Mr. RUBIO. Mr. President, on a separate topic, I rise today to discuss the spread of the Zika virus. As many of my colleagues know, I have been calling for funding to confront this crisis to be included in the continuing resolution Congress is hopefully going to pass in the coming weeks.

First, in light of tonight's vote, I want to take a step back and look at how we have gotten to this point. I want us to think about how long we have known about this crisis. I want us to think about how many warning signs had to be ignored for us to still be having this debate. And I want all the American people who are concerned about and impacted by the virus to know the truth about our deliberations up to this point.

The truth is that every Senator has known about the Zika virus since at least January. We all knew then that it was a threat. The World Health Organization warned in January that Zika would spread throughout most of the Americas by the end of this year. In February, as the number of travel-related cases in the United States grew, President Obama made an emergency spending request of \$1.9 billion. I supported that request. The vast majority of Congress, for political reasons, did not. So the virus continued to spread.

Since then, I have come to the floor of the Senate to urge my colleagues to take action on Zika on at least eight separate occasions. I have written letters, I have written laws, and I have supported every single Zika proposal that has come before the Senate regardless of which party wrote it. Tonight will mark the 12th time—the 12th time—I have voted to move forward on funding to take on Zika.

But tonight, for the third time, the minority party—the Democrats in the Senate—have blocked more funding to fight this virus. And I want to be frank. At times, my own party has not taken the issue seriously enough either. In the eight times I have come to the floor to deliver speeches about this issue, I have called out both parties, and I have repeatedly warned it was only a matter of time before we had a mosquito transition in the mainland of the United States. Tragically, that time has now come and, with it, an increase in infections.

In July, when we last voted on this issue, there were approximately 1,300 cases of Zika in the continental United States and 2,900 cases in U.S. territories. Since that time in July, these numbers have more than doubled to over 2,700 cases of Zika in the continental United States and over 14,000 cases in U.S. territories, particularly Puerto Rico. That includes 625 pregnant women whose babies are now at risk of complications, including very serious ones like microcephaly.

These are not statistics. These are real people. As the infection rate continues to snowball, our health officials and experts desperately need additional resources to combat this crisis. I continue to support supplemental legislation to fund the fight against Zika, but we simply cannot afford to wait any longer. That is why I have requested that any legislation to fund the Federal Government beyond the 30th of September include additional resources to combat and, hopefully through a vaccine, eradicate the Zika virus

For Congress, this is our moment of truth on this incredibly dangerous issue. We are going to continue to see more explosive growth in infections if people keep conspiring, for political reasons in an election year, to do nothing. My colleagues on both sides of the aisle and in both Chambers—in the House and the Senate—now face a choice: Are the political points you hope to gain from posturing on this funding really more valuable than saving lives, protecting pregnant women, and preventing unborn children from being afflicted by this disease?

And ask yourself this: How will history remember this moment 20 years from now if, God forbid, there are hundreds or even thousands of children who are born with microcephaly while we stood here playing politics and did nothing? This has the potential to tarnish the legacy of our generation of national leaders and, far worse, to cause grave health challenges for an untold number of Americans.

My colleagues, for the life of me, I cannot understand why any Senator with any chance to do something about this would stand in the way any longer. My message to both parties and both Chambers for this month is simple and straightforward: Zika is not a game. And if you think it is, then you should take your game somewhere else. This issue is about human beings, not political chess pieces, and we have a duty to solve it. It will not stop until Congress does what is necessary to respond to this public health crisis. Enough waiting. Enough games. Congress needs to act, and it needs to act now.

With that, Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio.

## REMEMBERING DR. DONALD HENDERSON AND THE ERADICATION OF SMALLPOX

Mr. BROWN. Mr. President, while my colleagues and I were back home in Ohio, Michigan, Arizona or Florida over the last number of weeks, this country lost one of the heroes in the fight to eradicate smallpox: Lakewood, OH, native and Oberlin College graduate Dr. Donald Henderson. Dr. Henderson passed away at age 87 on August 19. He left behind perhaps the most important public health legacy of anyone in the 20th century.

Along with Dr. William Foege, who is still alive and still very active, Dr. Henderson helped lead the war on humankind's most feared diseases and

achieved one of the greatest public health victories ever—very arguably maybe the most important public health victory—the eradication of smallpox.

Most Americans are too young to remember the fear that smallpox struck in the hearts of people around the globe. Because of the work of literally 150,000 workers—paid workers and volunteers, thousands and thousands, tens of thousands of public health workers fewer and fewer of us bear the scars on our upper arms that serve as a reminder of the danger this disease once posed.

In the 20th Century, it is estimated that more than 300 million people died of smallpox. Think of that. More than 300 million people died of smallpox—at least. Some estimates are as high as 500 million. The numbers aren't particularly precise, putting it mildly, because of where the deaths occurred and how they occurred and what people were dying of in addition to smallpox. Because of the serious investment our country and the world made in stamping out this disease, we no longer live in fear.

I think there are some lessons here. I just listened to the Senator from Florida talk about the fact his party seems to want to load up the Zika virus funding with all kinds of political statements or wants to take the money from some other public health fund and move it into the Zika virus, which is different from what we did as a nation to combat smallpox. What we did as a nation to combat smallpox had nothing to do with political parties; it was all about making sure that we came together as a nation and around the world.

It was an expensive and serious investment. It was a massive international effort. It mobilized epidemiologists—well-paid epidemiologists and laboratories and low-paid health care workers in India and South Asia and parts of Africa across the globe. Dr. Foege wrote an amazing account of this campaign in his 2011 book called "House on Fire."

The smallpox vaccine had existed since the late 18th century. Dr. Edward Jenner developed the first successful vaccine in fighting cowpox. We all learned that in high school. But having the science wasn't enough to actually get people vaccinated to allay people's fears of what a vaccination could mean. Injecting a virus into somebody's arm obviously was a bit counterintuitive: That is going to make me well rather than sick? But to deal with the outbreaks would take action and coordination on a scale never before seen.

The title of the book "House on Fire" refers to the way a young Indian doctor described the approach to the vaccination campaign: You pour water on the house that is burning. When an outbreak happened, that village and the ones immediately surrounding it needed to be vaccinated. That fire line—or ring of vaccination is what doctors will sometimes call that around the virus would stop an epidemic. Mass vaccinations were highly expensive, and reaching into every village and doing what needed to be done was hard. It was hard to transport vaccines, keeping them active, if you will, and just the scale of the whole world at least the whole developing world meant they needed to do something different. That is the reason for the ring of vaccines or the fire line.

Nonetheless, it still required significant investments from governments around the globe. Senators and Congressmen in those days hadn't taken pledges that they would never raise taxes or never close a tax loophole. We came up with the money because we knew public health counted for more than almost anything else. We needed funding for surveillance, for global partnerships, and for developing newer and more effective techniques.

It took a huge amount of manpower and health care workers, local workers in India and Africa going from village to village identifying and stamping out outbreaks. The investment paid off. The last smallpox case appeared in the United States-keep in mind, 300 million people at least died between 1900 and the late 1970s-300 million people. The last case in the United States appeared in 1949. A little more than 30 years later, after a 10-year campaign with Dr. Foege and Dr. Henderson and thousands and thousands of unnamed workers around the world, the last known case was found in Somalia in 1977.

Smallpox is the only infectious disease for humans—the only infectious disease—to be declared eradicated by the World Health Assembly. We still have polio, we still have diphtheria, and we still have cholera. We have made huge progress in polio, thanks in part to the Rotary Club, thanks in part to international efforts by governments, by communities, by doctors, by researchers, by nurses, by health workers, and by so many other people. But smallpox is the only one that has totally been eradicated.

That is how we should do partnerships. We know in health care that upfront public investment is the most effect way to take on the biggest, most important projects. Private charity works, surely. Look what Rotary did on polio. But you have to have the public dollars, the public investment. People in this body think government doesn't do anything right or government can't be trusted to do anything, to accomplish anything or there is no role of government. Well, think about the 300 million people dying from smallpox and now that is eradicated in every place in the world because governments worked together with local communities, with local researchers, with local doctors, and with all of that.

These investments aren't just about helping individual people who are sick or at risk. Whether in our back yard or a world away, when you save one life, you help so many others. Dr. Henderson understood that, and so did many thousands of others whose names we don't celebrate but who risked their lives to end the scourge of smallpox.

Today's world is more connected than ever. Think of the challenge we face with the spread of the Zika virus. Think how pathetic this Congress's response is to the Zika virus. We can't even fund the Zika virus out of this body because people want to make it about Planned Parenthood or about taking money from the Ebola virus effort instead of straightforward funding for the Zika virus. We did it with smallpox, where 300 million people died, and yet we can't stand up to get funding for the Zika virus.

We are going to have to work together and commit to public investment to make this a better country and a better world for our children, just like Dr. Henderson and Dr. Foege. And Dr. Henderson, whom we honor today—an Ohio native and Oberlin College graduate—ran the campaign that ended the scourge of smallpox, which was a huge victory for humankind.

I yield to Senator McCAIN.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. McCAIN. Mr. President, I ask unanimous consent to address the Senate in a colloquy with my colleague from Arizona.

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

## OBAMACARE AND MILITARY FUNDING

Mr. McCAIN. Mr. President, I am proud to join my colleague from Arizona on several issues that are very important to our constituents. And I believe by working together we have been able to make some significant progress in a number of areas, but we also are facing an enormous challenge.

Our State of Arizona has the unique category of having a county without a single health care provider—not one. Our largest county, Maricopa County, is now down to one from six. So if there is ever an object lesson in the failure of ObamaCare, it is right there in our home State of Arizona, where we have a very large aging population, we have a very large young population, and we are asking young people to pay for the health care of seniors when the fact is, it was a flawed idea from the beginning.

The fact is, I stood on this floor until Christmas Eve morning fighting against ObamaCare, when it was rammed through on a strictly partisan basis: 60 votes they had, 60 votes they used. For the first time in history, we had a major entitlement reform that was done on a totally partisan basis, and we said at the time it would fail. It is unravelling as we speak.

I would ask my colleague from Arizona, what is entertaining is now our friends from the other sides of the aisle

and in the administration are saying: Well, we would like to sit down with the Republicans and fix it, and we could make some much needed changes. The same people who didn't even allow us a single amendment on one of the most massive entitlement reforms in history, and now our citizenry—our citizenry—are paying the price, as are citizens all over the country.

As I mentioned, we now have one county in Arizona—Pinal County which has the unique distinction of being the only county in America without a single provider. Maricopa County, where the majority of our constituents live—guess what—one provider, increases of 65 percent, 100 percent, 200 percent. It is amazing. It is amazing. By the way, Maricopa County—where there is one health insurance option in the ObamaCare exchanges—about 128,000 people.

And don't ever forget the immortal words of the President of the United States: If you like your health care policy, you can keep your policy, period. Wasn't that clever the way he said "period" at the end of that? Because he was sure that if you liked your health care policy, you could keep your health care policy. And he also said, by the way: If you like your physician, you can keep your physician. How has that turned out? How has that worked?

I thank my colleague from Arizona for his work on the NDAA. We have protected the A-10, we have protected our bases, we have protected the Goldwater ranges. There has been no stronger proponent for those wonderful Apache helicopters that are made in Mesa, AZ, and the Raytheon missiles that are down in Tucson, AZ.

I ask my colleague this: What do you think this impact is in our State—in our beautiful State—of 10,000 people being without a health care option and 180,000 who are going to now be presented with one? Is that what this administration called choice?

Mr. FLAKE. Mr. President, I thank my colleague for having this colloquy.

First, on the NDAA, I thank him for the work he has done this year and every year to make sure we get the NDAA passed. It is one of the single pieces of authorizing legislation we routinely pass and the President signs. It is important to our military to have that guidance—to know not just that we will appropriate the money, but we authorize the money and tell them how it needs to be spent. That provides a much better opportunity for oversight.

I thank my colleague for the reforms he got in this year with regard to procurement and to root out waste, as he always does, in the military. So I appreciate that. It is important to Arizona.

As he mentioned, we have five major Active-Duty military installations in the State: Davis-Monthan Air Force Base, Luke Air Force Base, Army Fort Huachuca, Army Yuma Proving