

I am just amazed and so grateful that there are men and women, like the Presiding Officer, who have worn the uniform and who have served—brave men and women who wake up every day in some of the most dangerous places on the face of the Earth and do a job that would bring many of us to our knees. We look at this and say it is basically impossible.

When our veterans have done their part and come home, they find themselves facing another set of struggles. The challenges the veterans face are well documented, and we hear about them: long waits and long lines at VA hospitals and clinics, long recoveries from battle wounds that they have suffered, and severe emotional and mental health struggles that, if left untreated, could end in tragedy. There are systems in place to help our returning heroes. We just need to be using these correctly.

Earlier this year, the VA OIG—Office of Inspector General—released a report showing that the agency's system for keeping track of controlled prescriptions had almost entirely broken down. Think about that. We are in the middle of an opioid crisis in this country. There is a system in place, but the VA's system for keeping track of all of these prescriptions had almost entirely broken down. This is truly unacceptable.

Pretty much what is happening is this: The State-operated prescription drug monitoring program—or PDMP—contains valuable information about what drugs veterans are being prescribed outside of the VA healthcare system. VA clinicians are supposed to check this database before prescribing opioid-based and other controlled medications to make sure their patients—that patient in front of them, that veteran in front of them—are not receiving too many pills from multiple sources.

Get this. That Office of Inspector General report—the OIG report—showed that 73 percent of our VA patients who were prescribed opioids walked out of the pharmacy, medication in hand, without a VA clinician ever having performed the minimum required checks. So the system is there. It could be utilized, but what happens? The clinician gives the prescription but never checks the database in 73 percent of the cases.

This failure to follow through puts 19 percent of those patients at risk for problems with their care coordination, and almost half of those VA patients were under long-term care for chronic pain and were at a higher risk for opioid-use disorder and overdose.

We hear about these reports time and again, and we say: How in the world could this possibly happen? How could this be acceptable? It is not.

We look at how it has happened, and here is what we found out. It happened because the VA didn't make the rules clear enough.

Get this. Officials highly recommended that clinicians submit a

PDMP query, but they didn't explicitly state that it was required under existing VHA directives, and there were no national oversight controls to act as a backstop. So the rule is there, but a bureaucrat, a clinician, says: Well, they recommend it, but it is not required, so I will skirt that.

Along with their report, the OIG handed the VA a laundry list of recommendations, including directives to develop national oversight programs, better train their clinicians—that one should be an imperative—and embed accountability checks into the technology used to track patient care. VA officials have submitted now-approved corrective action plans, and we thank the VA Secretary for this. It is our job to make sure that they do follow through with this.

The lack of organization that turned VA clinics into unwitting pill pushers has made it almost impossible for veterans to seek help during times of mental and emotional distress.

In September, the VA published a report that confirmed our worst fears. As of 2017, there has been no significant change in veteran suicide rates. In 2017, the suicide rate for veterans in Tennessee hit 32.6 percent, which is significantly higher than the overall national suicide rate. It will take more than 1 day of recognition to fix this. It is going to take commitment and an all-hands-on-deck approach.

I am an original cosponsor of the Improve Well-Being for Veterans Act, which will help vets connect to the over 50,000 existing suicide prevention programs that are ready and waiting to be helpful. The bill will also give regulators a tool to measure how effective these programs are. It is a good start, but it is not enough.

Earlier this year, President Trump launched the PREVENTS Initiative, and we thank him for this attention to the needs of our veterans. PREVENTS establishes a cabinet-level task force responsible for finding the root causes of disconnect between veterans and helpful services from the VA and private organizations. Their job is to develop a strategy for Federal, State, and community leaders to engage with veterans, improve research and access to resources, and work from the ground up to prevent suicide.

Here is the caveat: This will work only if we remain in constant contact with veterans back home and use those interactions to find the cracks that veterans continue to fall through.

For years, we have listened to frustrated complaints from agency officials insisting that untangling the VA's procedural knots is an exercise in futility. Sometimes you hear: Well, it just can't be done. We do things this way because we have always done things this way. That is not necessarily true. We do them because oversight has not been exercised.

It is time for all of us—not just lawmakers and rulemakers—to finally accept that “honoring their service”—

honoring the service of these heroes—means helping these heroes heal when they need it and not leaving them at the mercy of a broken and bloated bureaucracy.

I yield the floor.

The PRESIDING OFFICER. The majority leader.

#### ORDER OF PROCEDURE

Mr. McCONNELL. Madam President, I ask unanimous consent that notwithstanding rule XXII, the cloture votes on the Rudofsky and Wilson nominations occur at 12 noon on Wednesday, November 6. I further ask unanimous consent that the confirmation vote on the Hunsaker nomination occur at 4 p.m. on Wednesday, November 6, and that following the disposition of the Hunsaker nomination, the Senate vote on the motion to invoke cloture on the Nardini nomination. Finally, I ask unanimous consent that if cloture is invoked on the Rudofsky, Wilson, and Nardini nominations, that the confirmation votes occur at a time to be determined by the majority leader in consultation with the Democratic leader on Thursday, November 7.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

#### LEGISLATIVE SESSION

#### MORNING BUSINESS

Mr. McCONNELL. Madam President, I ask unanimous consent that the Senate proceed to legislative session and 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 DAN MCDANIEL

Mr. McCONNELL. Madam President, this upcoming Veterans Day gives every American the opportunity to pause and pay tribute to the many sacrifices of those men and women who served in our Armed Forces. Out of devotion to this country and our values, these brave servicemembers made the world a safer place. It is a sincere privilege to extend my gratitude to each and every one of them.

I am especially proud to recognize the nearly 300,000 American veterans who call Kentucky home. After their military service, many of these Kentuckians came home and continued selflessly giving to their communities and our Nation. In particular, I would like to pay tribute to a special Kentucky veteran today, Dan McDaniel of Kenton County. Six days after he graduated from the University of Kentucky in 1972, Dan became one of the final draftees his community sent into the Army during the Vietnam war. Following his basic training, Dan was sent with his wife, Linda, to Augsburg, Germany, as a field artillery crewman. He