email server at her home in New York. So it is pretty clear, based on published reports, that Secretary Clinton went out of her way by paying money out of her own pocket to avoid important laws that Congress has passed to guarantee that the American people actually know what their government is doing. I am talking particularly about the Freedom of Information Act.

I haven't heard of any other example of someone in the Federal Government—accountable to the people of the United States—setting up a separate private email server just to conduct official business, not to mention the Secretary of State. It is simply unprecedented.

Her actions also put our country at risk, as her private email server was reportedly unsecure. We have heard time and again from those in the intelligence community that her use of an unsecure, private email server left her emails—some highly classified—vulnerable to hacking and cyber attack from our Nation's enemies.

We may never know the full extent to which her irresponsible actions have affected our military endeavors, our diplomatic efforts, our overall national security or the lives and safety of those who serve in the intelligence community or are in harm's way trying to keep our country safe. We don't know to what extent her recklessness and irresponsibility have jeopardized the lives of people who are engaged in keeping our country safe. We do know that it has jeopardized the security of our country at large.

To this day, Secretary Clinton refuses to accept full responsibility for her actions and denies the serious nature of the FBI's ongoing investigation, calling it only a ''security review.'' Well, it is pretty clear that the Justice Department is doing an investigation. Just this last week, it was reported that the Justice Department granted immunity to the staffer who set up Secretary Clinton's server. So this further confirms that Secretary Clinton is misrepresenting to the public when this inquiry is dismissed as some routine ''security review.''

We don't grant immunity from criminal prosecution to someone in order to gain their cooperation to testify in a case where they otherwise would claim the Fifth Amendment right against self-incrimination. That is why immunity is granted—so they no longer can claim a belief that they might be prosecuted for being a witness against themselves. That is why immunity is granted.

So this indicates what I have said all along, which is that this is a serious investigation that may determine that classified information has been mishandled—a serious crime. The Justice Department should pursue this case as aggressively as it would any other case involving any other person where there has been concern about the mishandling of classified information because the American people deserve nothing less.

Secretary Clinton is not just some random citizen or former government employee; she was a member of this President's Cabinet and Secretary of State. In light of this extraordinary case and the unavoidable myriad of conflicts of interest, I have called repeatedly on the Attorney General to appoint a special counsel to fully and fairly conduct the investigation. It is not just important that a thorough and independent investigation be conducted; it is important that the American people have confidence and believe that a fair and independent investigation is being conducted. One simply can't reach that conclusion, given the fact that the Attorney General, who is the political appointee of this President and who serves at his pleasure, is loathe to have this investigation proceed, and I will get to that in a moment. The President has inappropriately made comments while this investigation is ongoing. I asked the Attorney General last fall—she is the only one who can make this decision—to appoint a special counsel to give some semblance of independence from the political operation at the Department of Justice and the White House. Unfortunately, almost 6 months later, no independent counsel has been appointed. I think the necessity for such a person to be appointed is even more critical than ever.

COMPREHENSIVE ADDICTION AND RECOVERY BILL

Mr. CORNYN. Madam President, we will soon end the debate and vote on a bill known as the CARA Act, a piece of legislation that will help restore families and communities across America that have been harmed by addiction and drug abuse. This is a serious piece of legislation that has been done on a bipartisan basis and is a good illustration of how we in the Senate ought to be doing our jobs as representatives of the American people. We identify a problem, and we work across the aisle to come up with a solution. We consider it on the floor of the Senate so that all 100 Members can have an opportunity to discuss it.

An essential part of getting this legislation considered and passed on the floor is the hard work that happens in the respective committees, and the Comprehensive Addiction and Recovery Act is no exception. It is not only the result of bipartisan work but also the leadership of the chairman of the Judiciary Committee, the senior Senator from Iowa. We would not be here today considering this important legislation without Chairman GRASSLEY's leadership. So it has been particularly disappointing for me to hear the Democratic leader and some across the aisle disparage this good man and say that he and other Republicans are not doing their jobs. I think the evidence is to the contrary. It is our job to advance commonsense legislation that will benefit the entire country. That is exactly what this legislation does and exactly what the chairman has been diligently pursuing.

I would like to remind our friends across the aisle that the legislation we will soon advance is a bill the chairman diligently guided through the Judiciary Committee. I am thankful for his leadership and look forward to moving this bill along.

Madam President, I see no other Senator wishing to speak.

CONCLUSION OF MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Morning business is closed.

COMPREHENSIVE ADDICTION AND RECOVERY ACT OF 2015

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will resume consideration of S. 524, which the clerk will report.

The bill clerk read as follows:

A bill (S. 524) to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use.

Pending:

Grassley amendment No. 3378, in the nature of a substitute.

Grassley (for Donnelly/Capito) modified amendment No. 3374 (to amendment No. 3378), to provide follow-up services to individuals who have received opioid overdose reversal drugs.

Mr. CORNYN. I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. MARKEY. Madam President, before I begin, as we discuss the Comprehensive Addiction and Recovery Act, I would like to take a moment to thank Senator WHITEHOUSE for his role in developing the bill and bringing it this far. I also convey my gratitude to Minority Leader REID and the ranking member of the Judiciary Committee, Senator LEAHY, for their excellent staffs and for urging that my amendments—which I will address momentarily—be a part of the discussion and for managing the negotiations on this bill. I also thank Senator MURRAY, the ranking member of the HELP Committee, for help and counsel on amendments.

Let us pause for a moment and consider the causes of the prescription opioid and heroin epidemic gripping our country. Understanding the causes will help us focus on the right solutions. Three distinct parties bear much of the blame for this public health crisis.

First, there is Big Pharma. In the mid-1990s, the seeds of this epidemic

were planted with the aggressive, misleading, and ultimately criminal marketing of the powerful opioid painkiller, OxyContin by Purdue Pharma. Perdue claimed OxyContin was not addictive and couldn't be abused. Neither of those claims turned out to be true. Purdue Pharma built a massive marketing and sales program for OxyContin. From 1996 to 2000, Purdue Pharma's sales force more than doubled from more than 300 sales representatives to almost 700 sales representatives. In 2001 alone, Purdue gave out $40 million in bonuses to its burgeoning sales force. As a result of these sales and marketing efforts, from 1997 to 2002, OxyContin prescriptions increased almost tenfold, from 670,000 in 1997 to 6.2 million in 2002.

Purdue's marketing of OxyContin broke the law. In 2007, Purdue Pharma paid $600 million in fines and other payments after pleading guilty in Federal court to misleading regulators, doctors, and patients about the risks of addiction to OxyContin and its potential for abuse.

Second, Purdue Pharma's criminal wrongdoing did not occur in a vacuum. The Federal Government helped to enable this epidemic. The Federal Drug Enforcement Administration is responsible for approving the annual production quotas for pharmaceutical companies to manufacture oxycodone, the principal ingredient in OxyContin. From 1996 to 2016, the Drug Enforcement Administration obliged Big Pharma and increased by almost 150 percent the amount of oxycodone authorized for manufacture. In 1996, the DEA authorized U.S. pharmaceutical companies to make the equivalent of 6 billion 10-milligram OxyContin pills. By 2016, that figure had increased to almost 14 billion 10-milligram pills. That is right. Today the Drug Enforcement Administration is telling Big Pharma it is OK to make 14 billion OxyContin pills to sell in the United States in 1 year.

The Federal Food and Drug Administration was also complicit, approving new opioid after new opioid. In the process, the FDA, charged with ensuring the safety of all prescription drugs on the U.S. market, began turning a blind eye to outside experts who were warning of the dangers these drugs posed.

In 2013, an expert panel established to review the powerful new opioid painkiller Zohydro, voted 11 to 2 against recommending its approval, but the FDA approved the drug anyway, overruling the concerns voiced by experienced physicians on the panel.

In 2014, in the wake of the Zohydro decision, the FDA twice skipped the advisory committee process altogether when it approved two new prescription opioids.

Then, in August of 2015, the FDA did it again. This time it bypassed an advisory committee of outside experts on the question of a new use for OxyContin for children aged 11 to 16. The FDA even ignored its own rules that specifically call for advisory committee advice when a committee of pediatric dosing is involved. It was clear that the FDA was intentionally choosing to forgo advisory committees in order to avoid another overwhelming Zohydro-like vote, recommending against approval of a prescription opioid and in order to avoid any impediments to new opioids being sold in the United States.

Finally, the medical profession must bear its fair share of responsibility for this crisis. Doctors are prescribing opioids at an alarming rate. In 2012, America's doctors wrote 259 million prescriptions for opioid pain relievers, enough pills for every single American adult to have a bottle of opioid pills given to them in the year 2012.

And America's doctors are dangerously uninformed about the drugs they are prescribing. A recent survey of 1,000 physicians nationwide found that ''only two-thirds correctly reported that the most common route of abuse was swallowing pills whole.'' It is unconscionable that our doctors are so ill-informed. Nearly half of the doctors surveyed also erroneously reported that so-called abuse-deterrent formulations of opioids were less addictive than their counterparts. Abuse-deterrent opioids are supposed to be harder to crush, so they are harder to snort or to mix with liquid and inject, but abuse-deterrent formulations of opioids are just as addictive as non-abuse-deterrent opioids. Whether an opioid is abuse-deterrent or not hasn't prevented tens of thousands of people who have had their wisdom teeth removed or experienced lower back pain from getting addicted to these painkillers simply by swallowing them.

So what is the result of the combination of Big Pharma's marketing of prescription opioids, the Federal Government's repeatedly approving them in ever-increasing numbers, and our doctors writing millions of prescriptions for them? Today, the United States is less than 5 percent of the world's population but we consume 80 percent of the world's opioid painkillers. We have become the United States of Oxy.

When prescriptions run out or the price of Oxy pills on the street become too high for those who have become addicted, they turn to cheaper heroin, which shares the same molecular structure as OxyContin. Eighty percent of the people suffering from heroin addiction started with opioid pain medications approved by the FDA and prescribed by doctors.

In 2014, nearly 33,000 people died of an opioid overdose in this country. Almost 1,300 of those deaths were in my home State of Massachusetts.

I had hoped to offer amendments to CARA to address both the causes of this epidemic and to provide treatment for those suffering from the results. One of my amendments would have required the FDA to convene advisory committees for all prescription opioid approval questions.

After I placed a hold on the nomination of Dr. Robert Califf to serve as FDA Commissioner, the agency announced it would only commit to convene advisory committees for non-abuse-deterrent opioids. The FDA refused to agree to convene advisory committees to inform all of its opioid-approval decisions.

We need legislation requiring the FDA to seek expert advice about the risk of addiction before it approves any and all opioids, and I will continue to fight to require advisory committees at the FDA.

We also need legislation requiring doctors to get and stay educated about the dangers of the pills they are prescribing in record numbers. Stopping the overprescription of opioid painkillers is a critical step.

We need to ensure that all prescribers of these opioid painkillers are educated in the dangers of these drugs, how easily individuals can become addicted, and when and how to appropriately prescribe. The doctors say that they do not want education to be mandated, that it should be voluntary. Well, the FDA has had voluntary education for opioid prescribers in place since 2013 and has been actively encouraging doctors to take these voluntary education programs, but in more than 2 years, only 12 percent of prescribers have actually completed FDA's voluntary education program.

It is imperative that any provider who is applying for a Federal DEA license to prescribe opioids have completed mandatory education on the basics of opioid prescribing and the inherent risk of addiction. My amendment would have done just that. It would have required basic education as a condition of a DEA license to prescribe these painkillers, and I will continue to fight to require prescriber education.

Finally, we need to remove the barriers to effective treatment, including outdated Federal restrictions on medication-assisted therapies such as Suboxone. Medication-assisted therapy for opioid addiction is cost effective, decreases overdose deaths, and reduces transmission of HIV and hepatitis C. Unlike other treatment regimens for any other disease, physicians are severely limited in the number of patients they can treat with medication-assisted therapies such as Suboxone, contributing to long wait-lists and an inability of patients to get treatment for their addiction when they need it. Of approximately 2.5 million Americans who abused or were dependent on opioids, fewer than 1 million received treatment for their condition, partly because of the already existing Federal instructions.

Senator RAND PAUL of Kentucky and I have a bipartisan bill, the Recovery Enhancement for Addiction Treatment Act, or TREAT Act, which has broad stakeholder support, including the American Medical Association and nurse practitioners. It emphasizes quality of care and closes this gaping

hole in our addiction treatment system. We had hoped to offer TREAT as an amendment to CARA. We will continue to fight for it and are hopeful the HELP Committee will include it in the substance abuse legislation the committee will soon consider.

My collaboration with Senator PAUL shows that whether it is the Commonwealth of Massachusetts or the Commonwealth of Kentucky, this crisis is the same. It doesn't discriminate by geography, by age, by race, by socioeconomic status, or by employment. It requires a bipartisan effort.

Thirty years ago, Nancy Reagan told us to just say no to drugs. Today we have to go further. We have to say enough is enough. We have to recognize what has worked and what hasn't worked. In the past, we believed we could incarcerate our way out of the problem. That did not work. So instead of ignoring and incarcerating, let's avow and act. Let's destigmatize, not criminalize. Let's treat, not retreat. Let's have a comprehensive plan which we put in place that deals with the pharmaceutical companies, the physicians, and the kinds of treatment patients need across our country so that they get the help they need. That is our job.

I continue to believe we can do this in a bipartisan fashion as long as we understand the magnitude of the problem and what the causes of it were and continue to be and will be into the future unless and until we put these safeguards in place. So I am looking forward to continuing to work with my colleagues on the other side of the aisle. I compliment them for the work they have done so far in bringing this bill to the floor of the Senate this week, but I do believe there is more to be done.

As long as this many Americans are addicted, as long as this much OxyContin and opioids are put into our system, then we are going to find that this heroin epidemic we have in our country, which is directly related, will continue to spiral out of control.

I want to work with all my colleagues. I thank my colleagues for all the work they have done so far, but there is much work to be done in the future.

Madam President, I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Alabama.

Mr. SESSIONS. Madam President, I would like to talk for a few minutes about the crime problem we have in America today, the dramatically increasing problem of heroin abuse. Over the last week, we have had a lot of discussion about this crisis, which I am afraid we are just on the cusp of. I think it is going to get worse, based on my experience and my best judgment, but the effort to understand and address it has been going on for a while.

In January, we had a good hearing on this issue in the Senate Judiciary Committee, and I want to mention a few things I think we ought to keep in mind as we address this very important problem.

Just as background, I served 15 years as a prosecutor, 12 as a U.S. attorney, a Federal prosecutor, and 2½ as an assistant U.S. attorney. So that was my background when I came here. I was very active and studied the drug and crime problem in America, and I learned some things.

There are cycles in this, and people wrote about it over the years. I think we are, unfortunately, moving into another cycle, and we have to be very careful. It is so painful to have a large prison population. We don't want to have that. Year after year, everybody wants to look for alternatives to prison, and we have tried, but if you go too far, you end up not having sufficient consequences for crime, not detaining dangerous offenders, and you end up increasing crime, increasing deaths of Americans from murders and other things, increasing heroin and serious drug problems that destroy families, destroy lives, destroy communities, and result in violence and death. It is a very real problem.

A lot of people think, well, if you want to use heroin, so be it. Well, these people can't function. How are they going to survive? They either steal or they get on welfare or they have to go to treatment. And who pays for it, since they do not have any money?

We have proven and seen for decades that drug use can be brought down, fewer people can become addicted. In the early 1980s, Nancy Reagan, as President Reagan's wonderful wife, formed the ''Just Say No'' program, and hundreds of thousands of volunteers nationwide in every community in America got together in their communities—they got the treatment community, the law enforcement community, the prevention community, the education community, and the schools—and they worked and worked and crafted policies that would create a climate of hostility for the use of dangerous drugs. The idea was to bring down the use. As a result, the use of illegal drugs dropped by half. It took us 15 or more years, but it dropped by half steadily. What a tremendous victory.

In 1980, half of our high school seniors admitted they had used an illegal drug sometime in that year. What an unbelievable number. It had been going up steadily, it peaked, and then it began to go down under this sustained effort.

What I have been worried about for some time, and have warned about it, is that if you don't maintain that but start going in the other direction, you can expect drug use to increase. It is that simple. And it is happening. Lives—and young people's lives—will be destroyed by this, families will break up, and children will be scarred.

Drug use is no fun, innocent thing. It is destructive. If this Nation is using half as much illegal drugs as before, it is a better nation. It just is. And if we double the amount of drug use in America, it will be a more dangerous Nation and not as good a nation.

According to the Centers for Disease Control and Prevention, over 47,000 people died from drug overdoses in the United States in 2014. In 2014, 47,000 died. That is one drug overdose death for every 12 minutes. And 61 percent of those overdoses involved opioids. The rate of all opioid overdoses in the United States has tripled since 2000. Overdoses have tripled since 2000.

Heroin overdose deaths specifically have increased sixfold since 2001—600 percent—and have more than tripled in just the past 4 years alone. According to the National Survey on Drug Use and Health, there were approximately 169,000 new heroin users in 2013.

According to the Substance Abuse and Mental Health Services Administration, in 2004, approximately 589,000 people in the United States had an opioid use disorder. We used to call that addiction—a problem. It is affecting their lives.

The Drug Enforcement Administration's 2015 National Drug Threat Assessment noted that ''drug overdose deaths have become the leading cause of injury death in the United States, ahead of motor vehicle deaths and firearms.''

This is a significant matter. As DEA Acting Administrator Chuck Rosenberg, a bright, young mind appointed by President Obama, noted last July that ''[a]pproximately 120 people die each day in the United States of a drug overdose.''

Some argue that the increase in heroin abuse is due to over-prescription of opioids from prescription drugs—you get addicted from a prescription drug, and then you move to heroin. I am sure that has some validity, but according to a January 14, 2016, study published in the New England Journal of Medicine, one of the premier authoritative medical journals in the world:

> In the majority of studies, the increase in the rates of heroin use preceded the change in prescription-opioid policies, and there is no consistent evidence of an association between the implementation of policies related to prescription opioids and increases in the rates of heroin use or deaths, although the data are relatively sparse. Alternatively, heroin market forces—

Please hear this, colleagues—

> Alternatively, heroin market forces, including increased accessibility, reduced price, and high purity of heroin appear to be major drivers of the recent increases in rates of heroin use.

So it is purity, price, and accessibility. While treatment and accountability are critical to breaking the cycle of addiction, it is not the whole solution. We must also reduce the availability of heroin—we simply have to do that—and other illicit opioids.

In December of last year, the Centers for Disease Control and Prevention Director Tom Frieden said it is important ''that law enforcement''—a lot of people don't want to talk about this. We have police officers, sheriffs' deputies, Federal agents, drug enforcement

agents, and Border Patrol agents. He said it is important ''that law enforcement intensify efforts to reduce the availability of heroin, illegal fentanyl, and other illegal opioids.'' Similarly, Drug Enforcement Administration Acting Administrator Rosenberg said in the DEA's National Drug Threat Assessment that, in addition to providing treatment to addicted opioid abusers, ''law enforcement must continue to have the tools it needs to attack criminal groups who facilitate drug addiction.''

I have been there. I was part of law enforcement's efforts. I invested a tremendous amount of my time in the Coalition for a Drug Free Mobile, the Partnership for Youth, Bay Area Drug Council—groups like that—working on a volunteer basis to change the use of drugs in the community. Law enforcement was always a critical part of it, and law enforcement does have the capability in ways that others don't to reduce the availability, make purity levels less, and otherwise restrict, raising the price of an illegal drug. The DEA's 2015 National Drug Threat Assessment confirms this. They studied the price of the drugs. One thing that tells us whether or not law enforcement and interdiction are effective is to discover if the price is going up or down.

Mexican drug cartels are flooding the United States with cheap heroin and methamphetamine. When I was a young prosecutor, it was coming from Turkey, the Middle East, and that was pretty much shut off. President Carter did some good things. I was an Assistant U.S. Attorney and came back a few years later as a U.S. Attorney, but during that time they somehow reduced the supply of heroin from the Middle East. As a result, heroin addiction dropped all over the country, and very little heroin was in the heartland of America—mainly just in the big cities.

We are also getting cheap methamphetamine from across the Mexican border, which is wide open. The statistics from the DEA Drug Threat Assessment confirm that, from 2010 to 2014, the amount of heroin seized every year at the southwest border has more than doubled. Well, are we catching that much more? No, we are not catching, I am sure, any substantially larger percentage. We are just having a larger amount moving across the border. The price has fallen, so we know we have more. If prices stay low, more people will try it more often, and as the purity level is higher, more people will get addicted sooner and often die quicker.

These drug cartels are partnering with criminal gangs and fueling violence in our cities and communities. According to DEA's 2015 Threat Assessment, Mexican drug cartels ''control drug trafficking across the Southwest Border and are moving to expand their presence in the United States, particularly in heroin markets.'' They import, transport, and are now actually selling it in our cities instead of just bringing it in across the border.

In 2013, the heads of the Chicago Crime Commission and the Chicago Office of the Drug Enforcement Administration both named El Chapo Guzman, the infamous leader of the Sinaloa Cartel, as Chicago's ''Public Enemy #1.'' So a man in Mexico, moving heroin and methamphetamine into the United States and hammering Chicago with it—Chicago named him as their No. 1 public enemy. It cannot be a coincidence, as the FBI's uniform crime statistics show, that the murder rate in Chicago increased by approximately 18 percent during the first 6 months of 2015. At that rate, it is a 36 percent increase in murders in Chicago in 1 year. This is an unbelievably dramatic surge in murders.

Another example is Atlanta. DEA's Atlanta office reported an increase of heroin availability from a rating of ''stable'' in the first half of 2013 to ''high'' just a year later. According to the FBI's uniform crime statistics, the murder rate in Atlanta increased by approximately 15 percent in the first 6 months of 2015. This is an unsustainable thing. The old rule is a 7-percent increase and your money doubles in 10 years. When you get 15- and 18-percent increases in 6 months—that's 30 percent in 1 year—you are doubling the crime rate, the murder rate, in 3 years.

At a November hearing of the Senate Caucus on International Narcotics Control, I asked DEA Deputy Administrator Jack Riley about these drug distribution networks and the people in local communities pushing the drugs, selling the drugs, and collecting the money. This money eventually ends up back in Mexico, Colombia, and South and Central America, funding the evil, violent drug cartels that are destabilizing whole nations. He responded that it is ''almost as big a problem as the cartels themselves.''

When I asked him whether these drug traffickers are the ones causing the violence and death on our streets, he responded that ''they are the ones that regulate themselves by the barrel of a gun.'' If you want to collect a drug debt, you can't file a lawsuit in Federal court. You collect it by the barrel of a gun.

By its very nature, drug distribution networks are violent criminals. It has always been so, and it will always be so. Conducting an illegal enterprise, they have to maintain discipline, and they use threats and violence to maintain it and collect their debts. We must not forget what became obvious in the early 1980s, when I was a U.S. Attorney: Drug dealers and their organizations are not nonviolent criminals. These are violent crimes.

Rather than enforcing the law and making it tougher on drug cartels by keeping our border secure, the Obama administration has done exactly the opposite. Our unsecured borders make it easy for the cartels to flood our country with cheap heroin, and the administration has made it clear that officers are not to deviate from the President's lawless immigration policy. They are blocked from doing their job and following their oath.

Just last week—and as someone who has worked closely with Federal Drug Enforcement officers and immigration officers as a Federal prosecutor—Customs and Border Protection Commissioner Gil Kerlikowske testified before the House Committee on Appropriations that ''if you don't want to follow the directions of your superiors, including the president of the United States and the commissioner of Customs and Border Protection, then you really do need to look for another job.''

Do you hear what he is saying there, colleagues? What he is saying is that if you want to do your job and enforce the laws as the laws are written, which we have ordered you not to do, and you go on and do it anyway, then look for another job. It is one of the most amazing things I have seen in my entire law enforcement career. ICE officers—Immigration and Customs Enforcement officers—who enforce drug laws, along with immigration laws, these officers sued their supervisors. They sued their supervisors, alleging that they were being ordered to violate their oath to enforce the immigration laws of the United States by these restrictive policies.

It is hard to overestimate the destruction the Obama administration's policies—their Executive amnesty, their refusal to sufficiently fund and man the border—are causing to law enforcement. A big part of this now is the openness to heroin, methamphetamine, marijuana, and other drugs that are being imported. I take that statement by the Commissioner of Customs and Border Protection as a direct threat to those officers who want to follow their oath and do their duty.

In August 2013, a dramatic event occurred that was too little appreciated. Attorney General Holder, the Attorney General of the United States, ordered Federal prosecutors not to charge certain drug offenders with offenses that carry mandatory minimum sentences that are in law. If you have so much drugs, you have a minimum penalty. You can get more than that, but you at least have to serve this minimum penalty. He ordered them not to charge those crimes. This is directing prosecutors not to follow the law. It has contributed to a decrease in the number of traffickers being prosecuted and convicted. According to data from the Executive Office for United States Attorneys, at the end of 2015—in December—the 6-month average of drug prosecutions was down 21 percent compared to 5 years ago. And what are we seeing? A surge in crime, particularly drugs. Excluding prosecutions in magistrate courts, the 6-month average was nearly 32 percent lower at the end of 2015 than 5 years ago. We haven't cut the number of drug prosecutors. We haven't cut the

number of DEA agents. This is policy that softens the enforcement of drug crimes against what we have been doing for 25 years, and it is having an impact. I am afraid it is going to continue.

Meanwhile, State and local law enforcement agencies are not given the tools they need to continue taking these dangerous drug traffickers off of the streets.

On December 21, 2015, the Department of Justice chose to stop all equitable sharing payments to State, local, and tribal partners under the Asset Forfeiture Program. These are seized proceeds, moneys that are seized from drug dealers, big fancy cars and boats that they seize. For the last 20 years, Federal and State officers worked together. The Federal Government has a good system for forfeiting the money. Then, when the forfeiture is over, it is divided among the agencies. As a result, State and local people are willing to commit law officers to participate in these local task forces because they are helping clean up drugs in their community, helping identify and prosecute nationally significant drug dealers, and they get some compensation back from it when they find a truck full of money.

I personally have seen cases where $1 million, $500,000, $800,000 in cash was seized from these people. Some people think, oh, this is wrong; you shouldn't take their cash. This is the ill-gotten gain of an illegal enterprise and they should be able to keep it? They have no proof of any lawful source of this money. Virtually every time, in addition, there is evidence to prove it is connected to drugs. Half the time, they don't even show up to contest the seizure because they know they have no defense to it. This stops this sharing, and it is undermining the unity of effort that we really need to be successful.

A joint letter signed by the International Association of Chiefs of Police, the National Association of Police Organizations, the Major County Sheriffs' Association, the National Sheriffs' Association, the National District Attorneys Association, and the Major Cities Chiefs Association, pointed out that ''the suspension of equitable sharing payments may cause some agencies across the country to reconsider their ability to participate in joint task forces with the Federal Government.''

In other words, they are going to stop participating.

''The effects of this decision are far reaching and not only a disservice to law enforcement, but also to the public they are sworn to protect.''

Mr. President, if there is a limit on my time or others are waiting to speak, I will wrap up. Otherwise, I have about 5 minutes to wrap up. I see my colleague Senator LEAHY, the ranking member of the Judiciary Committee. I don't want to block him. If my time is up, I will yield the floor.

The PRESIDING OFFICER (Mr. COATS). There is no time limit in place.

Mr. SESSIONS. While law enforcement resources are being cut off, law enforcement officers are being blocked from doing their jobs, and drug prosecutions are being reduced, the administration and some in Congress want to push and advance a criminal justice ''reform'' bill. But these proposals will have a tendency, I am afraid, to worsen the current problem by allowing for more reductions in sentences than are already occurring and early release of thousands of dangerous drug traffickers, and the weakening of penalties for those prosecuted under our drug trafficking laws, which have already been weakened—sending the wrong message at exactly the wrong time.

I am very concerned about this. I love my colleagues, and I know their hearts are in the right place, but I am convinced we should not be heading in this direction at this time.

Make no mistake, Federal prisons are not filled with low-level, nonviolent drug possessors. According to the Bureau of Justice Statistics, 99.7 percent of drug offenders in Federal prison at the end of fiscal year 2012 were convicted of drug trafficking offenses, not drug possession. Drug trafficking is inherently violent activity, and it only serves to fund the drug cartels while fueling violence in our cities.

According to the FBI, violent crime overall increased across the United States during the first half of 2015, by 6.2 percent for murders and 17 percent in the larger cities for murder—the largest single-year increase since at least 1960. Already this year, homicides in Chicago are double what they were all of last year.

This is a complex subject. It is too soon to know the total reason for this increase, but it cannot go unnoticed that over the last decade the Sentencing Commission, which sets standards for sentencing in the United States—outside of the minimum mandatories that are set by our law passed by Congress—has unilaterally imposed reductions in the sentences for drug inmates currently in prison. So we reduced the sentences for those in prison and they are getting out earlier. The most recent reduction in sentences resulted in the release of more than 46,000 drug traffickers—not drug possessors, drug traffickers—which has been wholeheartedly supported by the Obama administration.

According to Bureau of Justice Statistics, 77 percent of drug offenders released were rearrested within 5 years. Hear this now: 77 percent of these drug offenders were rearrested within 5 years, with 25 percent of those rearrested being rearrested for a violent crime—somebody hurt, maybe dead. Maybe that is part of the murder rate increase.

Take Wendell Callahan, a Federal drug felon who was convicted of trafficking in crack cocaine and released early pursuant to the Sentencing Commission's directives. Upon his early release, he proceeded to brutally murder his ex-girlfriend and her two little girls, 7 and 10. He would have been deep into a 12½-year Federal sentence if it had been maintained, but the Sentencing Commission reduced it. The judge granted his petition for early release because of his ''good behavior'' in prison, and that led the judge to conclude he did not pose a danger to the safety of the public, even though in his background—when he was convicted and got the 12 years, he had previously been convicted in connection with a shooting offense and another drug offense. This is why you have to have some controls on judges. I have been there, and I saw it before the sentencing guidelines were passed.

The Federal prison population is at its lowest level since 2008. We are already on a downward course of the drug Federal prison population being reduced. There are only 160,000 inmates in Bureau of Prisons custody today, well below its peak. The Bureau of Prisons has stated that this ''downward population trend is expected to continue into Fiscal Year 2017,'' bringing the Federal prisons population to the lowest level since 2005.

The population is up. Crime is going up. The prison population is falling rather rapidly. Admissions to Federal prison have declined every year since 2011.

You hear: We are filling our prisons. We are doing more and more.

Actually, there are other things that are already happening. It is happening in State prisons, too, where larger numbers are incarcerated than in the Federal prisons. One of the reasons we are having this large decline in State prisons is not public safety but tight budgets. They are cutting back on the prison population to save money.

We can be smarter. Some people can be released early. I worked with my Democratic colleague, Senator DURBIN, 6 years ago, I believe, and we reduced the crack penalties more significantly than a lot of people know. I thought that was justified. But we are now proceeding well beyond that, and it is causing me great concern.

The Attorney General has ordered the prosecutors to not charge certain criminal offenses. Reducing sentences and releasing felons is equivalent to reducing the cost to the criminal enterprise of their criminal activity. It reduces the cost, the risk. Thus, crime—it is already rising—would further increase as a result of the criminal justice ''reform'' bill that would further reduce penalties.

Can we take a breath, and let's think about this? I don't say there aren't some things we can do that will allow for some reduction in the Federal prison population. Some people probably serve more time than is absolutely necessary. But in truth, we have seen dramatic improvements over nearly 30 years, 25 years, in the reduction of crime. Until this surge, murder rates were less than half what they were in 1980 when I became a Federal prosecutor. Drug use dropped dramatically

when Nancy Reagan started the ''Just Say No'' program, and drug use began to steadily decrease. It is now beginning to steadily increase.

You have to have leadership from Washington. You can't have the President of the United States of America talking about marijuana like it is no different than taking a drink, saying I used marijuana when I was in high school and it is no different than smoking.

It is different. And you are sending a message to young people that there is no danger in this process. It is false that marijuana use doesn't lead people to more drug use. It is already causing a disturbance in the States that have made it legal. I think we need to be careful about this.

What if this is the beginning of another surge in drug use like we saw in the sixties and seventies that led to massive problems in our communities? The solution? Well, we have to control the border. All the heroin and a big chunk of the methamphetamine is coming across the Mexican border. We need barriers. We need more agents. People need to be arrested. They need to be deported. They don't get to be taken to some city in the United States they would like to go to and get released and asked to show up on bail, which they never do. That is an open invitation to illegality and illegal entry.

We need to enforce our laws, and we have to make the consequences of drug trafficking a deterrent. We can do this. We have done it before, and it is all part and parcel with prevention programs, education programs, and treatment programs. All that has to be done, but it cannot be denied, in my opinion, that law enforcement plays a critical role in it. This means supporting, not blocking the efforts of law enforcement to do their jobs and giving them the tools to arrest drug traffickers and be effective at the border, putting them in jail, not giving them early release so they can commit more crimes.

In January, a woman from Ohio named Tonda DaRe testified before the Senate Judiciary Committee at a hearing on the heroin and prescription opioid epidemic. She shared the powerful story of her daughter, who died from a heroin overdose. She said this:

> One of the things that I see happening in our little town that frustrates me is . . . our officers have worked so diligently to arrest people that they know are bringing this [heroin] in. Just [to] have them go in front of our judges and our judges just slapped these people on the wrist and sent them right back out the door. . . . The boy that sold my daughter the heroin that killed her just recently went back in front of a judge for his fourth offense for trafficking heroin. [It was the] fourth time he's been arrested for this and he was given five months. How [is] that possible?

We can talk about making sure we have treatment and recovery for people who have been addicted, although many people never ever recover from addiction—except by the grave. That is the sad truth. We should make that a priority. But we cannot hope to solve these problems by only treating people on the back end of addiction without reducing the availability of those drugs and keeping the purity down and the cost up, not continuing to fall. We have to stop people from becoming addicts in the first place, and we can't let the fact that we have a heroin abuse epidemic cause us to forget that we have a drug trafficking epidemic too.

Law enforcement is prevention. Experts tell us that the price, purity, and availability of drugs, especially heroin, fuels more consumption, more addiction, more crime, more death, and more human and family destruction. I wish it were not true. I wish there were more options, but law enforcement is a central part of this effort, and history proves it.

I thank the Chair and yield the floor.

The PRESIDING OFFICER. The Senator from Vermont.

51ST ANNIVERSARY OF BLOODY SUNDAY

Mr. LEAHY. Mr. President, today is the 51st anniversary of Bloody Sunday—a horrible abuse of American citizens that occurred in Selma, AL. Each year we commemorate the events of that fateful day, because it helped transform our Nation and proved to be a catalyst for the passage of the Voting Rights Act. For the last two years, this commemoration has been a sad reminder of what five justices did to that cornerstone civil rights law. In Shelby County v. Holder a narrow majority of the Court drove a stake through the heart of the Voting Rights Act when it struck down the coverage formula for its preclearance provision in Section 5.

I mentioned that because under section 5 of the Voting Rights Act, the Federal Government has the authority to examine and prevent racially discriminatory voting changes from going into effect before those changes disenfranchise voters in covered jurisdictions. By striking down the coverage formula that determined which States and jurisdictions were subject to Federal review, the Court rendered Section 5 unenforceable.

Unfortunately, even though almost every single Republican and Democrat in the House and Senate voted for the Voting Rights Act, the Supreme Court, by a 1-vote margin—notwithstanding that 535 of us had voted—drove a stake through the heart of the Voting Rights Act by striking down the coverage formula for its preclearance provisions in Section 5.

Since then Republican Governors and State legislatures have exploited Shelby County by enacting sweeping voter suppression laws that disproportionately prevent or discourage black Americans from voting. This includes the State of Alabama, which not only enacted a burdensome photo identification law after the decision, but then they made it even harder for many of its black citizens to obtain identification when the State closed more than 30 DMV offices in mostly poor, minority neighborhoods last October.

It is hard to fathom that in 2016, well over 100 years after the Civil War and passage of the 13th, 14th, and 15th Amendments to the Constitution, and after transformative moments, such as Bloody Sunday, that States would continue to pass laws and take actions that would undermine black Americans' rights to vote.

This past weekend, Congresswoman TERRI SEWELL, who represents the 7th District of Alabama—which includes Shelby County, Birmingham, and Selma—held a public forum in Birmingham to examine the harm caused by the Supreme Court's Shelby County decision. Several witnesses at that forum testified that the State had made it harder for their citizens to vote, and that a disproportionate number of those citizens were minorities. They also spoke about the urgent need to restore the protections of the Voting Rights Act. Congressman JOHN LEWIS, our great civil rights hero, was in attendance, and it is heartbreaking to realize that so many of the gains that he was able to help secure through his civil rights activism are being undone today.

Despite the compelling testimony about the urgent need for Congress to address voting rights, most Republicans in Congress continue to disregard the urgency of this issue. More than two and a half years since the Shelby County decision, and despite the introduction of two separate bipartisan bills that would restore the protections of the Voting Rights Act, the Republican chairs of the Judiciary Committee from both houses of Congress refuse to even hold a hearing on this issue. Instead, Republican leaders have only paid lip service to the issue, supporting the award of congressional medals for brave civil rights leaders. That is not enough.

Recently, the Speaker of the House stated that he was supportive of one of the bipartisan voting rights restoration bills. In the same statement he explained that nothing could be done because the Republican chair of the House Judiciary Committee refuses to take up the bill or to have a hearing. This is not leadership. The American people expect more than talk.

This pattern of Republican obstruction reached unprecedented heights recently when a few Senate Republicans declared that they would not even hold a hearing for the next Supreme Court nominee even before the President has even announced a nominee.

Republicans have apparently decided that rather than be transparent and hold public hearings and votes on the most significant issues of the day—including voting rights, comprehensive immigration reform, and the next Supreme Court nominee—they would simply shut down the process. Instead they are making important and timely decisions affecting hundreds of millions of Americans behind closed doors. It is

not good for our democracy and it is not good for the American people.

We need hearings and a vote on the voting rights bills. And we need a hearing and a vote on the next Supreme Court nominee. We remember what came to be known as Bloody Sunday because the blood that was shed led to greater democratic participation and a more inclusive union. What Republicans are doing now undermines the hard-fought legacy of Bloody Sunday and the Civil Rights Movement. For the good of the Nation, I urge that Republican leaders in the Senate and the House change that shameful course.

Mr. President, the Senate will soon vote to bring us one step closer to passage of the Comprehensive Addiction and Recovery Act or CARA. Last week I suggested that we stay in session and do our job on Thursday, Friday, and Saturday so we could finish the bill, but I understand the Republican leadership wanted to take a long weekend, so we did not finish it, but now we can.

I am a cosponsor of this bill because it addresses the growing problem of prescription opioid and heroin addiction that has had devastating impacts on communities all over the country, including my home State of Vermont.

This bill represents an important shift in the way we approach the issue of substance abuse and addiction. It sets a comprehensive framework to reduce opioid deaths, prevent addiction, and improve treatment. It will also help those who suffer from opioid use disorders achieve recovery, and perhaps most importantly this bill reflects the consensus of this body that the Nation cannot arrest or jail its way out of this addiction problem.

Since my first field hearing in Rutland, VT, on this topic in 2008, I have been inspired by how my fellow Vermonters across the political spectrum have shaped the discussion about this public health crisis and how they have served as a model for communities across the Nation.

I certainly feel this bill represents important progress, but we cannot be satisfied with just passing this one bill. We also need a significant commitment of targeted funding so we can carry out and implement the programs authorized by this bill.

It is one thing to say we are going to authorize these great programs even though we are not going to pay for them, but don't you feel good that we authorized them. Now we can all go home and tell our constituents we care. We authorized it, but we will not pay for it.

At least Senator SHAHEEN stood and proposed an amendment that would have provided emergency funding to do just that. Her vital amendment had the support of a majority in this body, but Republican Senators blocked it from being considered and adopted. It is unfortunate because Senator SHAHEEN's amendment would have provided the resources to strengthen both the law enforcement and public health components that would have delivered the necessary resources to health care professionals all over the country who are overwhelmed by a need they cannot meet.

I believe there is bipartisan agreement that we have to stop the loss of life caused by opioid abuse. There should be a bipartisan agreement to provide the money necessary to do so.

There is an opportunity to make the bill better. Many Members have filed amendments to improve CARA. A number of amendments were filed by both Republicans and Democrats. Unfortunately, the Republican leader has not allowed us to have an open amendment process, and contrary to what he said earlier, a number of Senators have been blocked from offering their amendments. I tried to work—and did in a bipartisan way with Senators GRASSLEY, WHITEHOUSE, and KLOBUCHAR—to consider this bill and report it to the Senate floor. We have continued our bipartisan effort to reach agreement on a number of amendments that could improve the bill. I hope those important bipartisan efforts will continue this week so we can consider these amendments and have final passage this week.

Let us have an open process. These amendments can be voted on up or down or adopted by consent. It is one thing for us to talk about what we want to do, it is another thing to have the courage to vote for it. If we do not vote for it, we are just voting maybe. Let us vote yes or no.

As we work toward Senate passage of CARA, our goal should be to make this the best bill possible. Addiction is nothing less than an epidemic and CARA treats it like one. This bill demonstrates that Congress now sees addiction for what it is—a public health crisis all over our country. We need to equip our communities with both the programs and resources they need to get ahead of addiction.

CARA will save lives. It is worth putting the money in there to make sure it works.

Mr. President, I see the distinguished senior Senator from West Virginia on the floor, and I yield the floor.

The PRESIDING OFFICER. The Senator from West Virginia.

Mr. MANCHIN. Mr. President, I ask unanimous consent to speak for up to 10 minutes.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. MANCHIN. Mr. President, I wish to thank the senior Senator from Vermont, who is a dear friend of mine. As he knows, this is a problem. It is an epidemic all over this country. No State is immune from it. It doesn't matter whether you are a Democrat or Republican. It has no home. It attacks and literally eradicates all of us, and it causes extreme hardships for all the families.

I know the Presiding Officer, who is from Indiana, is aware of this problem. Every week I have come to the floor to read letters from people who have been affected by addiction in West Virginia and other States. I have a letter from the Presiding Officer's home State of Indiana, and I have a letter from my State too.

This is something we have been fighting. The CARA Act is a bipartisan piece of legislation. It is not going to be a cure-all, but it starts in the right direction for us to start looking at opioid addiction and prescription drug abuse, not as much as we have in the past as a crime but as an illness, and an illness needs to have treatment. I think we are moving in that direction. Politically we are accepting this, and we are going to basically meet that need of treatment which is so few and far between.

We have 51 people dying every day. In my little, beautiful State of West Virginia, just last year we lost over 600 lives to prescription drug abuse, and I have a State with less than 2 million people. From 1999 to 2013 there has been an increase of over 700 percent.

This is a product which has come on the market that is greater than anything we have ever seen. We hope the FDA gets serious about this. They are hearing us loud and clear. Dr. Califf was not someone whom I supported. I am very hopeful he will do a great job, and I will support him. He needs to step up to the plate and change the culture of the FDA. The reason I say that is because the FDA has to take their role seriously and not just approve drugs because it meets a certain criteria but also needs to realize the impact it has on the well-being of the families who have been addicted and affected. They need to consider the devastating public health impacts of its repeated decisions to approve all of these drugs that don't need to be on the market. We are very hopeful for that.

The thing that brings that to mind is that it took us forever to get Vicodin and Lortab from a schedule III to a schedule II. It took us over 3 years. Once we did, it took about 1 billion pills off the market, which resulted in a 22-percent decrease in Vicodin and Lortab, which were being passed out like M&Ms. We know it can save lives. Yet they came right back with Zohydro, which was against the wishes of their advisory committee.

We believe it is imperative that they have an advisory committee for every opioid they want to bring to the market. They must listen to the advisory committee. If the FDA—the Commissioner and his staff—wishes to go ahead and put a product on the market that is recommended not to be on the market from their advisory committee, they should come before us in Congress and tell us why they believe this potent drug such as Zohydro is needed when it is against the recommendations of these experts and specialists.

We have been flooded with these stories. I will read a story from the Presiding Officer's State of Indiana first.

The girl's name is Danielle. She says: I live in Southern Indiana and work as a server. About 2½ years ago a customer by the name of Josh Harvey left me his number. At the time, he told me he was living in Chicago for school. Little did I know he was in rehab there. Granted, I didn't know about his addiction for over a year because we hadn't stayed in constant contact. About a year or so ago I found out about his heroin addiction. He still told me little about it. I do know it started out with prescription pills and later went into heroin when the pills became harder to get. He served a month in jail in Michigan, for the entire month of this past July, over a heroin-related charge. He came home immediately after and overdosed that same weekend. Luckily, his dad saved him that time. Now he got enrolled in college and was going to an outpatient program doing better—or so we all thought. School let out for break and I guess it all went downhill. He came to me on November 4 telling me he had used a couple of times and wanted my advice. I suggested an inpatient program. He went to Wellstone after he left my house, sat for several hours and finally was given a room. I went and checked on him two different times while he waited to make sure he was there. Thursday I didn't receive any calls. Friday nothing either. Then, Saturday morning, the 7th of November, his mother called me to break my heart. He had passed away that Friday the 6th over in Louisville and they didn't know who to contact until that Saturday morning, I guess. He had checked himself out of Wellstone, broke into his house, and took his Xbox, which he later either pawned or traded for heroin. Never in a million years did I think I would become close to anybody addicted to heroin. It doesn't discriminate. It can get a hold of anyone and everybody. Never in my life have I been so depressed or heartbroken. All I want is his story shared. He was my happy ending gone way too soon.

That was from our friend in Indiana who wanted to share her story with us.

Let me tell you about Amanda, who lives in West Virginia.

Amanda said: I walked into our new apartment. Although we had only spent 2 nights there, it already felt like home. I was so excited to move in with Nate. We had been on the fence between being best friends and a couple, and making the decision to move in together had finally settled years of uncertainty. As I turned the corner, I was surprised to see that he was in the exact same position as when I had left for my morning classes. I knew it had been a rough night of ''partying,'' but I thought he would be up to start our busy day of painting and moving. I touched his chest to feel the rise and fall, something that, as a mother, I had been doing to sleeping children for years. There was movement. He was breathing. I breathed a quick sigh of relief. I walked to the back of the apartment to set down my things, and that is when I realized I needed to go and get some things from my old apartment, and I started to leave. My hand was on the doorknob, but something stopped me in my tracks. To this day, I don't know why I turned around. I laid down beside Nate, and I put my arm on his chest. He was not breathing, and when I looked up at his face, his eyes were wide open, but it was obvious that he was not there. The paramedics revived him to the point that he survived in a coma for 1 week. At one point while in the hospital, his eyes opened, and I thought that our nightmare was over, but it was just a muscle reflex and false hope. On January 30, 2007, prescription drugs took the life of Nathan Keith Dunn, age 24.

Tall, dark, and handsome is what the world saw. Intelligent, funny, witty, loving, and kind were the qualities seen by those who knew Nate best. He was my best friend, my musical soulmate, and my sounding board. We were inseparable, and I began to experience an ache in my heart that, 9 years later, still occasionally brings me to my knees. But that is just who Nate was to me. He was also the older son of a mother who had left years of abuse at the hands of her husband in order to find a better life for her sons. He was the brother to—and the only soft spot of—a boy who had been hardened growing up on the streets of a town outside of Houston, TX. It seemed as if the only thing that ever kept him grounded was Nate's love. They had one another's back in the best and worst of times. Nate was also the instant crush of any girl who ever laid her eyes upon him. He was the best friend of anyone who knew him. I often wonder who and where he would be today. But I guess I will just have to wonder forever.

I wish this was the end of my story about how prescription drugs have affected my life, but it is not even close to the end. For longer than I care to admit, drugs have been part of my everyday life. Shortly after Nate's death, I became addicted to prescription opiates. At first, they were prescribed by my doctor. Eventually, I couldn't get through a day without them. I was what is sometimes referred to as a ''functioning addict,'' although it is fair to say that such a thing does not exist. To the outside world, I appeared to be fine, normal even. I held a job. I cared for my young sons. I kept a tidy home. Meanwhile, my tolerance was building, and I began to require more and more of the drugs just to feel normal, just to get through each day. Can you imagine living this life in which you wake up each day wondering if you have enough of the drug you need just to be OK for that day?

So many people are facing this every single day. It could be the person sitting next to you. It could be your child's teacher. Even worse, it could be your own child.

The first thing to suffer was my financial situation. Every dime I had was spent on the drugs that would allow me to function today, tomorrow, and if I am lucky, the next. Then, my relationships with friends and family began to fail. It was painfully obvious that I was stealing from them. Next, I couldn't keep a job—a record that will haunt me for the rest of my life. How could I go to work? How could I continue on?

Then, a catalyst walked into my life. I met a very good man. As we became closer, I realized that I couldn't bring myself to tell him that I was a drug addict.

This is a silent killer. Nobody speaks; they all keep it very quiet.

Mr. President, if I may have about 1 minute to finish up, I would appreciate it.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. MANCHIN. Thank you, Mr. President.

Very few people know what is actually happening in your life. In order to get help, you have to be willing to openly talk about your issues, and most of us fear being harshly judged—and rightfully so.

Trying to treat a person with addiction issues by using medication only or therapy only is like trying to extinguish a raging house fire with a garden hose.

She said: I was fortunate enough to have found a medication-based treatment program in my area, which is paid for by my insurance.

She is going to move forward, and she wanted this story to be told. She said she wanted people to know how difficult it is.

What we need to know as policymakers is how hard it is for people in our States who realize they need help and can't find it.

So what I ask all of us to do—this CARA bill is a step in the right direction. It is a piece of legislation that is much needed. As we move forward today on this piece of legislation, I hope we will find basically the support that people are needing to fight this opiate addiction.

Thank you, Mr. President.

I yield the floor.

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 legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on Senate amendment No. 3378, the substitute amendment to S. 524, a bill to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use.

Mitch McConnell, Chuck Grassley, Deb Fischer, John Barrasso, Shelley Moore Capito, Roy Blunt, Johnny Isakson, John Boozman, Mike Crapo, David Vitter, Mike Rounds, Bill Cassidy, James

E. Risch, Lindsey Graham, John McCain, Thom Tillis, Orrin G. Hatch.

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

The question is, Is it the sense of the Senate that debate on amendment No. 3378, as amended, offered by the Senator from Iowa, Mr. GRASSLEY, to S. 524, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Texas (Mr. CRUZ), the Senator from Alaska (Ms. MURKOWSKI), the Senator from Florida (Mr. RUBIO), the Senator from Pennsylvania (Mr. TOOMEY), and the Senator from Louisiana (Mr. VITTER).

Further, if present and voting, the Senator from Pennsylvania (Mr. TOOMEY) would have voted ''yea.''

Mr. DURBIN. I announce that the Senator from California (Mrs. BOXER), the Senator from Delaware (Mr. CARPER), the Senator from Missouri (Mrs. MCCASKILL), the Senator from Maryland (Ms. MIKULSKI), the Senator from Florida (Mr. NELSON), and the Senator from Vermont (Mr. SANDERS) are necessarily absent.

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

The yeas and nays resulted—yeas 86, nays 3, as follows:

[Rollcall Vote No. 32 Leg.]

YEAS—86

Alexander	Feinstein	Murphy
Ayotte	Fischer	Murray
Baldwin	Flake	Paul
Barrasso	Franken	Perdue
Bennet	Gardner	Peters
Blumenthal	Gillibrand	Portman
Blunt	Graham	Reed
Booker	Grassley	Reid
Boozman	Hatch	Risch
Brown	Heinrich	Roberts
Burr	Heitkamp	Rounds
Cantwell	Heller	Schatz
Capito	Hirono	Schumer
Cardin	Hoeven	Scott
Casey	Inhofe	Sessions
Cassidy	Isakson	Shaheen
Coats	Johnson	Shelby
Cochran	Kaine	Stabenow
Collins	King	Sullivan
Coons	Kirk	Tester
Corker	Klobuchar	Thune
Cornyn	Lankford	Tillis
Cotton	Leahy	Udall
Crapo	Manchin	Warner
Daines	McCain	Warren
Donnelly	McConnell	Whitehouse
Durbin	Menendez	Wicker
Enzi	Merkley	Wyden
Ernst	Moran	

NAYS—3

Lee	Markey	Sasse

NOT VOTING—11

Boxer	Mikulski	Sanders
Carper	Murkowski	Toomey
Cruz	Nelson	Vitter
McCaskill	Rubio	

The PRESIDING OFFICER. On this vote, the yeas are 86, the nays are 3.

Three-fifths of the Senators duly chosen and sworn having voted in the affirmative, the motion is agreed to.

The Senator from Ohio.

Mr. PORTMAN. Mr. President, that is good news. The Presiding Officer just announced the results of the vote, and that is good news because it means the Senate has just taken another step toward the passage of CARA, the Comprehensive Addiction and Recovery Act.

I see my colleague Senator WHITEHOUSE is on the floor. I thank him and thank my colleagues on both sides of the aisle for moving forward on this legislation that will help us to save friends, family members, our neighbors, and communities that are struggling with addiction.

This is a very important opportunity for us to be able to move forward on legislation that is comprehensive, that is bipartisan, and that has a companion bill on the House side, so there is a very good chance we could get this to the President's desk. It is the only bipartisan legislation that is comprehensive and evidence based, and it is critical we move forward with it.

In addition to Senator WHITEHOUSE, I also thank Senator AYOTTE, Senator KLOBUCHAR, and 42 bipartisan cosponsors for their support.

Frankly, more important to me is the support around the country this legislation has. I think Senator WHITEHOUSE and I now have over 130 groups around the country that are supporting this legislation. This includes doctors, nurses, health care professionals, also law enforcement, people who are in the trenches dealing every day with treatment and recovery, and those who are focused on prevention and how to ensure people cannot just be treated for addiction but try to keep people out of the funnel of addiction.

We started working on this legislation about 3 years ago. We started by hearing from experts around the country. We had five conferences in Washington where we looked at all the issues, including criminal justice, women and addiction, the science of addiction, youth prevention, recovery issues, substance abuse impacting our veterans—a number of issues that enabled us to write legislation that actually makes sense, that will make a difference in our communities. These 130 groups around the country are focused on getting this bill passed because they know it is going to make a difference in our communities.

If enacted, this will help States and communities develop and implement these evidence-based practices that we have looked at from around the country. It expands prevention and educational efforts to prevent prescription opioid abuse and the use of heroin and increases drug disposal sites to keep medications out of the hands of youth.

It also authorizes law enforcement task forces to combat heroin and methamphetamine and expands the availability of the overdose reversal drugs such as naloxone, which are miracle drugs. It provides not just naloxone but also more training to our law enforcement officials, to firefighters, and to other emergency responders.

In the criminal justice system, CARA will help promptly identify and treat individuals suffering from substance abuse and expand diversion and education efforts to give individuals a second chance. Frankly, it is going to help to get people into treatment rather than going into the criminal justice system. Locking up people hasn't worked. If people are being arrested for possession alone, for using, this legislation will help to divert those people into the treatment to get them back on their feet.

CARA also authorizes resources to expand treatment in general, including medication-assisted treatment—again based on the research that has been done around the country.

It allows veterans who were discharged for a substance abuse disorder to use drug courts as they recover. So it provides actual grants to these veterans treatment courts. They are doing a terrific job. I have toured these in Ohio and talked to some of these veterans who have been through these programs. Again, it helps get our veterans back on the right track. Rather than ending in jail, they end up in a treatment program with other veterans helping them and supporting them, where they can begin to deal with their addiction and mental health issues.

CARA supports recovery programs, including those focused on youth and building communities of recovery. This happens now at our colleges and universities increasingly. We want to support that. It also creates a task force on recovery to improve ways to address the collateral consequences imposed by addiction.

One of the most important aspects of this legislation expands drug treatment for pregnant women who struggle with addiction and provides support for babies born with neonatal abstinence syndrome, babies who are born with addiction.

Recently, my wife Jane and I visited Rainbow Babies and Children's Hospital in Cleveland, OH. We toured the neonatal unit. If you haven't done this, it will break your heart because you will find there an increasing number of babies who are born, again, with this addiction, the neonatal abstinence syndrome. Unfortunately, when you look at what has happened in Ohio, we have had a 750-percent increase in the number of babies who are diagnosed with this neonatal abstinence syndrome just since 2004—a 750-percent increase. I am told in some of our States now 10 percent of the babies are being born addicted.

I have also been at other hospitals around our State, including Cincinnati Children's Hospital Medical Center and St. Rita's Special Care Nursery in Lima, OH. Last week my wife went to Nationwide Children's Hospital in Columbus. Every single one of these children's hospitals is experiencing the same thing. What I have learned from these incredibly compassionate nurses and doctors who take these newborns

through a withdrawal process is that the numbers of babies who have been exposed to heroin or prescription drugs continue to grow. The problem is getting worse, not better. These hospitals serve as yet another reminder that addiction is a disease. It is a disease that has to be treated like other diseases, and it is a disease that can impact anyone.

It is wonderful that these caring nurses, doctors, and others are working to try to ensure that these babies become healthy. We don't know what the long-term consequences are, but we need to do more to avoid the addiction in the first place and better treat it when it occurs, and that is what this legislation does. Specifically, the measure takes steps to help women and babies by expanding treatment for expectant and postpartum women and authorizing the Department of Health and Human Services to award grants to ensure that these women have access to evidence-based treatment services. That is in this legislation. It also reauthorizes residential treatment programs for pregnant and postpartum women struggling with addiction.

There is a great center in Columbus, OH, called Amethyst. I had the opportunity to visit it. It is a treatment center, and the average length of stay there is almost 2 years. Their results are unbelievable. They allow women to come with their babies, with their children, to go through treatment together. So there is hope. There are treatment centers doing a great job. We want to hold those up and encourage more of that around the country.

Finally, the legislation also creates a pilot program for State substance abuse agencies that allows funds to be used to target women who are addicted to opioids and provide family-based services to those women in nonresidential settings. So it helps on the residential side but also with the nonresidential outpatient side.

Helping these women and helping these babies is just one aspect of this bill, but it is a very critical one. As we work to turn the tide in the struggle against addiction, it is one on which we should all be focused.

The good news is that the bipartisan momentum we have seen here tonight is building. I think the Senate is ready to move on this legislation this week. There are other amendments that have been filed. The deadline was today. I hope we will have the opportunity to go through some more amendments, as we did last week, but meanwhile, we have strong support and strong momentum, as we saw tonight, on both sides of the aisle. Both Republican and Democratic leaders have lined up to support this legislation. We need to pass this bill and get it signed into law so it can begin to make a real difference in the lives of people we represent.

As the heroin epidemic in Ohio and around the country has reached crisis level, I look forward to working with my colleagues to get this bill over the finish line here in the Senate and then get it passed in the House, where there is companion legislation, and then on to the President's desk and enable this Congress to play a role as a better partner with State and local governments and with our nonprofits around this country to address this growing heroin epidemic around our entire country.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio.

MINERS PROTECTION ACT

Mr. BROWN. Mr. President, last week I met with Rita Lewis of Westchester, OH, in southwest Ohio. She was here to testify in front of the Senate Committee on Finance in honor of her late husband Butch.

Butch worked as a trucker for 40 years with the promise that the pension he earned would be there to care for his family after he retired.

I would also add that Butch had been drafted by the Pittsburgh Pirates to play baseball some 45 years ago. Instead, he enlisted to go into the U.S. Army and on to Vietnam. He was injured and could never play baseball again competitively. He came back and became a trucker and joined the Teamsters.

As I said, he worked as a trucker for 40 years with the promise that the pension he earned would be there to care for his family after he retired. But for Butch and Rita and thousands more Ohio retirees, that promise is under threat. Truckers and mine workers in Ohio and across the country are facing crippling cuts to the benefits they have earned.

The Multiemployer Pension Reform Act that Congress passed 2 years ago allows pension trustees to propose massive cuts to the earned benefits of retirees when a plan is running low on funds. This is disgraceful. If a pension fund is in bad shape, it is our job to fix it, not break promises to American workers who have worked their whole lives to earn that pension. I believed that 2 years ago when I voted against that law which allowed these proposed cuts, and I believe it more strongly now. That is why I am calling on the Treasury Department to reject and to reject immediately the proposed cuts to the Central States Teamsters' pension. I am calling for us to immediately mark up and pass the Miners Protection Act, which will protect the benefits Ohio workers earned over a lifetime of work.

Under MEPRA, the bill I talked about a moment ago, multiemployer pension trustees such as Central States are now able to propose massive cuts to the earned benefits of participants and retirees if the plans are in ''critical and declining status.'' Pension trustees for plans in ''critical and declining status'' may submit an application for proposed benefit cuts to the U.S. Treasury Department.

The Central States pension plan trustees used the authority of MEPRA to propose cuts of as much as 70 percent, but in their own application, they admit that even with these drastic cuts, their plan—get this—still only has a 50.4-percent chance of remaining solvent. In other words, they are asking Treasury to approve massive, life-shattering cuts to hundreds of thousands of workers for what amounts to a coin flip. Treasury should immediately reject this application.

Put yourself—this is something we don't do well around here—put yourself in the place of a worker who has planned for her retirement with her family. She expected a $2,000-a-month pension on top of $1,200 a month in Social Security, and she all of a sudden finds out her pension is cut 30, 40, 50, 60, 70 percent. That was the money she planned to live on. She has some savings, but all that was calculated because it was a promise from this pension plan to honor that commitment of decades earlier.

As I said, Treasury should immediately reject this application.

The mine workers' pension plan and the others are too far gone to use MEPRA. The United Mine Workers of America's 1974 pension plan covers 100,000 mine workers, including thousands of miners in eastern and southern Ohio. It was almost completely funded before the financial collapse of 7 years ago brought on by Wall Street overreach and greed, but the plan was devastated by the recession. It has too few assets, too few employers, and too few union workers paying in. If Congress fails to act, thousands of retired miners could lose their health care this year and the entire plan could fail as early as next year.

There is a bipartisan solution that is proposed by Senator MANCHIN, Senator CASEY, me, and others and supported by leaders of both parties. If it were brought to the floor today, it would pass with an overwhelming majority. It is time for the Senate to act. The Committee on Finance should mark up this legislation this week. The Senate should bring it to the floor immediately.

Miners worked in dangerous jobs—dangers from a mining accident, an explosion, or a collapse every day when they went to work, and dangerous in the sense that so many mine workers die early because of premature bronchial illnesses and heart ailments brought on by working in the mines. They have worked underground their whole lives to put food on the table, to send their kids to school, and to help power this country. Truckers criss-cross the State and country to pay their bills and support their families and drive our economy forward. They all deserve the full pension and health benefits they were promised and they worked a lifetime to earn.

Butch Lewis led the Southwest Retirees Pension Committee's fight against cuts to their earned benefits. He passed away on New Year's Eve due to a stroke, which doctors have attributed

at least in part to the stress he faced over the proposed pension cuts not just to him and his family but to the workers he was fighting for as a union activist. The benefits to his widow, his wife Rita, have already been cut. She faces an additional 40-percent reduction because of the proposed cuts put forth by Central States. Butch said the cuts being forced on retirees—his words—''amount to a war against the middle class and the American dream.'' He is right. Ohio's retired workers have earned their pensions and their retirement savings over a lifetime of hard work. It was promised to them, whether they worked behind a desk, on the factory floor, down in the coal mines, or behind a wheel.

We should honor Butch's memory by continuing his work. That means coming together to support a bipartisan solution to protect Rita's benefits and the pensions of tens of thousands of retired Teamsters and retired mine workers.

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

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

MORNING BUSINESS

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

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

TRIBUTE TO JACQUELYNE BRADY

Mr. REID. Mr. President, today I wish to recognize and honor the career of Jacquelyne ''Jackie'' Brady, as she retires from her position as town manager for Laughlin, NV.

For more than 20 years, Jackie Brady has been dedicated to serving the residents of Clark County. As the Laughlin town manager, Jackie has managed municipal services that Laughlin residents depend on and enjoy. Throughout her tenure, Jackie has worked to build partnerships that spur economic progress and positively impact Laughlin and southern Nevada. Under her steadfast and innovative leadership, her office created the first economic development plan in the city, supported the improvement of Needles Highway, and helped develop the Colorado River Greenway Heritage Park and Trails, among other accomplishments.

Jackie's success is hard-fought and well-earned. She was born and raised in east Texas in a segregated community where she was not even allowed to use the local library. Instead, Jackie and her peers had to learn from textbooks that were outdated and out of circulation. Despite this, Jackie went on to receive her bachelor's degree from East Tennessee State University, and she later returned to Texas to attend the newly established Lyndon B. Johnson School of Public Affairs at the University of Texas at Austin, where she graduated with a master's degree.

In addition to her role as Laughlin town manager, Jackie has served as the county liaison to the town of Searchlight, NV, for more than 17 years. In 2014, Jackie was named a Distinguished Woman in Nevada, and in 2015, she was awarded Woman of the Year by the Real Life Church in Las Vegas. Jackie also sits on the Laughlin Chamber of Commerce board and has been involved with the Rotary Club, United Way Allocations Committee, Family Resource Center Board, and the former Laughlin Kiwanis Club.

I congratulate Jackie on her many successes and decades of public service. I appreciate and commend her dedication to the Silver State, and I wish Jackie the best in her retirement and future endeavors.

51ST ANNIVERSARY OF BLOODY SUNDAY

Mr. DURBIN. Mr. President, today marks the 51st anniversary of what has come to be known as Bloody Sunday. On March 7, 1965, JOHN LEWIS and Reverend Hosea Williams led 600 brave civil rights activists in a march over the Edmund Pettus Bridge in Selma, AL. These courageous men, women, and children gathered to draw attention to the systematic disenfranchisement of African Americans in Alabama and throughout much of the Deep South. They marched in pursuit of the most fundamental right, the right preservative of all others—the right to vote.

What they received that day, however, were brutal beatings from police batons as State troopers turned them back and chased them down. More than 50 of the demonstrators were injured. JOHN LEWIS was beaten unconscious and nearly killed.

Ten days later, Federal district court Judge Frank M. Johnson, Jr., granted protection to the activists, ruling that they were permitted to march from Selma to the State capitol in Montgomery. In the historic order he issued, Judge Johnson wrote: ''The law is clear that the right to petition one's government for the redress of grievances may be exercised in large groups. Indeed, where, as here, minorities have been harassed, coerced and intimidated, group association may be the only realistic way of exercising such rights. . . . These rights may be exercised by marching, even along public highways.''

Days later, the march proceeded with a crowd of approximately 3,200 marchers—which swelled to 25,000 by the time they reached the capitol. Within months, President Lyndon B. Johnson signed the Voting Rights Act into law—guaranteeing that the right to vote would not be restricted through clever schemes, like poll taxes and literacy tests, devised to keep African Americans from voting.

Last month, the foot soldiers of the 1965 voting rights marches were recognized with a Congressional Gold Medal. JOHN LEWIS, who since 1987 has been Congressman JOHN LEWIS, along with Reverend Frederick D. Reese, accepted the medal on behalf of the foot soldiers. At the ceremony, Congressman LEWIS said: ''It was their determined marching feet that led to the passage of the Voting Rights Act. . . . They were just ordinary people with an extraordinary vision, to build a true democracy in America.''

In 2005, I was proud to join Congressman LEWIS on a trip to Selma for a ceremonial walk across the Edmund Pettus Bridge to mark the 40th anniversary of Bloody Sunday. As we marched in recognition of that extraordinary vision to build a true democracy, we celebrated the marchers' achievement—a bill that has often been called the most significant civil rights law ever passed by Congress. Little did we know that, 8 years later, in 2013, the Supreme Court would strike down a major provision of that landmark legislation.

In Shelby County v. Holder, on a 5–4 vote, a divided Supreme Court struck down the provision of the Voting Rights Act that required certain jurisdictions to preclear any changes to their voting laws with the Department of Justice. This decision effectively gutted the Voting Rights Act. Since the decision, States like Texas, North Carolina, Alabama, and Mississippi have put in place restrictive State voting laws—which all too often have a disproportionate impact on lower-income and minority voters.

In order to truly honor the foot soldiers of Bloody Sunday and repair the damage done by Shelby County, Congress must restore the Voting Rights Act by passing the bipartisan Voting Rights Advancement Act. This bill, which Senator LEAHY, Senator COONS, and I introduced last year, would ensure that the Federal Government is once again able to fully protect the fundamental right to vote.

I wish that, 51 years after Bloody Sunday, America had reached a point where the protections of the Voting Rights Act were no longer necessary. But we have not, and the Voting Rights Act is still very much needed today.

In 2006, Congress reauthorized the Voting Rights Act with an overwhelming bipartisan vote in both the House and the Senate. It is time to once again come together on a bipartisan basis and recognize the ongoing challenges that minority voters all too frequently face. Congress must take action to repair the Voting Rights Act and ensure the legacy of those who marched 51 years ago.