your money is oftentimes an embarrassment.

As Governor of Florida, my focus on responsible spending meant more money in the pockets of Florida families and more funding available to pay down State debt and invest in what mattered most to our families. We paid down \$10 billion in State debt over my 8 years as Governor—nearly one-third of total State debt. We cut taxes 100 times, giving more than \$10 billion back to Florida families and job creators. And we have record funding for education, for the environment, and for transportation.

But right now, our national debt is impossible to fathom, much less sustain. It is \$22 trillion. Just let that sink in for a minute. We are already \$22 trillion in the hole, but that doesn't stop the far-left Democrats from proposing more debt for this country.

Medicare for All, which I like to call Medicare for None, would not only throw 150 million people off the private insurance they like, but it is projected to cost as much as \$32 trillion over a decade. That is \$32 trillion with a "t."

The problem with our healthcare system is rising costs. It just costs too much. Prescription drugs cost too much. Hospital visits cost too much. ObamaCare drove up the cost of healthcare. That is obvious. Then the government tried to hide that cost by providing Federal subsidies to the tune of \$737 billion in 2019—\$737 billion in 2019 and \$1.3 trillion by 2029.

Instead of providing subsidies and proposing more wasteful ideas, we should be focused on bringing down the cost of healthcare, which solves two problems. First, it will result in more people having healthcare coverage, and, second, it would ensure that

health insurance results in actual healthcare.

Reduce costs and you solve both of these problems, but solving problems is a novel concept in Washington. The Democrats in Washington just want to spend more money to solve every problem. On top of Medicare for All, the Democrats want a Green New Deal. The Green New Deal—I call it the Green Job Killer—would cost as much as \$93 trillion. These two proposals alone will cost more than \$100 trillion. To put that in perspective, that is more than \$300,000 for every man, woman, and child in the United States—\$300,000. You wouldn't run a business like this, so why are Democrats proposing to run a country this way?

We are turning this Nation around. Our economy is booming, and wages are rising. We can't go along with this dangerous socialist playbook. Higher taxes, more debt, and more regulation will reverse our success and bankrupt our country. These ideas are the craziest examples of Washington waste we have seen in a long time.

Thankfully, the American people will not go along with socialism. We can cut the waste and cut the spending, but we have to be thoughtful. We have to propose real solutions, just as we did in Florida, to make Washington work for all American families.

I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

HEALTHCARE

Mr. BARRASSO. Mr. President, I come to the floor today to once again give the facts about the Democrats' one-size-fits-all healthcare proposal, the legislation that many Democrats are referring to as Medicare for All.

My focus today is what is going to happen to American patients if the government takes full control of our Nation's healthcare system. I speak as a doctor who practiced medicine for 24 years in Casper, WY. It is so interesting, as a doctor, to take a look at what is being proposed because I know the specifics of the impacts on the lives of patients, patients I have taken care of as part of my training and part of my practice in Wyoming, and as a doctor, I have personally studied what is happening to healthcare in other countries around the world.

You have no doubt heard about the worsening crisis of care in England. There are doctor shortages, and, of course, there is rationing of care. British rationing has actually become the focus of a recent article in the magazine, *The Economist*. The article is entitled, "The front line of England's NHS is being reinvented." It says, "A shortage of family doctors leaves little choice but to try something new."

Mr. President, I ask unanimous consent to have this article printed in the RECORD.

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

[From The Economist]

THE FRONT LINE OF ENGLAND'S NHS IS BEING
REINVENTED

A SHORTAGE OF FAMILY DOCTORS LEAVES
LITTLE CHOICE BUT TO TRY SOMETHING NEW

The National Health Service is free, so it is also rationed. Family doctors, known as general practitioners (GPs), act as the first port of call for patients; friendly gatekeepers to the rest of the service who refer people to specialists only if needed. But in some parts of the country, including St Austell on the Cornish coast, access to the rationers is itself now rationed. "You can't book an appointment to see me here," explains Stewart Smith, a 39-year-old GP, one of a team in charge of an innovative new medical centre. "You go on a list and then we triage you."

It is an approach that will soon be familiar to more patients. Simon Stevens, chief executive of NHS England, has said that being a GP is arguably the most important job in the country. There is, however, a severe shortage of them. According to the Nuffield Trust, a think-tank, there are 58 GPs per 100,000 people, down from 66 in 2009—the first sustained fall since the 1960s. Only half of patients say they almost always see their preferred doctor, down from 65% six years ago. The average consultation lasts just nine minutes, among the quickest in the rich world.

Although the NHS hopes to train and recruit new family doctors, the gap won't be plugged any time soon. A new five-year contract to fund GP practices will eventually include £891m (\$1.1bn) a year for 20,000 extra clinical staff, such as pharmacists and physiotherapists, with the first cash for such roles arriving on July 1st. To access the money, practices will have to form networks which, it is hoped, will help them take advantage of economies of scale and do more to prevent illnesses rather than merely treating them.

When the four practices serving St Austell merged in 2015, it was an opportunity to reconsider how they did things. The GPs kept a diary, noting precisely what they got up to during the day. It turned out that lots could be done by others: administrators could take care of some communication with hospitals, physios could see people with bad backs and psychiatric nurses those with anxiety. So now they do. Only patients with the most complicated or urgent problems make it to a doctor. As a result, each GP is responsible for 3,800 locals, compared with an average of 2,000 in the rest of Cornwall.

Although few practices have made changes on the scale of St Austell Healthcare, across England the number of clinical staff other than GPs has grown by more than a third since 2015. The logic behind the introduction of these new roles is compelling, says Ben Gershlick of the Health Foundation, another think-tank. The NHS estimates that 30% of GPs' time is spent on musculoskeletal problems, for instance, which could often be handled by a physiotherapist. Another estimate suggests 11% of their day is taken up by paperwork. Doctors complain that they are overworked, and growing numbers retire early. They are also expensive: the starting salary for a GP is £57,655, whereas a physio costs around half as much.

NHS leaders hope the new workers will help practices play a more active role in their community, linking up with services provided by local authorities and charities. Each network will be responsible for a population of 30,000–50,000. The plan is that they will use data analysis to intervene early to prevent illness, and that practices will often share the new staff with others in their network.

Those that are further down the road sing the benefits of the new approach. Caroline

Taylor of the Beechwood Medical Centre in Halifax says that new roles quickly show their worth. Her practice took in a "work wellness adviser" employed by the council. The adviser's goal was to help ten people over the age of 50 with poor mental health back to work in a year—a task which she completed in just six weeks. In St Austell two pharmacists last year helped to cut more than £140,000 from prescribing costs. Far fewer staff now report that they are burnt out.

Working in a team will nevertheless require a big shift in mindset for many doctors, particularly those in surgeries that have never before employed anyone else aside from the odd nurse. One worry is that practices will end up doing what they must to get the extra funding, but little more. There are also more practical problems. Seven in ten GPs say their practices are too cramped to provide new services, and it is not clear where some of the extra staff will be hired from.

Perhaps the biggest problem is that patients have grown used to having a doctor on demand. Although those who no longer have to queue for an appointment may be happy, others might feel fobbed off if diverted to another clinician. A study published last year by Charlotte Paddison of the Nuffield Trust, and colleagues, in the *British Medical Journal* found that patients had less trust in the care provided by a nurse if they initially expected to see a doctor. Patients who have a close relationship with their GP tend to be more satisfied and enjoy better health outcomes than others.

But other evidence suggests that, for some conditions, nurses provide care that is as good as or better than that provided by GPs. The aim, says Nav Chana of the National Association of Primary Care, which helped develop the new approach, is therefore to use small teams of doctors and other clinical staff to replicate the sort of relationship with patients that used to be more common. Just parachuting in "a lot of people who look like doctors" will not raise standards, he warns.

The shortage of GPs leaves the NHS with little choice but to try something new. "A lot of the world has either copied or is trying to copy English primary care," in particular its openness to all and the continuity of care that it provides, says Dr. Chana. Keeping these strengths, while changing how primary care works, is the task NHS officials are now facing up to. Even if they succeed, it will take time for the public to adjust. Having explained the benefits of the new way of doing things, one GP pauses, before adding: "I should say, though, patients don't love it."

Mr. BARRASSO. Mr. President, the story opens with a simple observation, and this is the first sentence: "The national health service is free, so it is also rationed."

That is what we are seeing, and that is what people are living with every day in Britain. Under the guise of healthcare being free, they live in a world where healthcare is rationed.

So how bad can that be? What would this mean with this one-size-fits-all Medicare for All, which the Democrats are proposing?

The Economist writes that in Britain today "[o]nly patients with the most complicated or urgent problems make it to a doctor." Actually, today you need a doctor's referral to see a specialist in England. But now, in some parts of the country, a British bureau-

crat must preapprove your visit to the family doctor, who will then make the referral to the specialist. I can't imagine people in our country tolerating that. So, ironically, "access to the rationers is itself now rationed." According to the article, "Only half of [British] patients say they almost always get to see their preferred doctor." So only half get to see the doctor they choose.

Remember that old line—"If you like your healthcare, you can keep it. If you like your doctor, you can keep your doctor." In Britain, only half get to see their doctor—if they get to see them, if they get to go through the rationer, who is a bureaucrat.

What happens after you wade through all of this, wade through the morass of the bureaucrat and the family doctor to get to the specialist? What does the article say about when you actually get to see a doctor? The average consultation time, it says, is only 9 minutes. It is 9 minutes on average. As a doctor, I can state that 9 minutes is one of the shortest consults I have ever heard of. I cannot imagine 9 minutes—after waiting all of this time to see the doctor, 9 minutes and then you are done, and they are on to the next patient, who has also been waiting and waiting and waiting to see the doctor.

What does this tell us about what would happen in the United States to patients trying to see doctors if we followed this one-size-fits-all, government-run healthcare program that Senator SANDERS and so many of the Democrats are supporting? If we adopt a government-run, one-size-fits-all healthcare system, which is what they are proposing, I would tell Americans to expect to pay more to wait longer for worse care. That is what we would see. To borrow the line from The Economist, bureaucrats will, as they say, reinvent what healthcare means for you.

You may have seen the stories about the thousands of elderly patients right now going blind in Britain—going blind. Why are they going blind? Well, because the British health service is rationing eye surgery. The president of the Royal College of Ophthalmologists has said that the rationing is part of the government's cost-cutting in England, and people are going blind as a result. Thousands of elderly patients are desperately in need of eye surgery, but the bureaucrats who must approve it are denying the treatment. The number of denials has doubled in the last 2 years.

According to the Royal College of Surgeons, a quarter of a million British patients have been waiting more than 6 months for planned medical treatment. That is happening in England today. The waiting times are getting longer.

Now let's look at Canada. According to the New York Times, Senator BERNIE SANDERS likes the Canadian healthcare system because he says it is "free." Of course, Senator SANDERS

knows it is anything but free. After all, the healthcare proposal that Senator SANDERS is proposing has a \$32 trillion price tag. The Senator admits the plan hikes taxes on middle-class families. He said it in the debate the other night. The truth is, even doubling our taxes couldn't cover this huge cost. Yet a majority of Democrats in the House of Representatives—a majority—have cosponsored what Senator SANDERS is proposing. A majority of the Democratic Senators running for President today have cosponsored Senator SANDERS' one-size-fits-all proposal. Apparently Senator SANDERS approves of the Canadian long wait times because he says wait times are not a problem. Well, maybe he should check with the Canadians to see if wait times are a problem, because patients in Canada typically wait 3 months for treatments and for certain treatments, much, much longer. In some ways, the Canadian healthcare system has been called trick-or-treat medicine because if you haven't gotten your care by the end of October, by Halloween, you will have to wait until next year because they will have run out of the money allotted for that procedure or that healthcare in that country in that year.

As a doctor practicing in Wyoming, I have actually operated on people from Canada who came to the United States for care. It is free up in Canada, but they couldn't afford to wait for the free care they were going to get in Canada, so they came to the United States to pay for the care here.

Still, that is what the Democrats are proposing—a one-size-fits-all approach. So people will pay more through their taxes to wait longer for care that will be worse care. Even the Congressional Budget Office people who looked at this in terms of funding, looked at what it would cost to do a Senator SANDERS' style approach, said it would be expensive, complicated, and the delays would be not just in treatment but also in technology.

Many Democratic candidates for President have also endorsed—amazingly so—free healthcare for illegal immigrants. You saw the question being asked on the debate stage. Every one of the Democrats running for President was standing there and was asked: Which one of you would have in your healthcare plan free health insurance, free healthcare, for people in this country illegally? And every hand on the stage went up.

When you take a look at what the proposal actually is—this Medicare for All, this one-size-fits-all approach—it actually takes health insurance away from 100 million people who get it through work and gives it to illegal immigrants. So 180 million American citizens will lose their on-the-job insurance while illegal immigrants will get it for free. That is the Democrats' Medicare for All proposal.

The Congressional Research Service recently reported that the Sanders bill ends Medicare as well as on-the-job

health insurance, and what we will be doing is entering into one expensive, new, government-run system.

Still, the Democratic Senators who are running for President and the 118 Democratic Members of the House support the Sanders' legislation. They have cosponsored it, saying: Let the Washington, DC, bureaucrats call the shots—unelected, unaccountable bureaucrats calling the shots as they ration your care. They will micromanage your care, and they will delay your care, delay your treatment—treatment that you urgently need. That is the difference. People will lose the freedom to see their own doctor. We have seen what has happened in England. Patients will wait months for treatment. Keep in mind—care delayed is often care denied, and if they finally get to see a physician, the amount of time in consultation will be incredibly short. That is why what is being proposed by the Democrats in this one-size-fits-all approach—a British plan, a Canadian plan—is completely unacceptable to American citizens.

You don't need Democrats' phony promises of free care; what you need is to have the freedom to get the care you want and need from a doctor whom you choose at lower cost. That is why Republicans are going to continue to work on real reforms that improve patient care, that increase transparency, that lower the cost of care, and that lower the cost of what people pay out of their own pockets, without adding these incredibly longer wait times and the loss of the ability to make choices on your own. Why should we pay more to wait longer for worse care, which is what we are seeing with a one-size-fits-all approach? Let's make sure patients can get the care they need from the doctor they choose at lower costs.

I yield the floor.

The PRESIDING OFFICER (Mr. ROMNEY). The Senator from Texas.

Mr. CORNYN. Mr. President, I would ask unanimous consent that Senators ALEXANDER and MENENDEZ be allowed to speak for 5 minutes each before the vote scheduled at 2 p.m. today.

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

50TH ANNIVERSARY OF "APOLLO 11"

Mr. CORNYN. Mr. President, 50 years ago, the world was transfixed by a grainy, black-and-white image of Neil Armstrong descending a ladder, preparing to take humankind's first steps on the Moon. I was one of more than half a billion people—the largest television audience in history—glued to the TV screen on that day. I was actually in high school, and, like so many Texans at the time, I was totally engrossed in what was going on.

Staring at the television, it was hard to imagine that hundreds of thousands of miles away, two brave Americans were sitting on the surface of the Moon while their comrade remained in lunar orbit up above. I didn't quite understand what this development would mean for the future; I just remember

thinking at that moment how proud I was to be an American. I looked up to these three men, and I still do, and I marvel at their courage, their intelligence, and their patriotism, as well as that of the tens of thousands of Americans involved in getting them to the Moon in the first place.

We now know that this lunar trio had quite a sense of humor. Michael Collins was once asked in an interview what he was thinking about in the moments leading up to the liftoff on July 16, 1969, and he joked, "I was thinking of per diem, you know, how many dollars per mile we'd be paid for this voyage." Upon the astronauts' return, we learned that when Buzz Aldrin stepped off the ladder, he told Armstrong he was being careful not to lock the door behind him. And when talking about the fact that most of the photos from the surface of the Moon were of Aldrin, Neil Armstrong joked, "I have always said that Buzz was the far more photogenic of the crew."

While the first lunar landing meant many different things to people around the world, there is one thing that was abundantly clear: That date—July 20, 1969—established the United States as the world leader in human space exploration. It also put my hometown, the place of my birth, Houston, on the map as a hub for spaceflight innovation in the United States.

We all remember the very first words uttered by Neil Armstrong after landing. He said, "Houston, Tranquility Base here. The Eagle has landed." Of course, he was talking to the greatest minds of the generation, who were working at Johnson Space Center in Houston, TX. The men and women at Mission Control Center exercised full control over *Apollo 11*, from the launch at Kennedy Space Center, to landing on the Moon, to the splashdown in the Pacific Ocean.

For more than 50 years now, the Johnson Space Center in Houston has been at the heart of America's space program. The success marked the turning point in space exploration, and folks across Texas are eager to celebrate this momentous anniversary. You can do like I have and visit Johnson Space Center yourself and see NASA's Mission Control from Apollo. It was redesigned to look exactly the way it did in 1969, down to the retro coffee cups and glass ashtrays. You can watch the Houston Astros take on Oakland while wearing *Apollo 11* caps. Across the State, you can see special movie screenings, space-themed menus, and "ask an astronaut" events to educate our next generation of space travelers.

To commemorate this historic mission in Washington, I introduced a bipartisan, bicameral resolution with my colleagues Senator BROWN, Congressman BABIN, and Congresswoman HORN last month. I thank my colleagues who supported this effort and urge my fellow Senators to join me in passing it this week. This resolution honors *Apollo 11*'s three crew members—Buzz

Aldrin, Neil Armstrong, and Michael Collins—whose bravery and skill made this feat possible. In addition, it commends the work of the brilliant men and women who supported this mission on Earth, including mathematicians like Katherine Johnson and the astronauts who lost their lives in previous spaceflight missions.

To ensure that America remains the leader in human spaceflight, this resolution also supports the continued leadership of the United States. With this in mind, earlier this year, I introduced a bill called Advancing Human Spaceflight Act with Senator PETERS from Michigan to provide greater certainty and stability for our space program.

This legislation will extend the authorization for the International Space Station through 2030 and launch the United States into a new era of space exploration.

Our future astronauts need spacesuits with advanced capabilities beyond what current technology can do, so this bill will also direct NASA to develop the next-generation spacesuit for future exploration to the Moon, to Mars, and beyond.

In order to make this dream a reality, this legislation will allow NASA to partner with private space innovators to ensure we have the best and brightest working to achieve these goals.

In addition, this bill will, for the first time, codify human space settlement as a national goal. I believe this legislation will help set the stage to launch the United States into a new era of space exploration, and there is no better time than this momentous anniversary to recommit ourselves to American leadership in space.

In the year since that first “small step,” we have watched goal after goal being set and then met. From the Viking 1 landing on Mars to the Voyager Program exploring the outer planets, to the International Space Station making human space habitation a reality, I have no doubt that the success of the *Apollo 11* mission made each of these victories possible and paved the way for the future.

For the 50th anniversary of the lunar landing, today we honor the brave and brilliant astronauts, physicists, engineers, mathematicians, and scientists of all kinds who made our Nation the first to touch down on lunar soil. We are grateful for their courage, their sacrifices, and their immeasurable contributions to our Nation’s space program.

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. 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.

REMEMBERING JOHN PAUL STEVENS

Mr. DURBIN. Mr. President, yesterday marked the passing of a giant in American law. Justice John Paul Stevens passed away at the age of 99. I just bought his most recent book. The subtitle of it is “My First 94 Years.”

Justice Stevens was a favorite, born and raised in the city of Chicago. He was a lifelong Cubs fan. He was in the crowd of Wrigley Field as a very young man in 1932, on October 1, during a World Series game, when Babe Ruth made the famous called shot—hitting a home run over the fence.

He attended the University of Chicago and Northwestern School of Law. Naturally, he graduated at the top of his class. In between, he served as lieutenant commander of the U.S. Navy during World War II and was awarded the Bronze Star.

After law school and a clerkship with Supreme Court Justice Wiley Rutledge, John Paul Stevens became an accomplished attorney in Chicago, leading to his nomination to the Seventh Circuit in 1970. In 1975, he was nominated to the Supreme Court by President Gerald Ford and confirmed by the Senate 98 to 0. Judge Stevens served on the Supreme Court for nearly 35 years, bringing to the Court his midwestern blend of brilliance, courtesy, and humility.

He leaves behind an enormous legacy. He was committed to safeguarding the rights and liberties protected by the Constitution, and he cherished the importance of the Judiciary as an “impartial guardian of the rule of law.” Those were his words in his famous *Bush v. Gore* dissent, where he said that judging of the Court as an “impartial guardian of the rule of law” was at stake in that majority opinion.

He was respectful at all times and respected by his colleagues at all times, and by litigants, and by the American people.

When he retired in 2010, at the age of 90, he was the third longest tenured Justice in the history of the Supreme Court. He was the last living Justice to have served in World War II.

I want to extend my sympathy to Justice Stevens’ family, including his surviving daughters, Elizabeth and Susan, his 9 grandchildren and 13 great-grandchildren.

Today we bid farewell to a giant, and we thank Justice Stevens for his decades of service to this country and for his profound contribution to American law.

OPIOID EPIDEMIC

Mr. President, years ago, there was a Senator from Wisconsin named William Proxmire. He used to come to the floor every month and give what he called his “Golden Fleece Award” for the worst example of Federal Government waste. Earlier this year, I launched a new series dedicated to that tradition with floor speeches that built off the Proxmire work, with a focus on the most extreme cases of the pharmaceutical industry’s greed. It is known as the Pharma Fleece Award.

I have highlighted price-gouging for lifesaving insulin, the patent abuses that extend monopoly control over pricing of drugs, and the billions of dollars’ worth of medications that are thrown away each year deliberately due to the production of oversized, unnecessary drug vials.

This month, I want to focus on the pharmaceutical industry’s role in another national disgrace—the opioid epidemic. We are in the midst of the Nation’s worst drug overdose epidemic in our history. There is no town too small, no suburb too wealthy to be spared the suffering and the deaths that have been wrought by this problem.

Last year, 2,062 people in my home State of Illinois died from opioid overdose. There is culpability with nearly all the stakeholders, including the U.S. Government. There is no denying how this epidemic was ignited. For years, the pharmaceutical industry wildly mischaracterized the risk of opioids, falsely claiming they were less addictive and less harmful; that these painkillers should be prescribed for common aches and pains, even when the industry itself had information proving the dangers of such long-term use.

In 2007, the manufacturer of OxyContin, Purdue Pharma, pleaded guilty to a felony charge of misbranding the drug by misrepresenting OxyContin’s risks. This resulted in a modest fine as the company continued to flood the Nation with their deadly painkillers.

New reporting this morning from the Washington Post found that Big Pharma saturated the country with 76 billion oxycodone and hydrocodone pills between 2006 and 2012. During a 6-year period, 76 billion pills were produced by pharma. One subsidiary company, Mallinckrodt, put 28 billion opioid pills on the market during this time.

Downstate in Illinois is a small rural county, Hardin County. It has fewer than 10 doctors who can prescribe controlled substances. The total population of the county is 4,300 people. It is one of the smallest, least populated counties in my State. In the year 2010, approximately 6 million hydrocodone pills and 1 million oxycodone pills were shipped to Hardin County and its surrounding communities. For 4,300 people, they shipped 7 million pills. All of this data was actually captured and reported to a Federal agency, the Drug Enforcement Administration. They will come up again in my presentation. That means drug manufacturers knew about this obscene volume of pills being produced and sold; that drug distributors knew exactly where and how this was being transported, and law enforcement had its eyes on it all along.

Mr. President, I ask unanimous consent to have printed in the RECORD the list of the top opioid distributors and manufacturers from 2006 to 2012.

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

TOP PILL MANUFACTURERS, 2006 THROUGH 2012

Manufacturer	Number of Pills	Percent of Market
SpecGx (Mallinckrodt)	29 billion	37.70
Actavis Pharma	26 billion	34.50
Par Pharmaceutical (Endo)	12 billion	15.70
Purdue Pharma	2.5 billion	3.30
Anneal Pharmaceuticals	2.3 billion	2.90
Teva Pharmaceuticals USA	690 million	0.90
KVK Tech	580 million	0.80
West-Ward Pharmaceuticals (Hikma)	380 million	0.50
Kaiser Foundation Hospitals	370 million	0.50
Endo Pharmaceuticals	300 million	0.40
Ethex Corporation	290 million	0.40
AbbVie Inc.	250 million	0.30
Sun Pharmaceutical Industries, Inc.	240 million	0.30
UCB, Inc.	180 million	0.20
Mylan Pharmaceuticals, Inc.	140 million	0.20
Cardinal Health	120 million	0.20
Dispensing Solutions Inc.	95 million	0.10
Golden State Medical Supply, Inc.	85 million	0.10
Aphena Pharma Solutions—Tennessee, LLC.	74 million	0.10
McKesson Corp.	65 million	0.10
Xanodyne Pharmaceuticals, Inc.	55 million	0.10
Forest Laboratories, Inc.	47 million	0.10
Bryant Ranch Prepack	37 million	0.10
Pfizer Laboratories Div Pfizer Inc.	31 million	0.00
A-S Medication Solutions	28 million	0.00

TOP PILL DISTRIBUTORS, 2006 THROUGH 2012

Distributor	Number of Pills	Percent of Market
McKesson Corp.	14 billion	18.40
Walgreens	13 billion	16.50
Cardinal Health	11 billion	14.00
AmerisourceBergen	9.0 billion	11.70
CVS	5.9 billion	7.70
Walmart	5.3 billion	6.90
Smith Drug Co.	1.3 billion	1.80
Rite Aid	1.3 billion	1.70
Kroger	1.2 billion	1.60
H. D. Smith	1.1 billion	1.50
Anda, Inc.	1.1 billion	1.50
Kaiser Permanente	880 million	1.10
Morris & Dickson Co	880 million	1.10
Thrifty Payless Inc	870 million	1.10
Eckerd Corporation	780 million	1.00
Omnicare Distribution Center LLC	700 million	0.90
Kinray Inc	630 million	0.80
N C Mutual Wholesale Drug Co	550 million	0.70
Smith's Food & Drug Ctr's Inc.	500 million	0.70
The Harvard Drug Group	410 million	0.50
Advantage Logistics	380 million	0.50
Value Drug Co	310 million	0.40
Publix Super Markets, Inc.	280 million	0.40
River City Pharma	270 million	0.40
SAJ Distributors	270 million	0.40
HEB Grocery Company, LP	240 million	0.30
Harco	210 million	0.30
Valley Wholesale Drug Co	210 million	0.30
Associated Pharmacies Inc.	190 million	0.30
Louisiana Wholesale Drug Co	190 million	0.30
Qualitest Pharmaceuticals	180 million	0.20
Frank W Kerr Inc	170 million	0.20
KeySource Medical	160 million	0.20
Top Rx, Inc.	160 million	0.20
American Drug Stores	150 million	0.20
American Sales Company	140 million	0.20
Longs Drug Store	130 million	0.20
Quest Pharmaceuticals Inc.	120 million	0.20
Miami-Luken	120 million	0.10
Hy-Vee	110 million	0.10
Pharmacy Buying Association	110 million	0.10
Mc Queary Brothers	100 million	0.10
Meijer Distribution Inc #90	100 million	0.10
Rochester Drug Co-Operative Inc	100 million	0.10
HBC Service Company	93 million	0.10
Par Pharmaceutical, Inc.	85 million	0.10
Dakota Drug	79 million	0.10
Dik Drug Co	78 million	0.10
KPH Healthcare Services, Inc.	76 million	0.10
Albertsons LLC	74 million	0.10
Aphena Pharma Solutions	71 million	0.10
Sunrise Wholesale, Inc	66 million	0.10
P J C Distributor Co Inc	65 million	0.10
Wakefern Food Corporation	65 million	0.10
Auburn Pharmaceutical	62 million	0.10
Winn Dixie Logistics	58 million	0.10
Southwood Pharmaceuticals Inc.	57 million	0.10
Discount Drug Mart	54 million	0.10
Dispensing Solutions	52 million	0.10
Prescription Supply Inc	51 million	0.10
Murfreesboro Pharmaceutical	47 million	0.10
Burlington Drug Company	46 million	0.10
NuCare Pharmaceuticals	45 million	0.10
DRx Pharmaceutical Consultants, Inc.	40 million	0.10
Bellico Drug Corp	39 million	0.10
Bryant Ranch Prepack	37 million	0.10
Schnucks Pharmacy Distribution Ctr	37 million	0.10
Drogueria Betances	36 million	0.10
Bloodworth Wholesale Drugs	36 million	0.10
Expert-Med	35 million	0.10

Mr. DURBIN. This opioid epidemic wasn't started by some runaway virus. They were decisions made by real peo-

ple to flood America's towns and streets with "a blizzard of prescriptions," as Richard Sackler of Purdue Pharma put it in his own words. In fact, the pharmaceutical industry in the United States produced 14 billion opioid pills in 2016 alone—enough opioid pills for every adult in America to have a 3-week supply of opioids. Who would approve the production of 14 billion opioid pills in 1 year, 2016? It turned out it was your government. The Drug Enforcement Administration of the United States of America is responsible for determining and basically giving a license for the production of a specific amount of opioid pills allowed to be distributed to the market each year.

It is the Drug Enforcement Administration—of all agencies—that establishes annual production quotas for opioids that are, effectively, the gatekeepers for pharma. Pharma, of course, wants to produce as much as possible in order to sell as much as possible. The Drug Enforcement Administration is supposed to draw the line. Yet, for all of these years, while we have faced this epidemic, our government—the Drug Enforcement Administration—has been increasing the production quotas each year for opioid pills.

Between 1993 and 2015, the Drug Enforcement Administration allowed the production of oxycodone to increase in America 39 times—from 3½ tons of opioids in 1993 to 151 tons of opioids in 2015. It is the same story for hydrocodone, which increased twelvefold, and for fentanyl, which increased twenty-fivefold.

I pressed those in the Drug Enforcement Administration on this issue. I asked them how they could possibly approve of these ever-increasing quotas while America faced this epidemic. How did they reconcile their decision to flood America with these drugs at a time in which they were being abused and when addiction was leading to death all across our country?

Last year, I passed bipartisan legislation. I and Senator JOHN KENNEDY, a Republican from Louisiana, gave those at the Drug Enforcement Administration more authority to set common-sense production levels. It is hard to believe we had to do that—to actually bring to their attention that they were authorizing the production of opioid pills for an America that was facing the worst opioid epidemic in its history.

Previously, those at the Drug Enforcement Administration could only look at what pharma asked for when it determined quotas. In other words, they believed, officially, that they had statutory blinders by which they couldn't even consider the impact of pharma's annual request for production. So Senator KENNEDY and I, on a bipartisan basis, changed the law to require the Drug Enforcement Administration to consider abuse, overdose deaths, and the impact on public health.

Finally, between 2016 and 2019, the Drug Enforcement Administration has lowered opioid quotas by an average of 46 percent. No longer can Big Pharma get away with producing this sheer volume of painkillers. The Drug Enforcement Administration will soon be proposing its 2020 quotas, and I will soon be sending it a letter and will urge it to use its new authority, which we put in this new law that I passed with Senator KENNEDY, to continue reining in Big Pharma's insatiable demand.

Think about that. While we are going through this opioid epidemic, pharma—made up of the people who make the pills—is coming to Washington, to the Drug Enforcement Administration, and is getting permission each year to produce billions of opioid pills to be sold in the United States—enough for every adult American to have a 3-week opioid prescription.

Incidentally, 2 years ago, the Centers for Disease Control and Prevention sent out a notice to doctors. It read that only in the most extraordinary cases should one prescribe a drug to last for more than 3 days—only in the most extraordinary cases. Then watch them carefully because, in a short period of time, addiction begins. Three days? Pharma was asking for a production of opioid pills so that each adult American could buy 3 weeks' worth of pills, and the Drug Enforcement Administration was complicit.

To hold all stakeholders accountable, major legal challenges have been brought against the pharmaceutical industry for its role in deceptive promotion and all of the suffering and deaths that have resulted. Over 1,600 lawsuits from States, counties, cities, and victims have been consolidated into one Federal case in Cleveland, OH.

This reminds me of another public health scourge we confronted when Americans suffered the consequences of misleading marketing and false information about the health risks of tobacco. It took the 1998 Tobacco Master Settlement Agreement to finally hold major manufacturers of tobacco responsible for their actions—that of cigarettes that hook adults and youth to lifetimes of addiction and death.

That settlement was estimated to provide States with \$246 billion over 25 years ago. Sadly, only a tiny fraction of that amount—only 8 percent of the settlement—was actually dedicated to tobacco's prevention and cessation. Instead, \$145 billion from the tobacco settlement has gone to fill State budgets and pet projects—roads, bridges, stadiums, even a tobacco museum.

Should today's opioid litigation result in large monetary settlements from the pharmaceutical companies and their distributors, it will be essential that this funding be dedicated to legitimate public health efforts so as to respond to the current epidemic and prevent the next one.

In the city of Chicago, near an area known as Greektown, there is a drug rehab facility that I have visited many

times. It is called Haymarket. It was started many years ago by a Catholic priest who took on a ministry that nobody else wanted. He was the one who prowled every night along skid row and helped those who were addicted to drugs and alcohol turn their lives around. He started this Haymarket House as a refuge for them in an attempt to get them some help in escaping their addictions and being rehabbed.

Can you imagine what it is like today?

Today, sadly, he is gone, but they continue the Haymarket House. Imagine what they face in trying to deal with a combination of addiction to drugs and alcohol and mental illness on top of it. They are dramatically understaffed. They don't have the necessary bed space for people who need a helping hand—for folks who realize they need a helping hand.

Should there be a successful outcome of this Cleveland lawsuit, wouldn't it be best if some of the resources would be dedicated to places just like that all over the United States?

I can tell you, in the city of Chicago, there are many more options than there are in the more sparsely populated downstate areas from which I hail. There are some counties in which people wait 6 months—once they have realized their need for help—for any kind of treatment whatsoever, and then they have to travel great distances for that to happen.

Senator SHERROD BROWN and I recently wrote an opinion piece that was published in the Cleveland Plain Dealer. I confess publicly that I hope those who are party to this lawsuit in Cleveland will read it, which is where the consolidated court case is taking place. In it, we outlined what we thought should happen if we were to have any input in a settlement agreement.

We need to make sure that the money is spent for addiction; treatment; medication; residential and community treatment services; mental health counseling, which is a necessary adjunct to this effort; building on a behavioral health workforce and naloxone distribution; and addressing childhood trauma, which is often the root of addiction.

Wouldn't it be great if there were to be a settlement here that would be dedicated to ending this drug epidemic, turning lives around, and saving people from addiction and death?

The diversion of tobacco's settlement money should be a cautionary tale that guides our efforts to heal from the opioid epidemic. If Big Pharma is held to account for fueling this crisis, its restitution should be devoted to helping our Nation heal.

This chart shows the dramatic increase in the production of two of the most popular opioid products. I will never be able to explain how the agency of the U.S. Federal Government, which is dedicated to protecting us from drug crime and drug addiction,

ended up authorizing these enormous quotas of the production of opioid pills. Yet we know what happened. In tiny Hardin County in southern Illinois, as well as on the streets of Chicago, they were flooded with opioid pills. When the opioid pills became too expensive, they turned to a cheaper alternative—heroin. Heroin was then being laced with fentanyl, and we have today this deadly epidemic that is almost out of control.

I can't understand what pharma was thinking except for its just looking at the profits and the bottom line that would justify the production of that level of opioid pills into the United States of America. All I can promise is that a number of us—myself included—will be holding the Drug Enforcement Administration accountable in order to make certain that this is not duplicated again in the years to come.

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

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

NOMINATION OF CLIFTON L. CORKER

Mr. ALEXANDER. Mr. President, within a few minutes, the Senate will be voting on President Trump's nomination of Cliff Corker to be the U.S. Federal District Judge for the Eastern District of Tennessee. I am here to strongly urge my colleagues to support Cliff Corker.

Cliff Corker has the respect of the people who know him best. He was selected to serve as a magistrate judge by the district court judges of the Eastern District of Tennessee—a very high testament to his qualifications.

When Cliff Corker was appointed magistrate judge, this is what he said:

It's a tougher job to be the decision maker rather than the advocate. There's so much more responsibility in making the decision than advocating for the client because you really want to see justice done.

Prior to his nomination to be magistrate in 2015, Judge Corker had his own law firm in Johnston City, TN. He handled a wide range of cases, from civil litigation to capital murder.

He graduated from James Madison University and received his J.D. from the William & Mary Law School.

The American Bar Association rated Judge Corker as unanimously "well qualified," the highest ranking a nominee can receive. I am sure that is because of his judicial and litigation experience.

Judge Corker has big shoes to fill. He is taking over for Judge Ronnie Greer, a very well respected Tennessean, a friend of mine for many years, who has served as a judge in Tennessee's Eastern District for the last 15 years. Prior to that, he was a State senator in Tennessee.

Cliff Corker demonstrates the qualities that I look for in a judge: good character, good temperament, high intelligence, respect for the law, and respect for those who come before the court.

Tennessee is fortunate that President Trump chose to nominate such a well-qualified candidate.

I urge my colleagues to support Judge Corker's nomination.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Jersey.

Mr. MENENDEZ. Mr. President, I ask unanimous consent to speak for up to 5 minutes.

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

NOMINATION OF LYNDA BLANCHARD

Mr. MENENDEZ. Mr. President, I regret that I come to the floor to announce my opposition to one of President Trump's political nominees, Ms. Lynda Blanchard. To be honest, I cannot even believe that we are considering her nomination on the floor of the Senate.

U.S. Ambassadors are supposed to represent the best of America to nations around the world, and I challenge my colleagues, Republican and Democrat alike, to look at this nominee's record and tell me with a straight face that Lynda Blanchard should represent the United States anywhere.

Look, I have made a good-faith effort to work with this administration to confirm a number of well-qualified individuals to State Department positions that are vital to advancing America's interests around the world. I don't think anyone can deny that.

But there are some nominees who just raise too many red flags, and I raised this to Secretary of State Mike Pompeo in a letter I sent in June of 2018, shortly after his confirmation.

I explained that a number of nominees before the Senate Foreign Relations Committee had demonstrated histories of questionable temperament and judgement, of questionable conduct, of #MeToo issues, just to mention a few, and I expressed my hope that we could work together to find qualified nominees to the U.S. Department of State. I am disappointed that that effort went unheeded.

Ms. Blanchard has a history of using Facebook as a platform to post incendiary, false articles and disturbing statements. For example, she once shared an article titled "The Clinton 'Body Count' EXPANDS—5 Mysterious DEATHS in the Last 6 Weeks," resurrecting the vicious lie and preposterous conspiracy theory that President Bill Clinton and Secretary of State Hillary Clinton have systematically murdered political opponents and associates.

Then, on election day of 2016, she posted on Facebook "Make God our Father paint this country Red with the Blood of Jesus!"—inappropriately using religion as a blunt instrument in a political campaign.

She has also shared articles by the far-right Conservative Tribune, some of

which were taken down for failing to meet its “editorial standards”—quite literally, fake news.

What is perhaps most disappointing to me is that 2½ years into the Trump administration, none of this is particularly new. We have had Trump diplomatic appointments call for putting political opponents in prison, such as Kyle McCarter, President Trump’s Ambassador to Kenya, who tweeted on election night of 2016: “Hillary for prison. No, really!”

We have had Trump diplomatic appointments, already at their posts, make totally inappropriate and inflammatory forays into American politics, which is taboo for the Foreign Service, such as in June of this year, when Carla Sands, President Trump’s Ambassador to Denmark, appeared to accuse former President Obama of an “attempted coup d’etat in America”—the U.S. Ambassador in Denmark, June of 2019.

And we have had Trump diplomatic appointments embarrass the country by making false claims and then failing to take responsibility for them.

Pete Hoekstra, appointed by President Trump as Ambassador to the Netherlands, has claimed that there were “no-go zones” too dangerous to enter due to Muslim migration. When asked about these statements, Ambassador Hoekstra claimed they were “fake news” until he was confronted with footage of his own words.

This is not normal. We cannot grow accustomed to this kind of disgraceful behavior. We cannot look at the poor behavior of already-confirmed nominees and conclude that we should lower our standards when it comes to Ms. Blanchard’s nomination.

This is the U.S. Senate—supposedly, the world’s greatest deliberative body. We should examine the fitness and qualifications of every single individual nominated to be the face of America in nations across the world. We should expect our Ambassadors to represent the United States with dignity, respect, and sound judgment, and we should remember that America’s role as a leader of nations rests on our moral standards and greatest values.

Something is wrong if we willingly confirm people to these positions who repeatedly spread fake news, baseless slander, and the most despicable of conspiracy mongering.

For these reasons, I will be opposing the nomination of Lynda Blanchard and urge my colleagues to do the same. I yield the floor.

CLOTURE MOTION

The PRESIDING OFFICER (Mr. PERDUE). 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 the nomination of Clifton L. Corker, of Tennessee, to be United States District Judge for the Eastern District of Tennessee.

Mitch McConnell, Roger F. Wicker, Pat Roberts, Chuck Grassley, John Cornyn, Tom Cotton, David Perdue, Ron Johnson, Joni Ernst, Mike Braun, Martha McSally, John Boozman, Richard Burr, Lindsey Graham, Shelley Moore Capito, Johnny Isakson, Thom Tillis.

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 the nomination of Clifton L. Corker, of Tennessee, to be United States District Judge for the Eastern District of Tennessee, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

Mr. THUNE. The following Senator is necessarily absent: the Senator from Georgia (Mr. ISAKSON).

Mr. DURBIN. I announce that the Senator from Colorado (Mr. BENNET), the Senator from California (Ms. HARRIS), and the Senator from Vermont (Mr. SANDERS) are necessarily absent.

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

The yeas and nays resulted—yeas 55, nays 41, as follows:

[Rollcall Vote No. 213 Ex.]

YEAS—55

Alexander	Gardner	Portman
Barrasso	Graham	Risch
Blackburn	Grassley	Roberts
Blunt	Hawley	Romney
Boozman	Hoeven	Rounds
Braun	Hyde-Smith	Rubio
Burr	Inhofe	Sasse
Capito	Johnson	Scott (FL)
Cassidy	Jones	Scott (SC)
Collins	Kennedy	Shelby
Cornyn	Lankford	Sinema
Cotton	Lee	Sullivan
Cramer	Manchin	Thune
Crapo	McConnell	Tillis
Cruz	McSally	Toomey
Daines	Moran	Wicker
Enzi	Murkowski	Young
Ernst	Paul	
Fischer	Perdue	

NAYS—41

Baldwin	Hassan	Rosen
Blumenthal	Heinrich	Schatz
Booker	Hirono	Schumer
Brown	Kaine	Shaheen
Cantwell	King	Smith
Cardin	Klobuchar	Stabenow
Carper	Leahy	Tester
Casey	Markey	Udall
Coons	Menendez	Van Hollen
Cortez Masto	Merkley	Warner
Duckworth	Murphy	Warren
Durbin	Murray	Whitehouse
Feinstein	Peters	Wyden
Gillibrand	Reed	

NOT VOTING—4

Bennet	Isakson
Harris	Sanders

The PRESIDING OFFICER. On this vote, the yeas are 55, the nays are 41.

The motion is agreed to.

CLOTURE MOTION

The PRESIDING OFFICER. 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 the nomination of Lynda Blanchard, of Alabama, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Republic of Slovenia.

Mitch McConnell, Ron Johnson, Steve Daines, John Kennedy, James E. Risch, Roy Blunt, Thom Tillis, Cory Gardner, Johnny Isakson, Pat Roberts, John Thune, John Hoeven, Tim Scott, Mike Crapo, John Cornyn, John Barrasso, Bill Cassidy.

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 the nomination of Lynda Blanchard, of Alabama, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Republic of Slovenia, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The senior assistant bill clerk called the roll.

Mr. THUNE. The following Senator is necessarily absent: the Senator from Georgia (Mr. ISAKSON).

Mr. DURBIN. I announce that the Senator from Colorado (Mr. BENNET), the Senator from California (Ms. HARRIS), and the Senator from Vermont (Mr. SANDERS) are necessarily absent.

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

The yeas and nays resulted—yeas 55, nays 41, as follows:

[Rollcall Vote No. 214 Ex.]

YEAS—55

Alexander	Gardner	Portman
Barrasso	Graham	Risch
Blackburn	Grassley	Roberts
Blunt	Hawley	Romney
Boozman	Hoeven	Rounds
Braun	Hyde-Smith	Rubio
Burr	Inhofe	Sasse
Capito	Johnson	Scott (FL)
Cassidy	Jones	Scott (SC)
Collins	Kennedy	Shelby
Cornyn	Lankford	Sinema
Cotton	Lee	Sullivan
Cramer	McConnell	Thune
Crapo	McSally	Tillis
Cruz	Moran	Toomey
Daines	Murkowski	Wicker
Enzi	Murphy	Young
Ernst	Paul	
Fischer	Perdue	

NAYS—41

Baldwin	Hassan	Rosen
Blumenthal	Heinrich	Schatz
Booker	Hirono	Schumer
Brown	Kaine	Shaheen
Cantwell	King	Smith
Cardin	Klobuchar	Stabenow
Carper	Leahy	Tester
Casey	Manchin	Udall
Coons	Markey	Van Hollen
Cortez Masto	Menendez	Warner
Duckworth	Merkley	Warren
Durbin	Murray	Whitehouse
Feinstein	Peters	Wyden
Gillibrand	Reed	