commissary and exchange for low-cost goods. If the Commission does not recommend a pay increase, all benefits are extremely needed.''

Commissaries are required to operate in remote areas. A lot of these objections are from commissaries in remote areas where people don't have any other place to actually make their purchases.

At a time when thousands of junior servicemembers and their families use food stamps, we should not be making changes that could increase costs at the checkout line.

The commissary benefit encourages people to reenlist, preserving a well-trained, dedicated military. It ensures that training investments are well spent, saving the expense of retraining the majority of the force every few years. The commissary savings and proximity and the consistency of the commissaries also encourage spouses, whose opinions may be a deciding factor in reenlistment decisions.

I know this is true. Just last Friday I was at Altus Air Force Base. I went into the commissary and talked to someone who was reconsidering. It was the wife of a flyer. Right now one of the biggest problems we have in the Air Force is the pilot shortage. They said that would be a major determining the factor. So it is the right thing to do.

It also provides jobs for families of servicemen. Sixty percent of the commissary employees are military related. The greatest benefit is that their jobs are transferable. If they are transferred from one place to another, they are already trained and ready to go.

As I said, the Department of Defense delivered their report only yesterday and no one has had a chance to really go over it. The mandated GAO review of this plan is now under way. Of course, it could be up to 120 days after this for the next step to become completed.

The report supports section 661 of the Senate bill regarding optimization of operations consistent with business practices, but it doesn't affect 662. That is the section where we had the pilot program.

We have addressed this before, but the report also acknowledges that privatization would not be able to replicate the range of benefits, the level of savings, and geographic reach provided by DeCA while achieving budget neutrality.

It states that the Department of Defense—and I am talking about the report from the Department of Defense—is continuing its due diligence on privatization by assessing the privatization-involved portions. They are already doing that right now. In fact, some things have already been privatized, such as the delis, the bakeries. They have been privatized already in those areas and that is actually working. So privatizing military commissaries before having a full assessment of the costs and benefits is not the responsible thing to do. We owe that to our members.

Mr. President, I ask unanimous consent to have printed in the RECORD the Members who are cosponsors and the organizations that are supporting the Inhofe-Mikulski amendment No. 4204.

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

INHOFE-MIKULSKI AMENDMENT #4204

(1) Boozman (R-Ark.), (2) Boxer (D-Cali.), (3) Brown (D-Ohio), (4) Burr (R-N.C.), (5) Capito (R-W.Va.), (6) Cardin (D-Md.), (7) Casey (D-Pa.), (8) Collins (R-Maine), (9) Gillibrand (D-N.Y.), (10) Hatch (R-Utah), (11) Heller (R-Nev.), (12) Hirono (D-Hawaii), (13) Kaine (D-Va.), (14) Klobuchar (D-Minn.), (15) Lankford (R-Okla.), (16) Markey (D-Mass.), (17) Menendez (D-N.J.), (18) Moran (R-Kan.).

(19) Murkowski (R-Alaska), (20) Murray (D-Wash.), (21) Nelson (D-Fla.), (22) Peters (D-Mich.), (23) Rounds (R-S.D.), (24) Rubio (R-Fla.), (25) Schatz (D-Hawaii), (26) Schumer (D-N.Y.), (27) Session (R-Ala.), (28) Shelby (R-Ala.), (29) Stabenow (D-Mich.), (30) Tester (D-Mont.), (31) Tillis (R-N.C.), (32) Udall (D-N.M.), (33) Vitter (R-La.), (34) Warner (D-Va.), (35) Warren (D-Mass.), (36) Whitehouse (D-R.I.).

42 ORGANIZATIONS SUPPORTING THIS AMENDMENT/OPPOSING PRIVATIZATION LANGUAGE IN THE BILL

(1) Air Force Sergeants Association, (2) American Federation of Government Employees, (3) American Federation of Labor and Congress of Industrial Organizations Teamsters, (4) American Logistics Association, (5) American Military Retirees Association, (6) American Military Society, (7) American Retirees Association, (8) American Veterans, (9) Armed Forces Marketing Council, (10) Army and Navy Union, (11) Association of the United States Army, (12) Association of the United States Navy, (13) Fleet Reserve Association, (14) Gold Star Wives of America.

(15) International Brotherhood of Teamsters, (16) Iraq and Afghanistan Veterans of America, (17) Jewish War Veterans of the United States of America, (18) Military Order of Foreign Wars, (19) Military Order of the Purple Heart, (20) National Defense Committee, (21) National Guard Association of the United States, (22) National Military Family Association, (23) National Military and Veterans Alliance, (24) Military Partners and Families Coalition, (25) Military Officers Association of America, (26) National Association for Uniformed Services, (27) Society of Military Widows, (28) The American Military Partner Association, (29) The Coalition to Save Our Military Shopping Benefits, (30) The Flag and General Officers Network.

(31) Tragedy Assistance Program for Survivors, (32) The Retired Enlisted Association, (33) Uniformed Services Disabled Retirees, (34) United States Army Warrant Officers Association, (35) Veterans of Foreign Wars, (36) Vietnam Veterans of America, (37) Iraq and Afghanistan Veterans of America, (38) National Industries for the Blind, (39) Naval Enlisted Reserve Association, (40) Reserve Officer Association, (41) Enlisted Association of the National Guard of the United States, (42) The American Legion.

Mr. INHOFE. Mr. President, I yield back the remainder of my time.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 2:15 p.m.

Thereupon, the Senate, at 12:53 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Mr. PORTMAN).

NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2017—Continued

The PRESIDING OFFICER. The Senator from Maryland.

AMENDMENT NO. 4204

Ms. MIKULSKI. Mr. President, I rise today to offer a bipartisan Inhofe-Mikulski amendment to the National Defense Act. What does our amendment do? It stops the privatization of commissaries, which are an earned benefit for our military and their families.

Every year when the Senate debates this bill, we talk about how we love our troops and how we always want to support our military families. But if we really love our troops, we need to make sure our troops have the support they need. One of the earned benefits that does that is the commissaries. And if we love our troops, why would we want to proceed in this direction of privatization? Our troops don't view commissaries as a subsidy; they view them, as do I, as an earned benefit. I am fighting here to preserve this piece of the earned benefit compensation package.

What are the commissaries? Since 1826, military families have been able to shop at a network of stores that provide modestly priced groceries. The commissary system is simple: If you are an Active-Duty, Reserve, National Guard, retired member, or a military family member, you have access to more than 246 commissaries worldwide. They give military members and their families affordability and accessibility to health foods.

Senator INHOFE spoke earlier about where these commissaries are. Some are located in our country, and some in remote areas, and over 40 percent are either in remote areas or overseas.

Last year Senator INHOFE and I stood up for military family benefits to stop privatization. Congress adopted our amendment, but in doing so required a DOD study assessing privatization, which would affect commissaries. We needed to understand how privatization would affect levels of savings, quality of goods, and impact on families. DOD finally gave us the report on June 6, 2016. So they dropped the report on D-day. And guess what. It reaffirms what Senator INHOFE and I have been saying: We should not privatize commissaries without additional study. The report is simple and straightforward: We should not proceed with the privatization or a pilot on privatization until further study.

First, DOD has demonstrated that privatization cannot replicate the savings the current commissary system provides. Second, privatization significantly reduces the benefits available to commissary patrons. And privatization would dramatically reduce the workforce, which is where so many military families work. The DOD cannot move

forward with privatization with a large number of unknowns.

We must honor the DOD request and fully evaluate the implications of privatization before we make drastic changes that hurt our military families. That is why everyone should support the Inhofe-Mikulski amendment. Our amendment is straightforward.

It strikes bill language authorizing a pilot program privatizing commissaries. It is supported by 41 organizations—the American Logistics, the National Guard Association, the National Military Family Association.

Privatizing commissaries is penny wise and pound foolish. If we care about the health of our troops, we must reject this.

I have been to the commissaries in Maryland. Go to the one at Fort Meade. Fort Meade is a tremendous place. We might not deploy troops the way Fort Bragg or Camp LeJeune does, but what we do there is phenomenal. There are 58,000 people who work at Fort Meade. We are in the heart of Maryland, which has such a strong military presence, both Army and Navy. If you came to the commissary with me, you would see it as a nutritional settlement house. You would really like it because you see people there, first of all, of all ranks and ages mingling together. You might see a young woman who is married to an enlisted member of the military, and she is learning a lot about food and nutrition. She is getting advice, and she is getting direction, in addition to saving money. Also, if you go there, you would see oldtimers, who—although they are counting their pennies, they are counting their blessings that they have this commissary to be able to go to.

When I say a settlement house, it is a gathering to learn about food, about nutrition, about a lot of things. It often offers healthier food at cheaper prices.

When I talked with our garrison commander about something he and I worked on together called the Healthy Base Initiative, he said that what we were doing there was so phenomenal. We worked to bring in things like salad bars and some of the more modern kinds of things. This was just phenomenal.

So, first, we need commissaries. Second, if we are looking at how to make the budget neutral, and I don't argue with that point, the DOD study itself says we need to explore two things: other ways of achieving budget neutrality—and they had some suggestions—and also explore with the private sector who would be interested in privatization whether it would result in cost savings without costing the benefits, meaning what is really sold there in nutrition. There are a lot of new and wonderful ideas. My father ran a small grocery store. He would be amazed at what grocery stores are now. But things like going to private labeling, better management—the DOD has some other toolkits to do before we go off on this approach to privatizing without analyzing. So I am for analyzing and then looking at the next step.

The report this year just arrived. I know the authorizing committee didn't have the benefit of it. So I hope we will stick with Senator INHOFE and me, reject this amendment, look out for our troops, and let's explore other ways to achieve budget neutrality, but let's not just arbitrarily single out this earned benefit for cost savings.

Mr. President, the chair of the Armed Services Committee looks like he is eager to speak, but I also want to say that I support the Durbin amendment we will be voting on later on this afternoon. I am a strong supporter of DOD's Congressionally Directed Medical Research Program. I was very concerned about the bill language. I understand the need for regulation but not strangulation. What is proposed in this bill would be so onerous, I am worried it would stop this research altogether. We can't let that happen, and Senator DURBIN's amendment would ensure that this program is allowed to continue its lifesaving discoveries. This congressionally mandated research has done so much good in so many areas, and we have large numbers of groups—from the Breast Cancer Coalition to the disabled veterans themselves—who support the Durbin amendment.

I have been supporting this program for more than 25 years. It all started in 1992 when the breast cancer community was looking to create a new research program. And by the way, the breast cancer advocates were just as organized, mobilized, and galvanized back then as they are today. The advocates knew that DOD ran the largest health system in the country and envisioned a new research program that was peer-reviewed and included input from not just scientists but also advocates. This was a new concept at the time that the needs of a community affected by disease would be considered when determining research priorities.

So we started with breast cancer in 1992 and quickly expanded to look at other illnesses and conditions. Since 1992, Congress has provided more than $11.7 billion to fund more than 13,000 research grants. Today DOD's medical research program studies prostate cancer, ALS, traumatic brain injury, multiple sclerosis, lung cancer, ovarian cancer, autism, amputation research, and many others. And I am so proud that research is conducted at Fort Detrick in Maryland, Johns Hopkins, and the University of Maryland.

Almost immediately, Congress's investment in DOD's medical research program paid off—and with dividends. Breast cancer research led to the development of Herceptin, a standard care for the treatment of breast cancer. Lung cancer research led to creation of the first lung cancer bio-specimen repository with clinical and outcome data available to all researchers studying lung cancer. Traumatic brain injury research led to the development of two FDA-cleared devices to screen for and identify TBI in military members. Amputee care research led to the development of amputee trauma trainer, a device which replicates blast injuries from IEDs in war zones. It trains physicians to better respond to war injuries. Some of the DOD's regenerative medical breakthroughs are so astonishing you would think you were reading science fiction. The Department's medical program supported the first ever double hand transplantation on a combat-wounded warrior. Wow—so proud that this ground-breaking procedure was developed and performed at Johns Hopkins. This is just a snapshot. The list of successes are as long as they are inspiring.

For years, opponents of DOD's medical research program have argued against this program. They say, ''Oh, this research is duplicative. Oh, this research should only benefit active military.'' Well, I say ''no'' to both arguments.

First, DOD's research is complementary to NIH's research but is not duplicative or redundant. In fact, the Department's research grants are peer-reviewed by doctors, scientists, advocates, and Federal agencies to ensure there is not duplication in efforts. The Institute of Medicine has reviewed DOD's program and found it to be efficient and effective.

Second, we know the diseases studied by DOD affect both active military and their families. Imagine if we refused to allow DOD to study breast cancer in 1992 simply because there were fewer woman serving? We wouldn't have the advances that we do today saving lives and improving lives. Taking care of military families is an essential part of our promise to our men and women in uniform.

We have an opportunity to block this misguided language in the underlying bill that would have terrible consequences for medical research. The discoveries and treatments speak for themselves. I urge my colleagues to support Senator DURBIN's amendment.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Arizona.

AMENDMENT NO. 4204

Mr. MCCAIN. Mr. President, we will probably discuss this some more—this issue of the privatization—later on before we actually vote on the amendment, but this is a classic example of a distortion of an issue which could save the taxpayers $1 billion that we subsidize the commissary system. It is not privatizing, I say to the Senator from Maryland; it is a pilot program of five—count them, five—military bases. There are companies and providers of food and services that are ready to try to establish on bases. We are not taking away a single commissary. We are not closing a single one—not one. But what we are trying to do is—if you want to have a hamburger at Burger

King or McDonald's or Dunkin' Donuts or use UPS, you can go on a military base and they will provide you that service. The government doesn't do it. They don't make hamburgers. They don't carry mail. All of a sudden, now we have to have more studies. The real study would be a pilot program which proves successful.

By the way, if you ask the men and women who are in the military ''Would you like to shop at Walmart or Safeway or one of these others if it is convenient?'' do you know what the answer is? ''Of course. Yes.'' Because there is more variety and there are lower prices.

Does my colleague, the Senator from Maryland, know that we are spending over $1 billion of taxpayer money on these commissaries every year, when we could probably do it for nothing or even charge these groups or commercial enterprises that would like to come, in a pilot program, to a military base? This is crazy. Fort Belvoir Commissary right here, the highest grossing store in the system, loses 10 cents on every dollar of goods it produces and sells, and guess who covers those losses. The taxpayers of America.

It is not an attempt to take away the commissary benefits; it is an attempt to see if the men and women in the military and all their dependents around the bases might get a better product at a lower price. That is what five—count them, five—privatizations are attempting to try.

Yesterday, we received the Department of Defense report on its plan to modernize the commissary and exchange systems. In that report, DOD stated that private sector entities are ''willing to engage in a pilot program.'' DOD has told us that at least three major private sector entities are interested in testing commissary privatization. This has led DOD to publish a request for information to industry to give feedback on how a privatization pilot program could work. So why would my colleague support an amendment that would delay what needs to be done?

This is really all about an outfit called the grocery brokers. That industry has been working overtime to stop this pilot program because if it is successful, privatization would destroy their successful business model because they wouldn't have to use the grocery brokers. That is what this is all about, my friends.

So rather than paying over $1 billion a year to be in the grocery business, privatization might provide—I am not saying it will, but it might provide the Department of Defense with an alternative method of giving the men and women in the military and our retirees high-quality grocery products, higher levels of customer satisfaction, and discount savings, while reducing the financial burden on taxpayers. We need to have a pilot program for sure.

Five pilot programs is not the end of civilization as we know it. It is not a burden on the men and women who are serving. I have talked to hundreds of men and women who are serving. I said ''How would you like to have Safeway on the base? How would you like to have Walmart?'' and they said ''Gee, I would really like that'' because they get a wider and diverse selection from which to choose—not to mention, although it doesn't seem to matter around here, it might save $1 billion for the taxpayers. But what is $1 billion? We are going to spend a couple billion dollars just on medical research—which the Senator from Maryland obviously is in favor of—calling it in the name of defense, when it absolutely should be funded by other branches of the Appropriations Committee, rather than the Willie Sutton syndrome and taking it out of defense.

All I can say to the Senator from Maryland is that all we are talking about is giving it a try in five places. Let's not go to general quarters about an attempt to see if we can save the taxpayers $1 billion a year. We are not going to close any commissaries in any remote bases. We are not doing anything but a five-base pilot program. That is all there is to this amendment, and to portray it as anything else is a distortion of exactly what the legislation has clearly stated its intent to be.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

Ms. MIKULSKI. Mr. President, despite what was just said, I am not in the pocket of something called grocery brokers. I am not here showing for something called grocery brokers. I am here to stand up for military and military families. I want the record to show that. I don't even know what grocery brokers are. I know what a grocery store is because my father ran one, I worked in one and learned a lot from the kind of values my father ran his business on.

Let's talk about the DOD-mandated report that we did last year when we discussed this. The report acknowledges that privatization would not be able to replicate the range of benefits, the level of savings, and the geographic reach provided by the commissaries while achieving budget neutrality. DOD is continuing its due diligence on privatization. It is still assessing the privatization of all or portions of the commissary system.

What I worry about is cherry-picking. ''Oh, we are going to privatize.'' They are going to do it in the lucrative markets, in the Baltimore-Washington corridor, but right now our commissaries, owned by the United States of America for the troops defending the United States of America, are required to operate where the servicemembers are, even when it would not be economically beneficial from a commercial standpoint. Go ahead with this privatization myth, fantasy, or delusion that they are not going to cherry-pick.

More than two-thirds of the commissaries serve military populations living in locations that are not profitable for private sector grocers. These commissaries are made possible by the appropriated funds subsidy and by operating efficiencies and volumes of the large statewide stores. It is not only taxpayers they are subsidizing. Over 40 percent of commissaries' appropriated budget provide commissary services overseas and in remote locations. Do you think they are going to be part of privatization? They are going take what they want, where they can make money, and then these others are going to be defunded because, yes, you might talk about what the taxpayers subsidize, but at large, more profitable commissaries are also a cross-subsidy to those that are in the more remote areas or overseas.

Commissaries provide a benefit to servicemembers in the form of savings, proximity, and consistency that in some ways the commercial grocery sector, which must operate for profit, might find difficult to sustain.

Business is business. We know how the defense contractor game works. We know how the contractors are. They go where they can make money. That doesn't necessarily mean they go where they serve the Nation. I have great respect for our defense contractors. Many of them are either headquartered in Maryland or serve Maryland, but let's face it, their business is to make money, not necessarily to serve the troops. If they can make money serving the troops, they will make money and want to have stores where they can make money. That doesn't deal with the remote area. Let's hear it from our Alaskan people, let's hear it from the overseas people, and so on.

All I am saying is, while we continue on the path to explore either complete budget neutrality or to achieve budget neutrality, the Department of Defense says it needs more analysis on what it can do with itself and what the private sector is talking about.

There are three major private sector companies that have expressed interest. I would want to know, are they going to cherry-pick or are they going to be like Little Jack Horner waiting to get their hands on a plum? I am for the whole fruit stand, and I want it at the commissaries.

This has been a good exchange, and I respect my colleague from Arizona in the way he has stood up for defense. I know he wants to serve the troops as well. So let's see where the votes go, and we look forward to advancing the cause of the national security for our Nation.

I yield the floor.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. MCCAIN. Mr. President, I thank the Senator from Maryland. I always enjoy spirited discussion with her. She is a wonderful public servant, and I am going to miss her in this institution because she has an honorable record of outstanding service, and I always enjoy doing combat.

I yield the floor.

The PRESIDING OFFICER. The majority whip.

HEAR ACT

Mr. CORNYN. Mr. President, earlier today, the Senate Judiciary Subcommittee on the Constitution convened a hearing on a piece of legislation I introduced with several of my colleagues called the Holocaust Expropriated Art Recovery Act, or the HEAR Act. This bill is long overdue, and like most pieces of good legislation, it is pretty straightforward.

During the Holocaust, Nazis regularly confiscated private property, including artwork, adding one more offense to their devastating reign. Today, the day after the anniversary of D-day and decades after World War II ended, there are still families who haven't been able to get their stolen artwork or family heirlooms back.

The HEAR Act will support these victims by giving them a chance to have their claims decided on the merits in a court of law and hopefully facilitate the return of artwork stolen by Nazis to their rightful owners. That is why we called the hearing ''Reuniting Victims with Their Lost Heritage.'' It is true that Hitler's final solution in World War II was not just the extermination of the Jewish people but erasing their culture. This was part of the overall plan in Hitler's final solution. This legislation will help those who had vital pieces of their family and cultural heritage stolen to find justice.

This legislation is also consistent with our country's diplomatic efforts and longstanding congressional policy. I am grateful to my colleague from Texas, Senator CRUZ, as well as the senior Senator from New York, Mr. SCHUMER, and Connecticut, Senator BLUMENTHAL, for joining me in introducing this bipartisan piece of legislation. I hope the Senate Judiciary Committee will mark this up soon and the full Chamber will consider it soon.

Mr. President, separately, as we continue our work on the Defense authorization bill, I want to talk for a moment about how important that is. Yesterday I spent some time talking about the threats not only to our troops overseas who are in harm's way but threats that those of us here at home are experiencing as a result of a more diversified array of threats than we have ever seen in the last 50 years. I say ''50 years'' because the Director of National Intelligence, James Clapper, has served in the intelligence community for 50 years, and that is what he said—we have a more diverse array of threats today than he has seen in his whole 50-year career. That includes here at home because it is not just people traveling from the Middle East to the United States or people coming from the United States over to the Middle East training and then coming back. It is also about homegrown terrorists—people who are inspired by the use of social media and instructed to take up arms where they are and kill innocent people in the United States and, unfortunately, as we have seen in Europe as well.

As we think about the legacy of this President and his administration when it comes to foreign policy, I am reminded of the comments by former President Jimmy Carter, a Democrat, commenting on another Democratic President's foreign policy. When he was asked, he candidly admitted and said: I can't think of a single place in the world where the United States is better off or held in higher esteem than it was before this administration. He called the impact of President Obama's foreign policy minimal. I would suggest that is awfully generous, if you look around the world, the threats of a nuclear-armed North Korea, which has intercontinental ballistic missiles it has tested in creating an unstable environment there with our ally and friend to the south, South Korea, if you look at what is happening in Europe as the newly emboldened Putin has invaded Crimea and Ukraine with very little consequences associated with it. I have said it before and I will say it again, weakness is a provocation. Weakness is a provocation to the world's bullies, thugs, and tyrants, and that is what we see in spades.

In the Middle East, President Obama talked about a red line in Syria when chemical weapons were used, but then when Bashar al-Assad saw that there was no real followthrough on that, it was a hollow threat and indeed he just kept coming, barrel-bombing innocent civilians in a civil war which has now taken perhaps 400,000 lives. Then, we have seen it in the South China Sea, where China, newly emboldened, is literally building islands in the middle of the South China Sea—one of the most important sealanes to international commerce and trade in Asia.

I will quote on North Korea again. Former Secretary of Defense Leon Panetta said: ''We're within an inch of war almost every day in that part of the world,'' talking about Asia, with the threat of China in the South China Sea, North Korea. As far as North Korean aggression is concerned, this administration has basically done nothing to counter that aggression.

Under the President's watch, this regime has grown even more hostile and more dangerous because it is so unstable. In fact, when she was Secretary of State, Secretary Clinton testified in her confirmation hearing that her goal was ''to end the North Korean nuclear program.'' That is what Secretary Clinton said. Her goal was to end the North Korean nuclear program. She even promised to embark upon a very aggressive effort to that effect.

We know what happened. Instead, she adopted what was later euphemistically called strategic patience. That is just another way of saying doing nothing. In other words, this more laid-back approach is simply lost on tyrants like we see in North Korea, and it certainly didn't punish the North Korean leadership for its hostilities.

We can't continue down the reckless path of ignoring challenges around the world or retreating where people are looking for American leadership. That is why it is so critical that we demonstrate our commitment to our men and women in uniform by passing this important Defense authorization bill this week.

We have an all-volunteer military, and that is a good thing. We have many patriots who join the military, train, and then are deployed all around the world, as directed by the Commander in Chief, but the idea that we would not follow through on our commitment to make sure they have the resources they need is simply unthinkable.

I hope we will continue to make progress on the Defense authorization bill and make sure we provide the resources, equipment, and authorization they need in order to defend our country. Let's get the NDAA, the Defense authorization bill, done this week.

I yield the floor.

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

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

The Senator from Arizona.

SYRIA

Mr. MCCAIN. Mr. President, while we are waiting for others to speak on the floor, I think it is important to take a moment to talk about the lead editorial in this morning's Washington Post, which describes the events transpiring in Syria, as we speak. The lead editorial says:

> Empty words, empty stomachs. Syrian children continue to face starvation as another Obama administration promise falls by the wayside.

This is a devastating and true story.

> It's been nearly six months since the U.N. Security Council passed a resolution demanding an end to the bombing and shelling of civilian areas in Syria and calling for immediate humanitarian access to besieged areas. It's been four months since Secretary of State John F. Kerry described the sieges as a ''catastrophe'' of a dimension unseen since World War II and said that ''all parties of the conflict have a duty to facilitate humanitarian access to Syrians in desperate need.''

Those were the words of Secretary of State John Kerry back in February.

The editorial continues:

> By Monday, there still had been no food deliveries to Darayya in the Damascus suburbs, the al-Waer district of Homs or several of the other 19 besieged areas, with a population of more than 500,000, identified by the United Nations. Nor had there been airdrops. None have been organized, and U.N. officials say none are likely in the coming days. Another deadline has been blown, another red line crossed—and children in the besieged towns are still starving.

This is heartbreaking. It is heartbreaking. It is heartbreaking. Children in besieged towns are still starving.

The editorial continues:

Over the weekend, Russian and Syrian planes—

Our allies, the Russians—

heavily bombed civilian areas in rebel-held areas of Aleppo and Idlib. The Syrian Observatory for Human Rights said 500 civilians, including 105 children, had been killed in 45 consecutive days of bombing in Aleppo. The ''cessation of hostilities'' negotiated by Mr. Kerry in February, which was never fully observed by Russia and Syria, has been shredded.

And the Obama administration's response? It is still waiting patiently for the regime of Bashar al-Assad to stop dropping barrel bombs from helicopters on hospitals and allow passage to aid convoys. It is still asking politely for Russia to stop bombing Western-backed rebel units and to compel the Assad regime to follow suit. ''We expect the regime to live up to its commitments,'' said a State Department statement Monday. ''We ask Russia to use its influence to end this inhumane policy.'' As for airdrops, ''that's a very complex question,'' said a spokeswoman.

The promise of air delivery, it turns out, was entirely rhetorical. On May 26, two senior U.N. officials publicly warned that a U.N. air bridge could not be established without permission from the Assad regime—the same regime that was blocking food deliveries by land. They called on the United States and Russia to ''find a way'' to begin the operation. But neither the United States nor Britain, the original proponent of the airdrops, acted to make an operation possible. Instead, they issued appeals to the Russian government—the same government that is systematically bombing civilian neighborhoods of Aleppo and Idlib.

The British ambassador to the United Nations hinted on Friday that if the Assad regime kept preventing land and air raid deliveries, his government ''will consider other actions.'' The French ambassador to the United Nations said ''the Syrian regime is continuing to systematically starve hundreds of thousands of civilians. These are war crimes . . . There is a strong momentum here in the Security Council . . . to say 'enough is enough.' ''

Strong words. Those are a Kerry specialty, too. People in the besieged towns are ''eating leaves and grass or animals of one kind or another that they can manage to capture,'' Mr. Kerry declared. Humanitarian access, he said, ''has to happen not a week from now . . . it ought to happen in the first days.'' That was on February 2.

On February 2, the Secretary of State declared humanitarian access where 500,000 people were starving. On February 2, he said that the humanitarian access ''has to happen not a week from now . . . it ought to happen in the first days.'' It is shocking and disgraceful. We should all be ashamed. By the way, the people who we are training to fight against ISIS are prohibited from fighting against the guy who is barrel-bombing and killing these thousands of men, women, and children—Bashar al-Assad. It is insanity. History will judge this administration and its actions not only with anger but with embarrassment. This is a shameful chapter in American history.

I note the presence of the Senator from Illinois.

I yield the floor.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. DURBIN. Mr. President, is there an order of business that has been agreed to by unanimous consent?

The PRESIDING OFFICER. The time until 4 p.m. is equally divided.

Mr. DURBIN. Mr. President, I find it hard to understand why anyone would want to eliminate funding for militarily relevant defense medical research—research that offers families hope and improves and saves lives—especially now. When you look at the body of medical research across all Federal agencies, we are getting closer to finding cures for certain cancers, closer than ever to understanding how to delay the onset of neurological diseases like Alzheimer's and Parkinson's, closer than ever to developing a universal flu vaccine. Now is the time to be ramping up our investment in medical research, not scaling it back. Yet, there are two provisions in this Defense authorization bill that would effectively end the Department of Defense medical research program. These two provisions are dangerous. They cut medical research funding, which will cost lives—military lives and civilian lives. That is why I filed a bipartisan amendment, together with Senator COCHRAN, the Republican chairman of the Senate Appropriations Committee, which will be considered by the Senate this afternoon.

My legislation would remove Chairman MCCAIN's provisions so that lifesaving research at the Department of Defense can continue. Senator MCCAIN's two provisions, found in sections 756 and 898, work hand in hand to end the Department of Defense medical research program.

His first provision requires the Secretary of Defense to certify that each medical research grant is ''designed to directly promote, enhance, and restore the health and safety of members of the Armed Forces''—not veterans, not retirees, not spouses of military members, and not children of military families. In my view, they are all part of our national defense, and they should all be covered by the DOD health care system and research.

Senator MCCAIN's second provision, section 898, would require that medical research grant applicants meet the same accounting and pricing standards that the Department requires for procuring contracts. This is a dramatic change in the law. It is the imposition of miles of redtape on every medical research grant. The regulations that he has subjected them to apply to private companies that sell the Department of Defense goods and services, such as weapon systems and equipment. Among other things, it would require the Defense Contract Audit Agency, or DCAA, to conduct at least one, and probably several, audits on each grant recipient. Do you know what that means? It means there will be 2,433 more audits each year by the Defense Contract Audit Agency. How are they doing with their current workload? They are behind on $43 billion worth of goods and services that is being procured by the Department of Defense, and Senator MCCAIN would send them at least 2,433 more audits next year.

Taxpayers deserve to know that their money is well spent. The existing system does just that. A grant application now is carefully scrutinized, and throughout the 24-year history of this Defense research program, there have only been a handful of instances where serious questions have risen. No grant makes it through this process without first showing clear military relevance. If an applicant fails that test, it is over. If they clear it, they will be subject to a host of criticism and scrutiny by researchers, and then representatives from the National Institutes of Health and the Department of Veterans Affairs sit down and measure each grant against existing research. These rules are in place to protect taxpayers' dollars, and they do. Senator MCCAIN is now seeking to add miles of redtape to a program in the name of protecting it. His provisions go too far.

The Coalition for National Security Research, which represents a broad coalition of research universities and institutes, wrote: ''These sections''—referring to Chairman MCCAIN's sections—''will likely place another administrative burden on the DOD scientific research enterprise and slow the pace of medical innovation.''

When we asked the Department of Defense to give us their analysis of Chairman MCCAIN's provisions, they concluded—after looking at all of the redtape created by Senator MCCAIN—that these issues would lead to the failure of the Congressionally Directed Medical Research Program. That is clear and concise, and, sadly, it is accurate.

What Senator MCCAIN has proposed as a new administrative bureaucratic burden on medical research at the Department of Defense is not fiscally responsible, it doesn't protect taxpayers, and it is not in pursuit of small government by any means. These provisions are simply roadblocks.

Let's talk for a minute about the medical research funded by the Department of Defense. Since fiscal year 1992, this program has invested $11.7 billion in innovative research. The U.S. Army Medical Research and Materiel Command determines the appropriate research strategy. They looked for research gaps, and they want to fund high-risk, high-impact research that other agencies and private investors may be unwilling to fund.

In 2004, the Institute of Medicine, an independent organization providing objective analysis of complex health issues, looked at the DOD medical research program, and they found that this program ''has shown that it has been an efficiently managed and scientifically productive effort.'' The Institute of Medicine went on to say that this program ''concentrates its resources on research mechanisms that complement rather than duplicate the

research approaches of the major funders of medical research in the United States, such as industry and the National Institutes of Health.'' This has been a dramatically successful program.

I would like to point to a couple of things that need to be noted in the RECORD when it comes to the success of this program. This morning Senator MCCAIN raised a question about funding programs that relate to epilepsy and seizures when it comes to the Department of Defense medical research program. In a recent video produced by the Citizens United for Research in Epilepsy, they share heartbreaking stories of veterans suffering from post-traumatic epilepsy and the recovery challenges they face. They shared the story of retired LCpl Scott Kruchten. His team of five marines, during a routine patrol, drove over an IED. He was the only survivor. He suffered severe brain injury. Lance Corporal Kruchten suffered a seizure inside the helicopter while they were transporting him to Baghdad for surgery. He has been on medication ever since. In fact, seizures set back all of the other rehabilitation programs that injured veterans participate in and greatly slow their recovery.

Since the year 2000, over 300,000 Active-Duty military servicemembers have experienced an incident of traumatic brain injury. Many of them are at risk of developing epilepsy. Post-traumatic epilepsy comprises about 20 percent of all symptomatic epilepsy. According to the American Epilepsy Society, over 50 percent of traumatic brain injury victims with penetrating head injury from Korea and Vietnam developed post-traumatic epilepsy. The research we are talking about is relevant to the military. It is relevant to hundreds of thousands who have faced traumatic brain injury. I don't know why Chairman MCCAIN pointed that out this morning as an example of research that is unnecessary to the Department of Defense. It is clearly necessary for the men and women who serve our country.

Let me say a word about breast cancer too. In 2009, after serving the Air Force for over 25 years, SMSgt Sheila Johnson Glover was diagnosed with advanced stage IV breast cancer which had spread to her liver and ribs. She said breast cancer cut her military career short. She was treated with Herceptin, a drug developed with early support from the Department of Defense medical research funding. According to Sheila, ''It is a full circle with me, giving 25 years of service in the DOD and the Department of Defense giving me back my life as a breast cancer patient.''

Sheila is not alone; 1 out of every 8 women is at risk of developing breast cancer in her lifetime and 175,000 women are expected to be diagnosed with the disease each year. With more than 1.4 million Active-Duty females and female spouses under the Federal military health system, breast cancer research is directly related to our military and our military community.

Breast cancer research started this medical research program in the Department of Defense. It was given a mere $46 million at the start. Over the span of the life of medical research programs at the Department of Defense, a little over $11 billion has been spent. Almost one-third of it has gone to breast cancer research, and they have come up with dramatic, positive results, such as the development of this drug Herceptin.

The point I am getting to is this. If you believe the military consists of more than just the man or woman in a uniform but consists of their families and those who have served and who are now veterans, if you believe their medical outcomes are critically important to the future of our military, then you can understand why medical research programs such as this one, which would be virtually eliminated by Chairman MCCAIN's language, is so important for the future strength of our men and women in uniform and the people who support them.

Let me tell you about a constituent who wrote me last month. This photo shows Linda and Al Hallgren. Al is a U.S. veteran, survivor of bladder cancer. Linda wrote to me and said:

> When my husband was originally diagnosed in 2013, our only options were bladder removal followed by chemotherapy. Prognosis based on his cancer was months to a year or so. There were so many questions that came to mind, primarily around, ''How did I get this?''

But as she pointed out to me, Al is a fighter, a survivor. Two years later, here they are, the two of them, enjoying a ride on a motorcycle.

When she passed along this photo, here is what she said: ''We continue to fight the battle and take moments out to enjoy life to the fullest one day at a time.''

She noted in her letter that there are many risks with bladder cancer associated with military service. Smoking is the leading cause. The incidence of smoking among our military members is entirely too high.

The Institute of Medicine also took a look at the use of Agent Blue from 1961 to 1971 in the Vietnam war and its linkage to bladder cancer. It is the fourth most commonly diagnosed cancer among veterans but only the 27th highest recipient of Federal research. So the story of this family and what they have been through raises an important question. Do we have an obligation to this individual who served our country, served it honorably, came home and suffered a serious medical illness? Do we have an obligation, through medical research, to try to find ways to make his life better, to make sure we spare him the pain that is associated with many of the things that are linked to his service in our military? Of course, we do. So why do we go along with this language that the chairman put in his authorization bill to eliminate these medical research programs?

I mentioned earlier the advancements that were made in breast cancer research. In 1993, the Department of Defense awarded Dr. Dennis Slamon two grants totaling $1.7 million for a tumor tissue bank to study breast cancer. He began his work several years earlier with funding from the National Cancer Institute, but researchers still lacked the regular source of breast tissue from women. That is when the DOD funding made a difference. Dr. Slamon's DOD-funded work helped to develop Herceptin, which I mentioned earlier.

At lunch just a few minutes ago, we heard from Senator BARBARA MIKULSKI. She told about the lonely battle which she fought for years for women to get medical research. Sadly, the National Institutes of Health and other places were doing research only on men. Thank goodness Senator MIKULSKI and others spoke up. They spoke up and NIH started changing its protocols. Then they went to the Department of Defense and said: We want you to focus on breast cancer, if you will, for the emerging role of women in our military, and they did with dramatic results. Now comes a suggestion from Chairman MCCAIN that we are to put an end to this research. We should burden it with more redtape. I don't think it makes sense. It certainly doesn't make sense for the men and women serving in the military and the spouses of the men who serve in the military who certainly understand the importance of this research.

DOD-funded research developed a neurocognitive test for diagnosing Parkinson's disease. The Department of Defense research also identified additional genetic risk factors for developing the disease, including two rare variants that we now know connect the risk for Parkinson's with traumatic injury to the head. What we find when we look at the list of research, such as Parkinson's disease, and question why that has any application to the military, it is that they knew there was an application, they knew there was a connection, and it was worth seeking.

Here is the bottom line. People have lived longer and more productive lives because of DOD-funded medical research, and we have an opportunity to help even more people if my amendment passes and we defeat the language that is in this Defense authorization bill.

Sixty-three Senators from 41 States, both sides of the aisle, requested increases in medical research for our next fiscal year. We can't earmark where that research is going to take place—that goes through a professional process—but you can certainly point out to the Department of Defense areas where they might have some interest, and they make the final decision.

If the McCain provisions become law, they put an end to research programs requested by a supermajority of the Senate.

Mr. President, how much time have I used and how much time currently remains?

The PRESIDING OFFICER (Mr. LANKFORD). There is 22½ minutes remaining.

Mr. DURBIN. I will yield the floor at this point to see if others are seeking recognition.

Mr. GRAHAM. Mr. President, how much time is remaining for our side?

The PRESIDING OFFICER. There is 30 minutes remaining for the majority.

Mr. GRAHAM. If it is OK with the Senator, I will make a few comments.

The PRESIDING OFFICER. The Senator from South Carolina is recognized.

Mr. GRAHAM. No. 1, when it comes to Senator DURBIN, there is no stronger voice for medical research in the Senate and he should be proud of that.

Senator DURBIN and I are cochairing the NIH caucus, the National Institutes of Health, to make sure we take the crown jewel of our research at the Federal level and adequately fund it, to try to make it more robust, and in times of budget cuts, sequestration across the board, I want to compliment Senator BLUNT and Senator DURBIN and others for trying to find a way to increase NIH funding. I think we will be successful, and a lot of credit will go to Senator DURBIN.

As to the military budget, we are on course to have the smallest Army since 1940. We are on course to have the smallest Navy since 1915 and the smallest Air Force in modern times. Modernization programs are very much stuck in neutral. The wars continue, and they are expanding. By 2021, if we go back into a sequestration mode, we will be spending half of normally what we spend on defense in terms of GDP.

So to those who want to reform the military, count me in. This will be one of the most reform-minded packages in the history of the Department of Defense. We are trying to address the top-heavy nature of the military, where general officer billets have exploded, and make sure we have a leaner military at the top and put our emphasis on those out in the field fighting the war.

We are dealing with the explosion of contractors. We are looking at our medical delivery systems anew. It has all been bipartisan. Senator REED deserves a lot of credit with his Democratic colleagues to find ways to reform the military, not only to save money but to improve the quality of life of those in the military.

There is an obligation on all of us who are considered defense hawks to make sure the military works more efficiently. This bill drives contracting away from cost-plus to fixed price. We see a lot of overruns in terms of big-ticket items—billions of dollars over what was projected in terms of costs of the F–35 and aircraft carriers. One of the ways to change that problem is to have the contractor have skin in the game by having a fixed price rather than cost-plus contracting.

I want to compliment Senators MCCAIN and REED for looking at the way the military is being run and trying to make it more efficient, understanding that reform is necessary.

Having said that, 50 percent of the military's budget, for the most part, goes into personnel, and I believe we need more people in the Army, not less. So we can reform the military to save money, and we should. We can bring better business practices to the table, and we should. We can modernize the way we deliver health care to get outcomes rather than just spending money, and we should. We can look at every part of the military and put it under a microscope and make it more efficient and make sure it is serving the defense needs of the country.

Having said that, given the number of ships we are headed toward, 278—420,000 people in the Army—we need more people to defend this Nation, and we have an obligation to the people defending the Nation to give them the best equipment and take care of their families. I am not looking for a fair fight. I want to rebuild the military and make sure our military has the weapons systems that would deter war, and if you had to go to war, to win it as quickly as possible.

That gets us to medical research. There is about $1 billion spent on medical research within the Department of Defense. What we are suggesting is that we look at this account anew. What the committee has decided to do—Senator MCCAIN—is to say the Secretary of Defense has to certify that the money in the medical research budget in the Department of Defense is actually related to the defense world. There are a lot of good things being done in the Department of Defense in terms of medical research, but the question for us is, in that $1 billion, how much of it actually applies to the military itself because every dollar we spend out of DOD's budget for things not related to defense hurts our ability to defend the Nation.

It is not a slam on the things they are doing. I am sure they are all worthwhile. The question is, Should that be done somewhere else and should it come out of a different pot of money?

So the two measures we are proposing—to continue medical research in the future, the Secretary of Defense would have to certify that the medical research program in question is related to the Department of Defense's needs, and there is a pretty broad application of what ''need'' is—traumatic brain injury and all kinds of issues related to veterans. Of the $1 billion, using the criteria I have just suggested where there is a certification, some of the money will stay in the Department of Defense, but some of it will not because if we look at that $1 billion, a lot of it is not connected to what we do to defend the Nation.

The second requirement is that if they are going to get research dollars, they have to go through the same process as any other contractor to get money from the Department of Defense. That means they are in the same boat as anybody else who deals with the Department of Defense. If that is a redtape burden, then everybody who deals with the Department of Defense will share that burden. So rather than just writing a check to somebody, there is a process to apply for the money and the contracting rules will apply. These are the two changes—a certification that the money being spent on medical research benefits the military, the Department of Defense, and in order to get that money one has to go through the normal contracting procedures to make sure there is competition and all the i's are dotted and t's are crossed. I think that makes sense.

I think some of the money we are spending under the guise of military Department of Defense research has nothing to do with the Department of Defense, and we need every dollar we can find to defend the Nation. Many of these programs are very worthwhile, I am sure, and I would be willing to continue them somewhere else. I am supporting a dramatic increase in NIH funding. I am very much for research, but if we are going to bring about change in Washington, and if people like me who want a stronger military are going to advocate for a bigger military, I think we have an obligation to have a smarter, more reformed system.

I am not trying to have it both ways. I am looking at how the Pentagon works at every level, along with Senator MCCAIN, and we are bringing structural changes that are long overdue.

I want to compliment Senator REED, who has been a great partner to Senator MCCAIN. We don't always agree, but I think Senator REED has bought into the idea that the Pentagon is not immune from being reformed and the status quo has to change.

So with all due respect to Senator DURBIN, I think the provisions Senator MCCAIN has crafted make sense to me. To get research dollars in the future, the Secretary of Defense has to certify that the money in question helps the Department of Defense, and if one is going to bid for the business, they must go through the normal contracting process to make sure it is done right. Those are the only two changes.

Those programs that will be knocked out of the Department of Defense, I am certainly willing to keep them funded somewhere else. I think that is a long-overdue reform.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. DURBIN. Mr. President, I would like to respond to my friend from South Carolina. We are friends. We have worked on a lot of things together. I hope we will continue to do so in the future. We clearly see this issue differently today.

Two-tenths of 1 percent of the Department of Defense appropriations will go for medical research—about $1 billion in a budget of $524 billion. It is not an outrageous amount. We are not funding medical research at the expense of being able to defend America. Hardly anyone would argue that, but a small percentage would. I can make an argument—and I have tried effectively here—that when it comes to the medical research that is being done through the Department of Defense, it is extraordinary.

We have achieved so much for a minimal investment in so many different areas. I could go through the list—and I will—of those areas of research that have made such a big difference. I also want to say that there are 149 universities, veterans organizations, and medical advocacy groups that support the amendment that I offered today. The reason they support it is that what has been suggested—that this is not just another procedural requirement being placed in front of these institutions that want to do medical research—really understates the impact it will have.

The Department of Defense itself, after analyzing the McCain language that comes to us on this bill, said it will create a burden, a delay, additional overhead costs. The one thing we have not heard from Chairman MCCAIN or anyone on his side of the issue is what is the reason for this? Why are we changing a process that has been used for 24 years? Has there been evidence of scandal, of waste, of abuse?

Out of the thousands and thousands of research grants that have been given, only a handful have raised questions, and very few of those go to the integrity of the process. It has been a question about the medical procedure that was used. If we are going to impose new bureaucracies, new redtape, new requirements, new audits, why are we doing it? If there is a need for it, I will stand up with everyone here and protect the taxpayers' dollars. But that is not really what is at stake here.

This morning on the floor, Chairman MCCAIN made it clear. He just does not want medical research at the Department of Defense. He wants it limited strictly to certain areas and not to be expanded to include the families of those serving in our military—our veterans—through the Department of Defense. That is his position. He can hold that position. I certainly disagree with it.

If we take an honest look at this, what we have done in creating this new bureaucracy and redtape is simply slow down the process and make it more expensive. For one thing, each one of these universities and each one of these organizations has to go through an annual audit—at least one. The agency within the Department of Defense responsible for those audits is currently overwhelmed, before this new McCain requirement comes in for even more audits.

So it means the process slows down. Research does not take place in a matter of months; it might be years. Do you want to wait for years in some of these instances? I don't. I want timely research to come up with answers to questions that can spare people suffering and spare expense to the families as well as to the Department of Defense. When I go through the long list of things that have been done through these defense research programs, it is amazing how many times they have stepped up and made a serious difference.

Let me give you one other illustration. The incidence of blast injuries to the eye has risen dramatically among servicemembers of Iraq and Afghanistan due to explosive weapons such as IEDs. Current protective eye equipment—glasses, goggles, and face shields—are designed to protect mainly against high-velocity projectiles, not blast waves from IEDs.

In Iraq and Afghanistan, upward of 13 percent of all injuries were traumatic eye injuries, totaling more than 197,000. One published study covering 2000 to 2010 estimated that deployment-related eye injuries and blindness have cost a total of $25 billion. Notably, eye-injured servicemembers have only a 20-percent return-to-duty rate compared to an 80-percent rate for other battle trauma.

Since 2009, $49 million in this Department of Defense medical research program has gone to research for the prevention and treatment of eye injury and disease that result in eye degeneration and impairment or loss of vision. From the Afghanistan and Iraq conflicts, a published study covering 2000 to 2010 estimated that these injuries have cost a total of $25 billion. Eye-injured soldiers have only 20-percent return-to-duty rates.

Research at Johns Hopkins, where they received grants to study why eye injuries make up such a high percentage of combat casualty, found that the blast wave causes eye tissue to tear, and protections like goggles can actually trap blast reverberations. University of Iowa researchers developed a handheld device to analyze the pupil's reaction to light as a quick test for eye damage.

So you look at it and say: Well, why would we do vision research at the Department of Defense? Here is the answer: What our men and women in uniform are facing with these IEDs and the blast reverberations—damage to their eyesight and even blindness—wasn't being protected with current equipment. Is this worth an investment by the U.S. Government of less than two-tenths of 1 percent of the Department of Defense budget? I think it is. I think it is critically important that we stand behind this kind of research and not second guess people who are involved.

We are not wasting money in this research; we are investing money in research to protect the men and women in uniform and make sure their lives are whole and make sure they are willing and able to defend this country when called upon.

This idea of Chairman MCCAIN—of eliminating this program with new bureaucracy and redtape—is at the expense of military members, their families, and veterans. We have made a promise to these men and women who enlisted in our military that we will stand by them through the battle and when they come home. That should be a promise we keep when it comes to medical research as well.

I retain the remainder of my time.

Mrs. MURRAY. Mr. President, I want to start by thanking Senator DURBIN, Senator COCHRAN, and all my colleagues here today for their work to support critical investments in medical research at the Department of Defense. I am proud to stand with them, but frankly, I am also really disappointed that we have to be here.

For decades, investments in medical research by the Department of Defense have advanced improvements in the treatment of some of our toughest diseases. DOD medical research funding has led to the development of new risk assessment tools that help evaluate the likelihood of breast cancer recurrence, as well as new tests to determine the potential spread of a primary tumor. It has helped advance research that could lead to treatment for the debilitating and, to-date, incurable disease ALS. It is supporting ongoing research into improvements in cognitive therapy and access to treatment for children with autism. And I could go on.

DOD medical research programs have had such an impact on the lives of tens of millions of servicemembers and their families, as well as patients across the country. These programs certainly don't deserve to be on the chopping block, so it is very concerning to me that the defense authorization bill we are currently debating would severely restrict the scope of DOD research and undermine critical DOD support for research efforts on everything from breast cancer, to MS, to lung cancer, and much more.

If you are serving your country and have a child struggling with autism or if you are a veteran with severe hearing loss or if you are one of the many patients across the country waiting and hoping for a treatment or cure that hasn't been discovered yet, I am sure you would want to know that your government is doing everything it can to support research that could make all the difference.

I am proud to be supporting the amendment that we are discussing today, which would ensure that groundbreaking, and in some cases lifesaving, medical research at the Department of Defense can continue, and I urge all of my colleagues to join us. Thank you.

Mr. LEAHY. Mr. President, in this promising time, there are no resources too great to contribute to

groundbreaking medical research. Key discoveries, new technologies and techniques, and tremendous leaps in our knowledge and understanding about disease and human health are being made every day.

Biomedical research conducted by the Defense Department has been a critical tool in combatting rare diseases here in the United States and across the world. Since 1992, the Department of Defense's Congressionally Directed Medical Research Program, CDMRP, has invested billions of dollars in lifesaving research to support our servicemembers and their families, veterans, and all Americans. I am proud to have been involved with starting this program, and I have fought year in and year out to support it. As the Senate continues to debate this year's National Defense Authorization Act, NDAA, I am concerned that the Senate's bill includes two harmful provisions that would undermine medical research in the CDMRP and erode these paths to vital progress, taking hope away from millions of Americans.

The CDMRP has long led to advancements in the field of medicine. From the development of early-detection techniques for diagnosing cancer and improving ways to restore mobility to patients suffering from Amyotrophic Lateral Sclerosis, ALS, to advancing treatments for traumatic brain injury and progressing the approval of drugs to treat prostate and breast cancer. For more than two decades, this valuable medical research program has invested over $11 billion in the health of our servicemembers and their families and developed techniques to combat various cancers and the many rare and debilitating diseases faced by so many Americans.

I was proud to be there from the start of the CDMRP. Those efforts evolved from linking a bill I coauthored in 1992 to create a national network of cancer registries to assist researchers in understanding breast cancer, with an effort led by former Iowa Senator Tom Harkin, myself, and several others, to redirect military funds to breast cancer research. With the help of the late Pat Barr of the Breast Cancer Network of Vermont and the many others who were the driving force behind national breast cancer networks, the CDMRP received its first appropriations of $210 million for breast cancer research in the 1993 defense budget. Since then, the program has invested $3 billion in breast cancer research, leading to exponential nationwide reductions in the incidence of the disease. It was due to these investments that Pat Barr herself was able to enjoy an active and fulfilling life for decades after her own diagnosis and was able to spend so many years fiercely fighting for the research that has touched, improved or saved millions of lives.

The structure of the CDMRP has always advanced biomedical research for servicemembers and their families, as well as the public at large. It is shortsighted and frustrating that two needless provisions have been dropped into this year's NDAA, which would bar the Department of Defense from researching the medical needs of military families and veterans and require grant applications to comply with weapon system acquisition rules instead of the carefully peer-reviewed applications process from which all good science grows.

To redefine the definition of who can benefit from lifesaving treatment and research to cancer and other diseases is misguided and counterproductive. If we are to advance medicine in one population, these tools should be made available to everyone. If we change the scope of these long fought efforts, we deny researchers the knowledge they need to carry out science that saves lives. It hinders medical progress for our children and grandchildren.

Whereas proponents of these provisions claim they will bring cost savings in the long term, we all know this is simply not true. Disease does not discriminate between servicemember, family member, veteran, or civilian. When it comes to medical research, we shouldn't either. That is why I am proud to support the bipartisan Durbin amendment to strike these unnecessary and hindering provisions from the bill, which would needlessly block access to innovative discoveries in these burgeoning fields of medicine.

Biomedical research is a proven tool that brings us closer every day to finding cures and expanding treatments for debilitating conditions across the world. We cannot allow this year's defense authorization bill to deny our veterans, the families of our servicemembers, and other Americans victimized by ravaging disease the promise of such groundbreaking medical knowledge. I urge all Senators to join me in supporting Senator DURBIN's amendment and in defeating any provisions in the bill that threaten the continued success of the CDMRP. We must not lose sight of the progress we have made in the fight against breast cancer and other debilitating conditions. This valuable medical research program has paved the way for so many, and we must keep it strong for generations to come.

The PRESIDING OFFICER. The Senator from South Carolina.

Mr. GRAHAM. Mr. President, how much time is remaining on our side?

The PRESIDING OFFICER. There is 22 minutes.

Mr. GRAHAM. I will just take a couple of minutes to keep everybody awake.

The history of this program is pretty interesting. In 1992, by mandate, the Congressionally Directed Medical Research Program began within the Department of Defense with an earmark of $20 million for breast cancer. So, back in 1992, somebody came up with the idea that we should put some money regarding breast cancer research into the Department of Defense bill.

Everybody I know of wants to defeat breast cancer and fund research at an appropriate level. Why did they do it in the Defense bill? Because the Defense bill was going to pass. It is the one thing around here that we all eventually get done because we have to defend the Nation. So that idea of a $20 million earmark for breast cancer—fast forward from 1992 to now—is $900-something million of research at the Department of Defense. It went from $20 million to $900 million. It has been about $1 billion a year for a very long time.

The reason these programs are put in the Department of Defense—some of them are related to the Department of Defense and veterans; many of them are not, and the ones that can make it in this bill are going to get their funding apart from their traditional research funding—is that the Department of Defense will get funded.

All we are saying is that, given the budget problems we have as a nation and the constraints on our military due to defense cuts and shrinking budgets, now is the time to reevaluate the way we do business. It is not that we are against medical research in the Defense Department's budget; we just want it to be related to defense. I know that is a novel idea, but it makes sense to me.

All the things that Senator DURBIN identified as being done in the Department of Defense—I am sure most of them are very worthy. Let's just make sure they are funded outside of the Department of Defense because the money is being taken away from defending the Nation. Taking money out of the Defense Department to do research is probably not a smart thing to do now if it is not related to defending the Nation, given the state of the world and the state of the military.

So this is business as usual, even if it is just $900 million, which is still a lot of money. I think it is time to relook at the way we fund the Defense Department and how it runs and try to get it in a spot that is more sustainable. So what have we done? We have said: You can still do research at the Department of Defense, but the Secretary of Defense has to certify it is related to our defense needs—and a pretty liberal interpretation of that.

If you are going to do research, you have to go through the normal contracting procedures that everybody else has to go through. Those two changes really make sense to me.

Here is the point: If you apply the test that it has got to be related to defending the Nation in a fairly liberal interpretation, probably two-thirds or three-fourths of this account would not pass that test. So that means there is going to be $600 million or $700 million—maybe more—that will go to defense needs, not research needs.

That doesn't mean that we don't need to spend the money on research. Most of it we probably do. The person delivering this speech is also the cochairman of the NIH, which is the part

of the government that does medical research. I want to increase that budget tremendously because the dividends to the taxpayers and to our overall health are real. I just don't want to continue to use the Defense Department as a way to do research unrelated to the defense needs of this country because I don't think that is the right way to do it.

When you are this far in debt and the military is under this much pressure, it is time for change. That is all this is—making a commonsense change to a practice that started at $20 million and is now almost $1 billion.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. DURBIN. Mr. President, how much time do we have remaining?

The PRESIDING OFFICER. Almost 16 minutes.

Mr. DURBIN. Mr. President, let me respond to my friend from South Carolina. I keep giving examples of medical research in this program that relate directly to members of the military and their families and to veterans. All I hear back in return is: Well, we ought to be doing this research someplace else. Why? Don't we want the research to be done by the Department that has a special responsibility to the men and women in uniform and their families as well as veterans?

Let me give you another example that I think really helps to tell this story of research that is jeopardized by the McCain language in this authorization bill. Joan Gray graduated from West Point in the first class that included women. She was commissioned in the U.S. Army as a platoon leader, commander, staff officer. After 5 years of service, she sustained a spinal cord injury in a midair collision during a nighttime tactical parachute jump. Joan Gray's wounds required 12 vertebral fusions. She is now an ambulatory paraplegic and a member of the Paralyzed Veterans of America.

Spinal injuries sustained from trauma impact servicemembers deployed overseas and in training. Over 5 percent of combat evacuations in Iraq and Afghanistan were for spinal trauma. Spinal cord injuries require specialized care and support for acute injury, disability adjustment, pain management, quality of life.

Since 2009, Congress has appropriated in this account—which is going to be eliminated by this amendment—over $157 million to research the entire continuum of prehospital care, treatment, and rehab needs for spinal cord injury. The amount and extent of bleeding within the spinal cord can predict how well an individual will recover from a spinal cord injury.

Researchers at Ohio State University and the University of Maryland at Baltimore examined why some injuries cause more or less bleeding. They studied early markers of injury and found an FDA-approved diabetes drug that proved to reduce lesion size and injury duration in spinal cord injuries. At the University of Pennsylvania, researchers have studied how to facilitate surviving nerve axons to grow across an injury site after spinal cord trauma to improve nerve generation and functionality.

Is this research important? I would say it is. It is certainly important to those who serve us. It is important to their families as well. It should be important to all of us. Why are we cutting corners when it comes to medical research for our military and our veterans? Why is this account, which is less than two-tenths of 1 percent of this total budget, the target they want to cut? Medical research for the military and the veterans—every single grant that is approved has to go through the test of military relevance.

It isn't a question of dreaming up some disease that might have an application someplace in the world. A panel looks at the research that is requested and asks: Does this have relevance today to our military and their families and veterans as well? If it doesn't pass this test, it is finished. That is why I am fighting to protect this money. So much has come out of this that it is of value to the men and women in uniform and veterans. Putting this new procedure in here making them go through the procurement requirements that we have for the largest defense contractors in America is unnecessary, burdensome, and will delay this process and make it more expensive.

I would like to hear from the other side one example of abuse in these research grants that would justify changing the rules that have been in place for 24 years. Come up with that example. You are going to be hard-pressed to find it. After more than 2,000 of these grants a year for years—it has gone on for 24 years—I am waiting for the first example.

What I think is really at stake here is an effort to make it more difficult, more cumbersome, and less appealing to the universities to do this kind of research, and we will be the lesser for it.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. ALEXANDER. Mr. President, how much time is remaining on this side?

The PRESIDING OFFICER. There is 17 minutes remaining.

Mr. ALEXANDER. Mr. President, I ask unanimous consent that I be allowed 9 minutes and that Senator JOHNSON then be allowed 5 minutes.

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

Mr. ALEXANDER. I ask unanimous consent that the remaining time be for the Senator from South Carolina.

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

Mr. ALEXANDER. Mr. President, would you please let me know when 8 minutes has elapsed.

The PRESIDING OFFICER. Yes. The Senator will be notified.

(The remarks of Mr. ALEXANDER and Mr. JOHNSON pertaining to the introduction of S.J. Res. 34 are printed in today's RECORD under ''Statements on Introduced Bills and Joint Resolutions.'')

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. REED. Mr. President, I wish to first inquire how much is remaining on my time.

The PRESIDING OFFICER. There are 11½ minutes remaining.

Mr. REED. Mr. President, I wish to comment on the two pending amendments.

I will begin by thanking my colleague from South Carolina for his thoughtful and kind words about the collaboration we have both witnessed on the committee as we brought this bill to the floor under the leadership of Chairman MCCAIN.

AMENDMENT NO. 4204

First, with respect to the Inhofe-Mikulski amendment, I share their concerns about the quality of commissaries. It is an essential service for military personnel. In fact, it is really in the fabric of military life, being able to go to a commissary. It is an important benefit, particularly for junior members, those who aren't as well paid as more senior members of the military. But both the chairman and my colleagues on the committee—many of them recognize the need to look for alternate approaches for delivering services to military families but doing so in a way that can save resources that could be used for operations and maintenance, for training, equipment—all the critical needs we are seeing much more clearly at this moment.

So we have proposed—and I support the chairman's proposal—to try a pilot program for commissaries that would be run by commercial entities. I think there is merit to this proposal. I want to emphasize that it is a pilot program. It is not a wholesale replacement of the commissary system. It is designed to test in real time whether a commercial entity can effectively use the resources and the operation of the commissary to better serve military personnel.

We have come a long way from years ago when the commissary was practically the only place a servicemember could get groceries or get the supplies they need for their home. Today, go outside any military base and you will see a Target, a Walmart, and every other combination of stores. Frankly, our young soldiers, sailors, marines, and airmen are used to going there. They are used to going to both places looking for bargains. They are used to the service. This is no longer the isolated military of decades ago where literally the only place you could shop was the commissary, and I think we have to recognize that.

The other thing we have to recognize is that there is now an interest by many grocery chains to test this model, to see if, in fact, they can deliver better services to military personnel.

I think that test should be made. That is the essence of the proposal within the Armed Services Committee mark. There is an ongoing study of this by the Department of Defense which I think is helpful. Part of the conclusion is this: ''The Department is critically assessing the privatization of all portion(s) of the commissary system.'' I will emphasize that this amendment does not support the privatization of all commissary systems at this time; they are looking at that issue. ''Initial conversations with interested business entities informed the Department of private sector willingness to engage, which is leading to more thorough market analysis, including a more formal Request for Information.'' This request was issued in May, just a few weeks ago.

I think we are now positioned to move forward and test this model, and that is what we are asking for—a pilot test. It is sensible. It is limited. We will learn quite quickly and very effectively whether this model works and what its potential is. I think in that process, too, we can conduct it in such a way that we will be able to structure, if it is a valuable enterprise, relationships between commercial entities that not only protect military personnel but enhance their experience at the commissary. That is the goal. It is not just to save dollars—that is important—but also to make sure that their experience in the commissary is both adequate and, in effect, more than adequate.

Mr. President, let me turn to Senator DURBIN's amendment very quickly. I support this amendment. The reason I do is not only because of the eloquence of the Senator from Illinois about the success of this program. But how we got here, as described by my colleague, to me, is a crucial point. It is a combination of history, of rules, of budgeting 20-plus years ago. But in the interim we have been able to create a useful medical research enterprise which I think will be dismantled—not intentionally. That is not the intent of the chairman or of any of the supporters of this provision in the bill. In fact, as the chairman said, he would stand up and support reallocating these funds someplace else. My colleague from South Carolina suggested, I believe, NIH. But if we look at how difficult it is to fund the Health and Human Services budget here—and this is what drives it—the reality is if these funds are taken out of this bill, they will not reappear, even through the best and sincere efforts of many of my colleagues, elsewhere. We will lose this funding, and we will lose hugely valuable resources.

As to the whole issue with certification by the Secretary of Defense, if we step back, this research has been so effective, and there is a linkage to every military member. It might not be as dramatic as a prosthesis to fix someone who lost their limb in combat, but certainly their wife, their child—pediatric diseases—may be affected. This research affects every American.

For those reasons, I am going to support Senator DURBIN's amendment. He has stated the case very well about unintended overhead caused by the certification process and all of the related issues. But I think the essence here is we have a valuable national resource that through the history and the bureaucratic and congressional procedures and policies has been embedded in the Defense Department. If we do not support Senator DURBIN's amendment, we will lose that. We won't recapture it elsewhere in another spending bill or in another authorization bill. I just think it is too much to lose.

Mr. President, I yield the floor.

Mr. DURBIN. Mr. President, how much time is remaining on each side?

The PRESIDING OFFICER. The minority has 5 minutes, and the majority has 5½ minutes.

Mr. DURBIN. Mr. President, I thank Senator REED for his comments in support of my amendment. This is about medical research, and if I have a passion for the subject, I do. Certainly, I believe most of us do.

There comes a point in your life where you get a diagnosis or news about someone you love, and you pray to goodness that there has been some research to develop a drug or a procedure or a device which gives them a chance for life.

Do I want to invest more money in medical research so that there are more chances for life? You bet I do. And I believe our highest priority should be the men and women in uniform and their families and our veterans. That is why I will stand here today and defend this Department of Defense medical research program for as long as I have breath in my lungs. I believe it is essential that once we have made the promise to men and women in uniform, we stand by them and we keep our word, and our word means standing by medical research.

Some have made light of issues being investigated under medical research—not anyone on the floor today, but others.

Prostate cancer. What are they doing investigating prostate cancer at the Department of Defense? Servicemembers are twice as likely to develop prostate cancer as those who don't serve in the military. Why? I don't know the answer. Is it worth the research to answer that question? Of course it is.

Alzheimer's and Department of Defense medical research. For the men and women who served our country and have experienced a traumatic brain injury, their risk of developing Alzheimer's disease is much higher. For those suffering from post-traumatic stress disorder, the risk is also higher. So, as to Alzheimer's research at the Department of Defense, here is the reason.

Lou Gehrig's disease, or ALS. We sure know that one; don't we? According to the ALS Association, military veterans are twice as likely to be diagnosed with ALS relative to the general population. Why? Should we ask the question? Do we owe it to the men and women in uniform to ask this question about ALS? We certainly do.

Lung cancer. Of course there is too much smoking in the military and that is part of the reason, but the incidence is higher.

Gulf war illness. It wasn't until the Department of Defense initiated its research that we finally linked up why so many gulf war veterans were coming home sick. Now we are treating them, as we should.

There is traumatic brain injury, spinal cord injury, epilepsy, and seizure. The list goes on. To walk away from this research is to walk away from our promise to the men and women in uniform, their families, and our veterans. I am not going to stand for that. I hope the majority of the Senate will support my effort to eliminate this language that has been put into the Department of Defense authorization bill, and say to the chairman, once and for all: Stop this battle against medical research. There are many ways to save money in the Department of Defense. Let's not do it at the expense of medical research and at the expense of the well-being of the men and women who serve our country.

I reserve the remainder of my time.

The PRESIDING OFFICER. The Senator from Georgia.

(The remarks of Mr. ISAKSON pertaining to the introduction of S.J. Res. 34 are printed in today's RECORD under ''Statements on Introduced Bills and Joint Resolutions.'')

The PRESIDING OFFICER. The Senator from South Carolina.

Mr. GRAHAM. Mr. President, as to the Durbin amendment, I want people to understand what we are trying to do.

There is $900 million spent on medical research in the Department of Defense. All we are asking is that the money being spent be related to the defense needs of this country. Of that $900 million, probably two thirds of the research money will not pass the test of being related to the Defense Department.

If you care about the men and women in uniform—which we all do—that is probably $600 million or $700 million to help a military that is in decline.

In terms of research dollars, I have worked with Senators DURBIN, ALEXANDER, and BLUNT to increase NIH funding. This idea of taking money out of the Defense Department's budget to do medical research unrelated to the defense needs of this country needs to stop because the military is under siege. We have the smallest Navy since 1915 and the smallest Army since 1940. If we really want to reform the way things are done up here, this is a good start.

To those programs that don't make the cut in DOD, we will have to find another place. If they make sense, I will help you find another place. To those medical research items that survive the cut, they are going to have to

go through the normal contracting procedure to make sure we are doing it competitively.

I don't think that is too much to ask. If you want things to change in Washington, somebody has to start the process of change. It is long overdue to stop spending money in the Department of Defense's budget for things unrelated to the Department of Defense, even though many of them are worthy.

The point we are trying to make is that our military needs every dollar it can get, and we need to look at the way we are doing business anew. That is exactly what this bill does, and Senator DURBIN takes us back to the old way of doing it.

Finally, the whole idea of medical research in the Department of Defense budget started with a $20 million earmark for breast cancer that is now $900 million. Why? Because if you can make it into DOD's bill, you are going to get your program funded. It is not about medical research. It is about the power of somebody to get the medical research program in the budget of the Department of Defense. It is not a merit-based process. It needs to be.

I yield the floor.

Mr. DURBIN. Mr. President, how much time remains?

The PRESIDING OFFICER. One minute, 45 seconds.

Mr. DURBIN. And on the other side?

The PRESIDING OFFICER. One minute, 15 seconds.

Mr. DURBIN. Mr. President, I will conclude.

I would just say to my friend from South Carolina that I have gone through a long list of research projects at the Department of Defense and their medical research program, and each and every one of them I have linked up to medical families and peculiar circumstances affecting our military. That is why I think this Department of Defense medical research is so critical.

I have yet to hear the other side say that one of these is wasteful, and they can't. If our men and women in uniform are suffering from gulf war illnesses, of course we want the Department of Defense or any other medical research group to try to find out what is the cause of the problem and what we can do about it.

When it comes to the incidents of cancer being higher among veterans, are you worried about that? I sure am. Why would it be? Should we ask that question? Of course we should. And we do that through legitimate medical research.

Here is what the Institute of Medicine said about this medical research program: It ''has shown that it has been an efficiently managed and scientifically productive effort and that it is a valuable component of the nation's health research enterprise.''

This is not wasted money. This is medical research for the men and women in uniform, their families, and the veterans who served this country. I will stand here and fight for it every minute. To those who say we will strengthen our military if we do less medical research on behalf of the men and women in uniform and veterans, that doesn't make us a stronger military.

Let us keep our word to the men and women in uniform and to the veterans. We have told them we would stand behind them when they came home, and we have to keep our word.

I ask unanimous consent that a list of 147 organizations that support the Durbin amendment be printed in the RECORD.

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

GROUPS OPPOSING SECTIONS 756/898 & SUPPORTING DURBIN AMDT #4369

Academy of Nutrition and Dietetics, Action to Cure Kidney Cancer, Adult Congenital Heart Association, Alliance for Lupus Research/Lupus Research Institute, ALS Association, Alzheimer's Association, American Academy of Dermatology Association, American Academy of Pediatrics, American Association for Cancer Research, American Association for Dental Research, American Association of Clinical Urologists, American Brain Tumor Association, American Cancer Society Cancer Action Network, American Congress of Obstetricians and Gynecologists, American Dental Association, American Diabetes Association, American Gastroenterological Association, American Heart Association, American Lung Association, American Psychological Association.

American Society of Tropical Medicine and Hygiene, American Society of Nephrology, American Thoracic Society, American Urological Association, Aplastic Anemia and MDS International Foundation, Arthritis Foundation, Association of American Cancer Institutes, Association of American Medical Colleges, Association of American Universities, Association of Public and Land-grant Universities, Asbestos Disease Awareness Organization, Asthma and Allergy Foundation of America, Autism Speaks, AVAC: Global Advocacy for HIV Prevention, Bladder Cancer Advocacy Network, Cancer Support Community, Caring Together New York, Children's Heart Foundation, Children's Tumor Foundation, Citizens United for Research in Epilepsy (CURE), Coalition for National Security Research (CNSR), Cold Spring Harbor Laboratory, Colon Cancer Alliance, Crohn's and Colitis Foundation of America, CureHHT.

Debbie's Dream Foundation: Curing Stomach Cancer, Digestive Disease National Coalition, Duke University, Duke University School of Medicine, Dystonia Medical Research Foundation, Elizabeth Glaser Pediatric AIDS Foundation, Endocrine Society, Esophageal Cancer Action Network, Inc., Fight Colorectal Cancer, FORCE: Facing Our Risk of Cancer Empowered, Foundation for Women's Cancer, Foundation to Eradicate Duchenne, Georgetown University, GBS/CIDP Foundation International, Hartford HealthCare Center, Hepatitis Foundation International, HIV Medicine Association, Hydrocephalus Association, Indiana University, Infectious Diseases Society of America, International Foundation for Functional GI Disorders, International Myeloma Foundation.

Interstitial Cystitis Association, Johns Hopkins University, Kidney Cancer Association, LAM Foundation, Lineberger Clinic Cancer Center at the University of North Carolina, Littlest Tumor Foundation, Living Beyond Breast Cancer, Lung Cancer Alliance, Lupus Foundation of America, Lymphangiomatosis & Gorham's Disease Alliance, Lymphoma Research Foundation, Malecare Cancer Support, Melanoma Research Foundation, The Michael J. Fox Foundation for Parkinson's Research, Michigan State University, Minnesota Ovarian Cancer Alliance, Muscular Dystrophy Association, National Alliance for Eye and Vision Research, National Association of Nurse Practitioners In Women's Health, National Autism Association, National Breast Cancer Coalition, National Fragile X Foundation, National Gulf War Resource Center, National Kidney Foundation.

National Multiple Sclerosis Society, National Ovarian Cancer Coalition, NephCure Kidney International, Neurofibromatosis Arizona, Neurofibromatosis Central Plains, Neurofibromatosis Michigan, Neurofibromatosis (NF) Midwest, Neurofibromatosis Network, Neurofibromatosis Northeast, Nurse Practitioners in Women's Health, The Ohio State University, Oncology Nursing Society, Ovarian Cancer Research Fund Alliance, Pancreatic Cancer Action Network, Parent Project Muscular Dystrophy (PPMD), Pediatric Congenital Heart Association, Penn State University, Prostate Cancer Foundation, Prostate Health Education Network, Pulmonary Hypertension Association, Research!America.

RESULTS, Rettsyndrome.org, Rutgers, The State University of New Jersey, Sabin Vaccine Institute, Scleroderma Foundation, Sleep Research Society, Society of Gynecologic Oncology, State University of New York, Susan G. Komen, Treatment Action Group, TB Alliance, Texas Neurofibromatosis Foundation, Theresa's Research Foundation, Tuberous Sclerosis Alliance, University of Arizona Cancer Center at Dignity Health St. Joseph's Hospital and Medical Center, University of California-Irvine, University of California System, University of Central Florida, University of Kansas, University of Kansas Medical Center, University of Pittsburgh, University of Washington, University of Wisconsin-Madison, US Hereditary Angioedema Association.

Us TOO International Prostate Cancer Education and Support Network, The V Foundation for Cancer Research, Vanderbilt University, Veterans for Common Sense, Veterans Health Council, Vietnam Veterans of America, Washington Global Health Alliance, Washington State Neurofibromatosis Families, Weill Cornell Medicine, WomenHeart: The National Coalition for Women with Heart Disease, Young Survival Coalition, ZERO-The End of Prostate Cancer.

AMENDMENT NO. 4369

Mr. DURBIN. Mr. President, I call up amendment No. 4369.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Illinois [Mr. DURBIN] proposes an amendment numbered 4369.

Mr. DURBIN. I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To provide that certain provisions in this Act relating to limitations, transparency, and oversight regarding medical research conducted by the Department of Defense shall have no force or effect)

At the end of subtitle C of title VII, add the following:

SEC. 764. TREATMENT OF CERTAIN PROVISIONS RELATING TO LIMITATIONS, TRANSPARENCY, AND OVERSIGHT REGARDING MEDICAL RESEARCH CONDUCTED BY THE DEPARTMENT OF DEFENSE.

(a) MEDICAL RESEARCH AND DEVELOPMENT PROJECTS.—Section 756, relating to a prohibition on funding and conduct of certain medical research and development projects by the Department of Defense, shall have no force or effect.

(b) RESEARCH, DEVELOPMENT, TEST, AND EVALUATION EFFORTS AND PROCUREMENT ACTIVITIES RELATED TO MEDICAL RESEARCH.—Section 898, relating to a limitation on authority of the Secretary of Defense to enter into contracts, grants, or cooperative agreements for congressional special interest medical research programs under the congressionally directed medical research program of the Department of Defense, shall have no force or effect.

Mr. GRAHAM. Mr. President, I yield back the remainder of our time.

The PRESIDING OFFICER. The time is yielded back.

The question is on agreeing to the Durbin amendment.

Mr. ALEXANDER. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from Vermont (Mr. SANDERS) and the Senator from Virginia (Mr. WARNER) are necessarily absent.

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

The result was announced—yeas 66, nays 32, as follows:

[Rollcall Vote No. 90 Leg.]

YEAS—66

Alexander	Feinstein	Mikulski
Ayotte	Franken	Moran
Baldwin	Gardner	Murkowski
Bennet	Gillibrand	Murphy
Blumenthal	Grassley	Murray
Blunt	Heinrich	Nelson
Booker	Heitkamp	Peters
Boozman	Heller	Portman
Boxer	Hirono	Reed
Brown	Hoeven	Reid
Burr	Isakson	Schatz
Cantwell	Johnson	Schumer
Capito	Kaine	Shaheen
Cardin	King	Shelby
Carper	Kirk	Stabenow
Casey	Klobuchar	Tester
Cassidy	Leahy	Thune
Cochran	Manchin	Udall
Collins	Markey	Warren
Coons	McCaskill	Whitehouse
Donnelly	Menendez	Wicker
Durbin	Merkley	Wyden

NAYS—32

Barrasso	Flake	Roberts
Coats	Graham	Rounds
Corker	Hatch	Rubio
Cornyn	Inhofe	Sasse
Cotton	Lankford	Scott
Crapo	Lee	Sessions
Cruz	McCain	Sullivan
Daines	McConnell	Tillis
Enzi	Paul	Toomey
Ernst	Perdue	Vitter
Fischer	Risch	

NOT VOTING—2

Sanders	Warner

The amendment (No. 4369) was agreed to.

(At the request of Mr. REID, the following statement was ordered to be printed in the RECORD.)

VOTE EXPLANATION

• Mr. WARNER. Mr. President, due to a prior commitment, I regret I was not present to vote on Senate amendment No. 4369, offered by Senator DURBIN. I am a cosponsor of this amendment, and had I been present, I would have voted in support of the amendment. The CDMRP has produced breakthroughs in treatment for a variety of diseases and medical conditions, and it deserves our continued support.•

AMENDMENT NO. 4204

The PRESIDING OFFICER. There will now be 2 minutes of debate, equally divided, in relation to the Inhofe amendment.

The Senator from Oklahoma.

Mr. INHOFE. Mr. President, a year ago, when we were considering this same bill, the language of the bill that was presented to us had a pilot program that would temporarily look at privatizing five commissaries. We elected not to do that.

We had an amendment at that time with 25 cosponsors, and it was not necessary to actually have a rollcall vote, and it overwhelmingly was passed that we would not do that until we had a study of DOD with an assessment by GAO on privatization. That has not happened yet. The initial report came out from GAO and it is negative on having the privatization language at this point.

I reserve the remainder of my time.

The PRESIDING OFFICER (Ms. AYOTTE). The Senator from Rhode Island.

Mr. REED. Madam President, the key aspect of this legislation that was included in the committee mark is that it is a pilot, and I believe, along with the chairman, this is the best way to evaluate the merits or demerits of privatization of commissaries.

It will allow an evaluation that is not theoretical, not a report but an actual company actively engaged in running a facility. The goal is not just to maintain the commissaries, the goal is to enhance the value of service to men and women. I think, along with the chairman, this approach is an appropriate approach and would do just that.

I urge rejection of the Inhofe amendment.

The PRESIDING OFFICER. The Senator from Oklahoma has 7 seconds.

Mr. INHOFE. Madam President, we have 40 cosponsors. I advise each Senator to look at the cosponsors before voting on this. However, I would have no objection to a voice vote.

The PRESIDING OFFICER. Is there further debate?

The question is on agreeing to the Inhofe amendment No. 4204.

Mr. MCCAIN. Madam President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The senior assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from Vermont (Mr. SANDERS) and the Senator from Virginia (Mr. WARNER) are necessarily absent.

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

The result was announced—yeas 70, nays 28, as follows:

[Rollcall Vote No. 91 Leg.]

YEAS—70

Alexander	Franken	Nelson
Ayotte	Gardner	Peters
Baldwin	Gillibrand	Reid
Barrasso	Grassley	Roberts
Bennet	Hatch	Rounds
Blumenthal	Heinrich	Rubio
Blunt	Heitkamp	Schatz
Booker	Heller	Schumer
Boozman	Hirono	Scott
Boxer	Inhofe	Sessions
Brown	Kaine	Shaheen
Burr	Kirk	Shelby
Cantwell	Klobuchar	Stabenow
Capito	Lankford	Sullivan
Cardin	Leahy	Tester
Casey	Markey	Tillis
Cochran	McCaskill	Udall
Collins	Menendez	Vitter
Coons	Merkley	Warren
Cornyn	Mikulski	Whitehouse
Donnelly	Moran	Wicker
Durbin	Murkowski	Wyden
Enzi	Murphy	
Feinstein	Murray	

NAYS—28

Carper	Flake	Paul
Cassidy	Graham	Perdue
Coats	Hoeven	Portman
Corker	Isakson	Reed
Cotton	Johnson	Risch
Crapo	King	Sasse
Cruz	Lee	Thune
Daines	Manchin	Toomey
Ernst	McCain	
Fischer	McConnell	

NOT VOTING—2

Sanders	Warner

The amendment (No. 4204) was agreed to.

(At the request of Mr. REID, the following statement was ordered to be printed in the RECORD.)

VOTE EXPLANATION

• Mr. WARNER. Mr. President, due to a prior commitment, I regret I was not present to vote on Senate amendment No. 4204, offered by Senator INHOFE. I am a cosponsor of this amendment, and had I been present, I would have voted in support of the amendment. It would be imprudent for Congress to authorize this privatization, possibly jeopardizing an important benefit for our military men and women, their families, as well as retired servicemembers, before receiving the thorough study on the potential impacts as requested in last year's National Defense Authorization Act.•

The PRESIDING OFFICER. The Senator from Arizona.

Mr. MCCAIN. Madam President, it is my understanding that we are trying to set up the amendment and second-degree amendment on the increase of an authorization of $17 billion. It is my understanding there will also be a second-degree amendment.

I just want to say a few words about the amendment which is pending. We

were trying to reach an agreement as to when we will have debate and vote on both the second degree and the amendment itself.

I would point out that the unfunded requirements of the military services total $23 billion for the next fiscal year alone. Sequestration threatens to return in 2018, taking away another $100 billion from our military. The amendment would increase defense spending by $18 billion.

I will be pleased to go through all of the programs where there is increased spending, but I would point out that those increases were in the 5-year defense plan but were cut because of the authorization of $17 billion—the President's request of $17 billion from what we had last year.

From a quick glance around the world, I think we can certainly make one understand that the world is not a safer place than it was last year. We are cutting into readiness, maintenance, and all kinds of problems are beginning to arise in the military.

My friend from Rhode Island and I will be discussing and debating both the second-degree amendment and the amendment, and hopefully we will have votes either tomorrow or on Thursday, depending on negotiations between the leaders.

I yield the floor.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. REED. Madam President, I thank and commend the chairman. As he indicated, he has proposed an amendment, and he is also allowing us to prepare a second-degree amendment, which I would like to offer as soon as it is ready and then conduct debate on a very important topic; that is, investing in our national security in the broadest sense and doing it wisely and well. Then, I would hope again—subject to the deliberations of the leaders on both sides—that we could have a vote on both the underlying amendment and the second-degree amendment tomorrow or the succeeding day.

Again, I thank the chairman for not only bringing this issue to the floor but also for giving us the opportunity to prepare an appropriate amendment.

Thank you.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. MCCAIN. Madam President, I understand that the Senator from Oklahoma and the Senator from New Mexico are interested in getting noncontroversial legislation up and completed. I am more than pleased to yield time from our discussion of the Defense authorization bill for the Senator from Oklahoma.

Mr. INHOFE. If the Senator would yield, I would appreciate that very much. We are talking about the TSCA bill, and it is one that is almost a must-pass type of bill. We have support on both sides—I think almost total support. If we could have another 10 minutes to talk to a couple of people, I would like to make that motion.

If you could, go ahead and talk about the Defense bill.

Mr. MCCAIN. I thank the Senator from Oklahoma. When he gets ready, we will obviously be ready to yield to the Senator from Oklahoma for consideration of that important legislation.

In the meantime, I would like to point out that, as part of this package of $18 billion, it increases the military pay raise to 2.1 percent. The current administration's budget request sets pay raises at 1.6 percent.

It fully funds troops in Afghanistan at 9,800. The budget request of the President funds troop levels at 6,217.

It stops the cuts to end strength and capacity. It restores the end strength for Army, Navy, Marine Corps, and Air Force. For example, it cancels the planned reduction of 15,000 active Army soldiers. If the planned reduction actually was implemented, we would have one of the smallest armies in history, certainly in recent history.

It funds the recommendations of the National Commission on the Future of the Army. It includes additional funding for purchasing 36 additional UH–60 Black Hawk helicopters, 5 AH–64 Apaches, and 5 CH–47 Chinook helicopters. I would point out that all of those were in keeping with the recommendations of the National Commission on the Future of the Army.

It adds $2.2 billion to readiness to help alleviate problems each of the military services are grappling with. Of the $23 billion in unfunded requirements received by the military services, almost $7 billion of it was identified as readiness related.

It addresses the Navy's ongoing strike fighter shortfall and the U.S. Marine Corps aviation readiness crisis by increasing aircraft procurement. It addresses high priority unfunded requirements for the Navy and Marine Corps, including 14 F/A–18 Super Hornets and 11 F–35 Joint Strike Fighters.

It supports the Navy shipbuilding program, and it provides the balance of funding necessary to fully fund the additional fiscal year 2016 DDG–51 *Arleigh Burke*-class destroyer. It restores the cut of the one littoral combat ship in fiscal year 2017.

It supports the European Reassurance Initiative with the manufacturing and modernization of 14 M1 Abrams tanks and 14 M2 Bradley fighting vehicles.

There is also increased support for Israeli cooperation on air defense programs of some $200 million.

What this is is an effort to make up for the shortfall that would bring us up to last year's number—last year's. Again, I want to point out—and we will talk more about it—we have all kinds of initiatives going on. We have an increase in troops' presence in Iraq and Syria; we are having much more participation in the European reassurance program; and there is more emphasis on our rebalancing in Asia. At the same time, we are cutting defense and making it $17 billion lower than the military needed and planned for last year.

I hope that my colleagues would understand and appreciate the need, particularly when we look at the deep cuts and consequences of reductions in readiness, training, and other of the intangibles that make the American military the great organization—superior to all potential adversaries—that it is.

I hope my colleagues will look at what we are proposing for tomorrow. I know the other side will have a second-degree amendment as well. I haven't seen it, but I would be pleased to give it utmost consideration, depending on its contents.

I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. PORTMAN. Madam President, after Memorial Day and a day after the 72nd anniversary of D-day and at a time when we live in a more and more dangerous world with threats from North Korea, China, Russia, and ISIS, it is appropriate that we are on the floor talking about our military, talking about helping our troops, and doing so by strengthening our military.

Senator MCCAIN, who is the chairman of the committee, just talked about the fact that there is a pay raise here. There is also an assurance to our military that we are not going to have the kind of end strength that puts us in more peril.

I applaud him and I applaud Senator REED for their work on this bill. I intend to support this bill, and I hope we continue to make progress this week on it.

COMPREHENSIVE ADDICTION AND RECOVERY BILL

Madam President, I am up today to talk about something different. It is another fight that we have, and that is with this terrible epidemic of heroin and prescription drugs. We now have a situation where 129 people on average are dying every single day. We have in my home State of Ohio and around the country epidemic levels not just of heroin and prescription drugs but now fentanyl, which is a synthetic form of heroin. It is affecting every community and every State.

This is the eighth time I have come on the floor to talk about this issue since the Senate passed their legislation on March 10—every week we have been in session since then. Initially, I came to encourage the House to act and urge them to move on it. They did that a couple weeks ago. Now I am urging the House and the Senate to come together because we have some differences in our two approaches to this, but for the most part we have commonality. There is common ground on how to deal with this issue: more prevention and education, better treatment and recovery, helping our law enforcement to be able to deal with it.

My message is very simple. We know what is in the House bill. We know what is in the Senate bill. We are starting to work together to find a way to come together. That is good. We need

to do that as soon as possible. This isn't like other issues we address on the floor, with all due respect. This is an emergency back home. This is one we know the Federal Government can be a better partner with State and local governments and with nonprofits. The Presiding Officer has been very involved in this issue over time. When we go home, we hear about it. This affects every single State. That is why we had a 94-to-1 vote in this Chamber. That never happens around here. We were on the floor for 2½ weeks, and by the end of the debate practically every single Senator who voted said this is a key issue back home. I like this bill because it is comprehensive, it is common sense. We need to support it. There is a real crisis out there, and this is a genuinely comprehensive solution to the crisis. We have the common ground. We need to move forward and do so soon.

In 88 days, since the Senate passed the legislation on March 10, more than 10,000 Americans—10,000 Americans—have died of drug overdoses from opioids. That doesn't include the hundreds of thousands of others who have not died from an overdose but are casualties. They have lost a job. They have broken their relationship with their family, with loved ones. They have been driven to pay for drugs by going to crime. They have lost hope. There are now an estimated 200,000 in Ohio who are suffering from addiction to heroin and prescription drugs. That is the size of the city of Akron, OH, a major city in my State. It is urgent. People understand it. There is a new poll showing that 3 in 10 Ohioans know someone struggling with an opioid addiction. They know people—their family members, their friends, their coworkers, their fellow parishioners, their neighbors—who are experiencing the consequences we talked about a moment ago: a lost job, time in prison, broken relationships, communities being devastated. All they have to do is open the newspaper to be reminded of it. Every day the headlines tell the story of families torn apart because of addiction.

Since my last speech on the floor about 2 weeks ago, there is more bad news from my State of Ohio. Two weeks ago, a 41-year-old man and his 19-year-old daughter, both from Ohio, were arrested together buying heroin. The same day, a 26-year-old man was found dead of an overdose near a creek in Lemon Township in Butler County. Last Thursday, in Steubenville, police seized 100 grams of heroin from one man. I told the story 2 weeks ago of Annabella, a 14-month-old from Columbus who died at a drug house after ingesting her mother's fentanyl-laced heroin. Last Thursday, a 29-year-old man in Columbus was sentenced to 9 years in prison after his 11-month-old son, Dominic, ingested his father's fentanyl and died.

Ohioans know this is happening, and we are taking action back home. State troopers in Ohio will soon be carrying naloxone with them, which is a miracle drug that can actually reverse the effects of an overdose. Our legislation provides more training for naloxone, also called Narcan. It also provides more grant opportunities for law enforcement. It is one reason the Fraternal Order of Police has been very supportive of our legislation and provided us valuable input as we were crafting it. In Ohio, last year alone, first responders administered Narcan 16,000 times, saving thousands of lives.

Our Governor, John Kasich, is conducting an awareness campaign in Ohio called ''Start Talking.'' The National Guard is helping out. They are conducting 113 events across Ohio, reaching more than 30,000 high school students to talk about drugs and opioid addiction. I am told 65 National Guard members have partnered with 28 law enforcement agencies on counterdrug efforts. They have helped confiscate more than $6 million in drugs already, including 235 pounds of heroin, 20 pounds of fentanyl, and 26 pounds of opiate pills.

CARA would create a national awareness campaign—we think this is incredibly important—including making this connection between prescription drugs, narcotic pain pills, and heroin. Four out of five heroin addicts in Ohio started with prescription drugs. This is not included in the House-passed legislation, as one example of something we want to add, but I think it is critical we include it in the final bill we ultimately send to the President's desk and ultimately out to our community so this message can begin to resonate to let people know they should not be getting into this addiction—this funnel of addiction—that is so difficult.

We are taking action in Ohio, but back in Ohio they want the Federal Government to be a better partner, and we can be through this legislation. In Cleveland, the Cuyahoga county executive, Armond Budish, and the County medical examiner, Dr. Thomas Gilson, last week asked the Federal Government to be a better partner with them. I agree with them. They support our legislation. So do 160 of the national groups—everybody who has worked with us over the years to come up with this nonpartisan approach. It is based on what works. It is based on actual evidence of the treatment that works, the recovery programs that work, the prevention that works.

In Cleveland, OH, it is not hard to see why. One hundred forty people have died of fentanyl overdoses so far this year—record levels. Fentanyl is even more potent than heroin. Depending on the concentration, it can be 50 or more times more powerful than heroin. Forty-four people died of opioid overdoses in Cleveland in just the month of May—44 in 1 month, just 1 month, in one city. That includes one 6-day span when 13 people died of overdoses; 18 of those 44 lived in the city of Cleveland, 26 lived in the suburbs. This knows no ZIP Code. It is not isolated to one area. It is not isolated to rural or suburban or inner city. It is everywhere. No one is immune, and no one is unaffected by this epidemic.

People across the country are talking about it more in the last couple weeks. One reason we are talking about it is because of the premature death of Prince, a world-renowned recording artist whose 58th birthday would have been celebrated yesterday. Based on the autopsy of Prince, we now know he died of a fentanyl overdose.

Fentanyl is driving more of this epidemic every day. As I said, in 2013, there were 84 fentanyl overdose deaths in Ohio. The next year it was 503. Sadly, this year it is going to be more than that. The new information about the overdose that took Prince's life has surprised some. After all, Prince had it all: success, fame, talent, and fortune. He was an amazingly talented musician, but as Paul Wax, the executive director of the American College of Medical Toxicology, put it, ''This epidemic spares no one. It affects the wealthy, the poor, the prominent, and the not prominent.'' He is exactly right. This epidemic knows no limits.

In a way, as this becomes known, it may help get rid of the stigma attached to addiction that is keeping so many people from coming forward and getting the treatment they need as people understand it is everywhere. It affects our neighbors and friends regardless of our station in life or where we live. It happens to grandmothers. It happens to teenagers who just had their wisdom teeth taken out. It happens to the homeless, and it happens to the rich and famous.

Prince is hardly the first celebrity case of opioid addiction. Celebrities like Chevy Chase and Jamie Lee Curtis have been brave enough to open up and talk about their struggles, and I commend them for that. The former Cleveland Browns wide receiver, Josh Cribbs, recently told ESPN:

> I grew up in the football atmosphere, and to me it's just part of the game. Unfortunately, it's ingrained within the players to have to deal with this, and it's almost as if that's part of it. After the game, you are popping pills to get back to normal, to feel normal. The pills are second nature to us. They're given to us just to get through the day. . . . The pills are part of the game.

I am hopeful that if any good can come out of tragedies like Prince's premature death, it can be that we raise awareness about this epidemic and prevent new addictions from starting. Prevention is ultimately going to be the best way to turn the tide.

The House-passed legislation does not include CARA's expanded prevention grants, which address local drug crises and are focused on our young people, but I am hopeful again that ultimately that will be included in the bill we send to the President's desk and to our communities.

I know the scope of this epidemic can feel overwhelming at times, but there is hope. Prevention can work, treatment can work, and it does work.

Think about Jeff Knight from the suburbs of Cleveland. He was an entrepreneur. He started a small landscaping business when he was just 21 years old. The business grew and grew. He was successful. He had more than a dozen employees. Then, at age 27, he was prescribed Percocet. Percocet. He became addicted. His tolerance increased so he switched to OxyContin. When the pills were too expensive or he couldn't find enough pills, he switched to heroin because it was less expensive and more accessible. He started selling cocaine and Percocet to buy more heroin. The drugs became everything, which is what I hear from so many of our recovering addicts. The drugs became everything, pulling them away from their families, their job, and their God-given purpose in life.

Within 3 years, Jeff Knight lost everything. He lost his business, he lost his relationship with his family, and he was arrested, but there he got treatment, and through a drug court program he got sober. He moved into a sober-living facility where there was supervision, accountability, and support from his peers. Again, as we are looking at these programs around the country and we are holding up those best practices, we want to fund those best practices that have that kind of support, not just the treatment but the strong recovery programs.

Jeff has now been clean for 3 years. He still has that same entrepreneurial spirit, and he is using it now to help others. He actually has bought several houses in Cleveland, which he has now turned into sober housing for men who are addicted—all because he got treatment and he was in a good recovery program, which he is now permitting others to appreciate.

Nine out of ten of those who need treatment aren't getting it right now, we are told. CARA—the Senate-passed bill—and the House bills both provide more help for the type of treatment programs and recovery that work. If we can get a comprehensive bill to the President, we can help more people who are struggling to get treatment, and we can give them more hope. It is time to act, and act quickly, to find common ground and get a comprehensive bill in place now so we can begin to help the millions who are struggling.

Again, I appreciate the Presiding Officer's efforts in this regard. I ask my colleagues on both sides of the aisle to continue to promote our leadership to move forward, get this conference resolved, get it to the President's desk, and begin to help our constituents back home, all of whom deserve our attention on this critical issue and this epidemic that is affecting every community.

Madam President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

FEDERAL CHEMICAL REGULATION LEGISLATION

Mr. PAUL. Madam President, Milton Friedman once said that if you give the Federal Government control of the Sahara Desert, within 5 years there will be a shortage of sand. I tend to agree, and it worries me anytime a consensus builds to federalize anything.

I have spent the last week reading this bill, this sweeping Federal takeover of chemical regulations, and I am now more worried than I was before I read the bill. Most worrisome, beyond the specifics, is the creeping infestation of the business community with the idea that the argument is no longer about minimizing regulations but about making regulations regular. Businesses seem to just want uniformity of regulation as opposed to minimization of regulation.

A good analogy is that of how businesses respond to malingerers who fake slip-and-fall injuries. Some businesses choose to limit expenses by just paying out small amounts, but some brave businesses choose to legally defend themselves against all nuisance claims. Federalizing the chemical regulations is like settling with the slip-and-fall malingerers and hoping he or she will keep their extortion at a reasonable level.

In the process, though, we have abandoned principle. We will have given up the State laboratories where economic success and regulatory restraint are aligned. It is no accident that regulatory restraint occurs in States that host chemical companies and ensures that State legislatures will be well aware that the economic impact of overbearing regulation will be felt in their State. As a consequence, there is a back-and-forth and consideration both of the environment and health of the economy.

Federalization of regulations separates the people who benefit from a successful chemical industry from the unelected bureaucrats who will write the regulations. Once you sever the ties, once there is no incentive, once nobody cares about the jobs anymore, the tendency is to regulate and to overregulate. Once that tie is severed, the joint incentive to minimize regulation is lost. In fact, this legislation explicitly bans the consideration of a regulation's economic cost when deciding whether chemicals will be put into a high-risk category. Once a chemical has been labeled ''high risk,'' the legal liability and stigma that will attach will effectively ban the substance without the effect on the economy ever being considered. Regardless of what the final regulations actually say, the subsequent public reaction and lawsuits will have the effect of driving the chemical out of the market if it is considered to be a high-risk chemical.

If we are to ignore the cost of regulations, if we are to ignore the relationship between regulations and job loss, there is basically no limit to the fervor and ferocity that will be unleashed by bureaucrats whose perpetual mandate is to regulate.

I always thought we needed more balance, not less, in deciding on new regulations. I always thought we should balance the environment and the economy. Instead of balancing the economic effects and the environmental effects, this bill explicitly says to regulators that their goal is to regulate, period. This bill explicitly states that the economic impact of regulations is only considered after the EPA has decided to regulate, after a substance has been categorized as high risk. Is this really the best we can do?

Sometimes I wonder if we deserve the government we get. When the business community gets together and seeks Federal regulations, I wonder: Have they not paid any attention to what is going on in Washington? Are they unaware of the devastating explosion of Federal regulations? Are they unaware that today's overbearing regulations were yesterday's benign advisories? Everything starts out nice and easy: We are not going to overregulate you. But it never goes down; it always ratchets up. Are they unaware that the most benign and well-intended regulations of the 1970s are now written and rewritten by a President mad with regulatory zeal?

For those who are unaware of the devastation the EPA has wreaked upon our people, I request that you come and visit us in Eastern Kentucky. Come and visit us in West Virginia. The EPA's War on Coal has spread a trail of despair amongst a proud people. Many of these counties have unemployment over twice the national average.

The regulations that are crippling and destroying our jobs in Kentucky were not passed by Congress; these job-killing regulations are monsters that emerged from the toxic swamp of Big Government bureaucrats at the EPA. The Obama-Clinton War on Coal largely came from regulations that were extensions of seemingly bland, well-intended laws in the early 1970s, laws like the Clean Water Act that were well-intended, legislating that you can't discharge pollutants into a navigable stream. I am for that, but somehow the courts and the bureaucrats came to decide that dirt was a pollutant and your backyard might have a nexus to a puddle that has a nexus to a ditch that was frequented by a migratory bird that once flew from the Great Lakes, so your backyard is the same as the Great Lakes now. It has become obscene and absurd, but it was all from well-intentioned, reasonable regulations that have gotten out of control. Now the EPA can jail you for putting dirt on your own land. Robert Lucas was given 10 years in prison for putting dirt on his own land.

Now, since that craziness has infected the EPA, we now have the Feds

asserting regulatory control over the majority of the land in the States.

Will the Federal takeover of the chemical regulations eventually morph into a war on chemical companies, similar to what happened to the coal industry? I don't know, but it concerns me enough to examine the bill closely.

Anytime we are told that everyone is for something, anytime we are told that we should stand aside and not challenge the status quo, I become suspicious that it is precisely the time someone needs to look very closely at what is happening.

I also worry about Federal laws that preempt State laws. Admittedly, sometimes States, such as California, go overboard and they regulate businesses out of existence or at least chase them to another State. However, California's excess is Texas's benefit.

I grew up along the Texas coast. Many of my family members work in the chemical industry. Texas has become a haven because of its location and its reasonable regulations.

Because Texas and Louisiana have such a mutually beneficial relationship with the chemical industry, it is hard to imagine a time when the Texas or the Louisiana Legislature would vote to overregulate or to ignore the cost of new regulations. It is not in their best interest. But it is much easier to imagine a time when 47 other States gang up on Texas, Louisiana, and Oklahoma to ratchet up a Federal regulatory regime to the point at which it chokes and suffocates businesses and their jobs. Think it can't happen? Come and visit me in Kentucky. Come and see the devastation. Come and see the unemployment that has come from EPA's overzealous regulation.

How can it be that the very businesses that face this threat support this bill, support the federalization of regulation? I am sure they are sincere. They want uniformity and predictability—admirable desires. They don't want the national standard of regulations to devolve to the worst standard of regulations. California regulators—yes, I am talking about you. Yet the bill before us grandfathers in California's overbearing regulations. It only prevents them from getting worse.

But everyone must realize that this bill also preempts friendly States, such as Texas and Louisiana, from continuing to be friendly States. As Federal regulations gradually or quickly grow, Texas and Louisiana will no longer be able to veto the excesses of Washington. Regulations that would never pass the Texas or Louisiana State Legislature will see limited opposition in Washington. Don't believe me? Come and see me in Kentucky and see the devastation the EPA has wrought in my State.

So why in the world would businesses come to Washington and want to be regulated? Nothing perplexes me more or makes me madder than when businesses come to Washington to lobby for regulations. Unfortunately, it is becoming the norm, not the exception. Lately, the call to federalize regulations has become a cottage industry for companies to come to Washington and beg for Federal regulations to supersede troublesome State regulations. It seems like every day businesses come to my office to complain about regulatory abuse, and then they come back later in the day and say: Oh, and by the way, can you vote for Federal regulations on my business because the State regulations are killing me? But then a few years later, they come back—the same businesses—and they complain that the regulatory agencies are ratcheting up the regulations.

Food distributors clamor for Federal regulations on labeling. Restaurants advocate for national menu standards. Now that we have Federal standards, lo and behold, we also have Federal menu crimes. You can be imprisoned in America for posting the wrong calorie count on your menu. I am not making this up. You can be put in prison for putting down the wrong calorie count. We have to be wary of giving more power to the Federal legislature.

With this bill, chemical companies lobby for Federal regulations to preempt State legislation. None of them seem concerned that the Federal regulations will preempt not only aggressive regulatory States, such as California, but also market-oriented States, friendly States, such as Texas and Louisiana. So the less onerous Federal regulations may initially preempt overly zealous regulatory States, but when the Federal regulations evolve into a more onerous standard, which they always have, there will no longer be any State laboratories left to exercise freedom. Texas and Louisiana will no longer be free to host chemical companies as the Federal agencies ratchet higher.

Proponents of the bill will say: Well, Texas and Louisiana can opt out; there is a waiver. Guess who has to approve the waiver. The head of the EPA. Anybody know of a recent head of the EPA friendly to business who will give them a waiver on a Federal regulation? It won't work.

The pro-regulation business community argues that they are being overwhelmed by State regulations, and I don't disagree. But what can be done short of federalizing regulations? What about charging more in the States that have the costly regulations? In Vermont, they have mandated GMO labeling, which will cost a fortune. Either quit selling to them or jack up the price to make them pay for the labeling. Do you think the Socialists in Vermont might reconsider their laws if they have to pay $2 more for a Coke or for a Pepsi to pay for the absurd labeling?

What could chemical companies do to fight overzealous regulatory States? What they already do—move to friendly States. If California inappropriately regulates your chemicals, charge them more and by all means, move. Get the heck out of California. Come to Kentucky. We would love to have your business.

What these businesses that favor federalization of regulation fail to understand is that the history of Federal regulations is a dismal one. Well-intended, limited regulations morph into ill-willed, expansive, and intrusive regulations. What these businesses fail to grasp is that while States like California and Vermont may pass burdensome, expensive regulations, other States, like Texas, Tennessee, and Kentucky, are relative havens for business. When businesses plead for Federal regulations to supersede ill-conceived regulations in California and Vermont, they fail to understand that once regulations are centralized, the history of regulations in Washington is only to grow. Just witness regulations in banking and health care. Does anyone remember ever seeing a limited, reasonable Federal standard that stayed limited and reasonable?

It is not new in Washington for businesses to lobby to be regulated. Some hospitals advocated for ObamaCare and now complain that it is bankrupting them. Some small banks advocated for Dodd-Frank regulations, and now they complain the regulators are assaulting them as well.

The bill before us gives the Administrator of the EPA the power to decide at a later date how to and to what extent he or she will regulate the chemical industry. In fact, more than 100 times this bill leaves the discretionary authority to the EPA to make decisions on creating new rules; 100 times it says the Administrator of the EPA shall at a later date decide how to regulate. That is a blank check to the EPA. It is a mistake.

Does anyone want to hazard a guess as to how many pages of regulations will come from this bill? The current Code of Federal Regulations is 237 volumes and more than 178,000 pages. If ObamaCare is any guide, it will be at least 20 pages of regulations for every page of legislation. Using the ObamaCare standard, this bill will give us nearly 2,000 pages of regulations. ObamaCare was about 1,000 pages. The regulations from ObamaCare have morphed into nearly 20,000 pages. It is not hard to see how this bill, which requires review of more than 85,000 chemicals now on the market, could quickly eclipse that lofty total.

No one disputes that this bill increases the power of the EPA. This is an important point. No one disputes that this bill increases the power of the EPA. No one disputes that this bill transfers power from the States to the Federal Government. The National Journal recognizes and describes this bill as granting extensive new authority to the EPA. If you don't think that is a problem, come to Kentucky and meet the 16,000 people in my State who have lost their jobs because of the overregulatory nature of the EPA. Ask them what they think of Hillary Clinton's plan to continue putting coal

miners out of business in my State. Ask them what they think of granting extensive new authority to the EPA. Look these coal miners in the face and tell them to trust you and that your bill will not increase EPA's power. Tell them to trust you.

Is there anything in the recent history of regulatory onslaught that indicates a reasonable Federal standard will remain reasonable? When starting out, everybody says that they are going to preempt these terrible States like California. It is going to preempt California and Vermont and all of these terrible liberal States, and it will be a low level. Business was involved so business has made it a low and easy standard for chemicals. It will be ratcheted up because regulations never get better; they always get worse.

I rise today to oppose granting new power to the EPA. I wish we were here today to do the opposite—to vote to restrain the EPA and make sure that they balance regulations and jobs. I wish we were here today to vote for the REINS Act that requires new regulations to be voted on by Congress before they become enforceable. Instead, this legislation will inevitably add hundreds of new regulations.

I rise today to oppose this bill because it preempts the Constitution's intentions for the Federal Government.

I rise today to oppose this bill because the recent history of the EPA is one that has shown no balance, no quarter, and no concern for thousands of Kentuckians they have put out of work.

I rise today to oppose this bill because I can't in good conscience, as a Kentuckian, vote to make the Federal EPA stronger.

I thank the Presiding Officer, and I yield my time.

The PRESIDING OFFICER (Mr. GARDNER). The Senator from Oklahoma.

Mr. INHOFE. Mr. President, I am prepared to make a unanimous consent request. I don't have the wording yet, but I will momentarily, so I will not take the floor at this time.

The PRESIDING OFFICER. The Senator from Delaware.

Mr. COONS. Mr. President, if I might make an inquiry about the order. Senator WHITEHOUSE and I were about to engage in a colloquy.

The PRESIDING OFFICER. The Senator from Delaware is recognized.

Mr. COONS. Mr. President, I ask unanimous consent to engage in a colloquy with Senator WHITEHOUSE of Rhode Island for up to 20 minutes.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

CLIMATE CHANGE

Mr. COONS. Mr. President, I am so pleased to join my colleague, the Senator from Rhode Island, to discuss one of the most important issues facing future generations in our world, which is climate change, an issue that also directly affects both of our coastal and low-lying States.

Many may know Delaware's status as the first State to ratify the Constitution, but I think few of my colleagues are aware that Delaware is also our country's lowest lying State. We have the lowest mean elevation. This status comes with certain challenges, especially with nearly 400 miles of exposed shoreline. That means no part of our State is more than 30 miles from the coast, so the good news is that no matter where you live in my home State, it takes less than 30 minutes to get to sun and sand. But the challenge is that we are particularly vulnerable to the increasing effects of climate change.

In recent years, we have seen how flooding can devastate homes and communities up and down our State. Low-lying neighborhoods often don't have the resources to cope with steadily increasing flooding. A community such as Southbridge in Wilmington—pictured to my right—has been disproportionately affected.

Environmental justice has long been a concern of mine and of Senator WHITEHOUSE. We had the opportunity to visit the neighborhood of Southbridge. Southbridge is significantly flooded every time it rains more than an inch or two. With subsidence, the steady sinking of the land, and with sea level rise acting in combination in my State, we will simply see more and more challenges from severe flooding due to sea level rise around the globe and in my home State.

It is not just houses and neighborhoods that are threatened by sea level rise; it also affects businesses and entire industries. There is a broad range of long-established industries and businesses in my State that are placed in coastal areas because of the history of our settlement and development. Somewhere between 15 and 25 percent of all the land used for heavy industry in my State will likely be inundated by sea level rise by the end of the century, and that doesn't even include all of the other productive land use for agriculture and tourism that contribute to jobs and revenue in my home State.

Despite our small size and our significant exposure, we also punch above our weight when it comes to tackling the challenges of climate change. In places like Southbridge, our communities have come together at the State and local level to find creative solutions to cope with the flooding that is increasingly caused by climate change. This image demonstrates a plan that has been developed for the South Wilmington wetlands project. Senator WHITEHOUSE may describe his visit to the State of Delaware in more detail, but I wanted to open simply by describing this community response to the flooding that we saw in the previous slide. We have come together as a community to plan a cleanup of a brownfield area to create a safe and attractive park for the neighborhood and to improve water quality and drainage in a way that also creates new ecosystems, new opportunities for recreation, and a new future for a community long blighted and often under water.

That is not the only example of the many actions that have been taken by my home State of Delaware. Delaware also participates in RGGI, the Regional Greenhouse Gas Initiative, a collection of nine mid-Atlantic and northeastern States, including Rhode Island, that have joined together to implement market-based policies to reduce emissions.

Since 2009, the participating States have reduced our carbon emissions by 20 percent while also experiencing stronger economic growth in the rest of the country, which I view as proof that fighting climate change and strengthening our economy are not mutually exclusive exchangeable goals.

In fact, over the past 6 years, Delaware has reduced its greenhouse gas emissions more than any State in the entire United States. We have done that by growing our solar capacity 6,000 percent through multiple utility-scale projects and distributed solar. We have also done our best to adapt to climate change through community and State-led planning. Our Governor Jack Markell and former Delaware Secretary Collin O'Mara led a fantastic bottom-up, State-wide level planning effort to address the impacts of climate change on water, agriculture, ecosystems, infrastructure, and public health. In December of 2014, they released their climate framework for Delaware—an impressive statewide effort to be prepared for what is coming before it is too late.

I believe Delaware is an example of how communities that are most vulnerable to climate change can work together across public and private sectors to meet the challenges of climate change head-on. That is why I invited my friend and colleague Senator WHITEHOUSE. He is a true leader in the work to address climate change, not only in his home State of Rhode Island but across our country, and he has paid a visit to my State.

Every week, Senator WHITEHOUSE gives a speech on a different aspect of climate change, and I was proud to participate today in his weekly speech on the topic and thrilled to welcome him to my home State in May as part of his ongoing effort.

Before I yield the floor to Senator WHITEHOUSE, I just want to talk about one other stop on our statewide tour—a stop in Prime Hook, one of Delaware's two national wildlife refuges. The beach in Prime Hook over the last 60 years has receded more than 500 feet. Over the last decade, storms have broken through the dune line several times, flooding 4,000 acres of previously freshwater marsh.

When Hurricane Sandy hit this already fragile shoreline, leaving this coastline battered, as we can see here, it broke through completely and permanently flooded and destroyed the freshwater marsh. The storm deepened

and widened the beach from 300 feet to about 1,500 feet and exacerbated routine flooding on local roads used by the community to access the beach.

For a delicate ecosystem like this wildlife refuge, this type of severe weather and flooding can be devastating. Over the last 3 years, the U.S. Fish and Wildlife Service has worked in tandem with other Federal agencies, State partners, and NGOs to restore this highly damaged fragile ecosystem and rebuild the beach's defenses.

It is a long story, but you can see the punch line here. As of 2016, construction of a newly designed, resloped, redeveloped barrier has been completed. Senator WHITEHOUSE has also had the opportunity to visit this area. The finished project will be a saltwater marsh that I am confident will contribute significantly to a durable, resilient, and long-term ecosystem.

This is just one example of the creative things we are doing in Delaware to address the impacts of climate change and sea level rise. In some ways I think the most important and exciting was the last stop in our statewide visit.

With that I will turn it over to Senator WHITEHOUSE to discuss in more detail his visit to Delaware and our last visit to the southernmost part of my home State.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. WHITEHOUSE. Mr. President, I am really grateful to the junior Senator from Delaware for inviting me to his home State and for joining me here today for my ''Time to Wake Up'' speech No. 139.

Senator COONS and I spent a terrific day touring the Delaware shore. You can say whatever you want about us, but on that day we were the two wettest Members of the U.S. Senate. I can assure you of that.

This is Capitol Hill Ocean Week, and Wednesday is World Oceans Day, so it is a good time to consider the effects of global climate change in our oceans. The oceans have absorbed one-third of all carbon dioxide produced since the industrial revolution and over 90 percent of the excess heat that has resulted. That means that by laws of both physics and chemistry, the oceans are warming, rising, and acidifying.

Rhode Island is the Ocean State, but give Delaware credit. From the last report in 2013, it generated around $1 billion and over 23,000 jobs from the ocean based in tourism, recreation, shipping, and fishing. Like Rhode Island, Delaware sees its sea level rise at a rate of 3⅓ millimeters per year along the Delaware shore, 13 inches up over the last 100 years. Delawareans care about this issue. Over a quarter have reported personally experiencing the effects of sea level rise, two-thirds worry about the effects of sea level rise, and over 75 percent called on the State to take immediate action to combat climate change and sea level rise.

I did enjoy our visit in South Wilmington, and I enjoyed the visit to Port Mahon, where the roads had to be built up with riffraff to protect against sea level rise. But the real prize and the prime reason I went was Port Mahon's avian connection. Among the sandpipers, ruddy turnstones, and gulls we saw on the shore was a bird called the rufa red knot. Red knots stand out from other shore birds on the beach not only for their colorful burnt orange plumage but also for the amazing story that accompanies their arrival in Delaware each spring. This is a story to love, and I guess you would have to say a bird to admire.

They have only about a 20-inch wingspan at full growth, and the body is only about the size of a teacup, but each spring these red knots undertake an epic 9,000-plus mile voyage from Tierra del Fuego on the southern tip of South America up to the Canadian Arctic. After spending the summer nesting in the Arctic, they make the return trip south to winter in the Southern Hemisphere. This little bird has one of the longest animal migrations of any species on Earth.

How does Delaware come into this? Well, the red knots fly straight from Brazil to Delaware Bay. As you can imagine, when they get there, they are hungry. They have lost as much as half their weight. We were told they start to ingest their own organs toward the end.

Delaware Bay is the largest horseshoe crab spawning area in the world. Each May, horseshoe crabs lay millions of eggs. Nearly 2 million horseshoe crabs were counted in Delaware Bay in 2015, and a female can lay up to 90,000 eggs per spawning season. Do the math. That is a lot of eggs.

The red knots come here timed just so by mother nature to bulk up on the nutritious horseshoe crab eggs to replenish their wasted bodies from the long flight to Delaware Bay and to fuel up for the 2,000 further miles of journey to the Canadian Arctic.

I wanted to see this before it ends. The U.S. Fish and Wildlife Service has listed the red knot as threatened under the Endangered Species Act because ''successful annual migration and breeding of red knots is highly dependent on the timing of departures and arrivals to coincide with favorable food and weather conditions in the spring and fall migratory stopover areas and on the Arctic breeding grounds.'' Climate change can bollix up that timing.

We are already seeing that in a different subspecies of red knots that migrate north along the West African coast. A study published in the journal Science last month found that the earlier melt of Arctic snow is accelerating the timeline for the hatching of insects in spring, leading to smaller birds. The chicks, being less strong, begin to weaken and can't feed as successfully, and it cascades through an array of further difficulties.

You actually have to love this unassuming and astounding little bird, but its survival relies on a cascade of nature's events to line up just right. Nature throws a long bomb from Tierra del Fuego, where these birds start, and off they go. Months later they arrive in Delaware Bay timed to this 450 million-year-old creature, the horseshoe crab, emerging from Delaware Bay to spawn. If one environmental event comes too early or too late or if one food source becomes too limited, the species could collapse.

We got ahead of that in the 1990s when horseshoe crabs became rare because they were overfished. As their numbers went down, the red knot fell in accord. If the changes we are so recklessly putting in motion on the planet disturb nature's fateful planning, the red knot could pay a sad price.

Some people may snicker and say: There he goes again. Now he is on the Senate floor talking about some stupid bird. But I say this: When one sees the voyage that this bird has to make, a little shore bird used to running along the shore making this epic voyage every year—one of them has been measured, because of a tag on its ankle, to have flown the distance from here to the moon and halfway back in its life—if one can't see the hand of God in that creature, I weep for their soul.

So I thank my colleague from Delaware for his staff and the experts he brought along to help us learn about this. Like Rhode Island, Delaware has been proactive in planning for the risks that we face in a warmer and wetter future.

I yield the floor to the distinguished junior Senator from Delaware.

Mr. COONS. With that, Mr. President, I want to conclude by commenting that our day together began and ended with citizen science. The very first thing we did was to visit Delaware's national park to participate in a bio blitz, where volunteers from all over the country were identifying species and categorizing the threats to them from climate change. The very last thing we did was to count horseshoe crabs along the Cape Henlopen shore. I must say that my colleague from Rhode Island, even though there was driving rain and there were difficult conditions, was passionate and determined to do everything we could to contribute to the counting effort of the horseshoe crabs that day. It was a terrific opportunity to see a State that is engaged in planning and preparation and to witness one of the most remarkable migrations across our globe.

I want to express my gratitude to Senator WHITEHOUSE for his leadership on this issue.

Mr. WHITEHOUSE. Will the Senator yield for a question?

Mr. COONS. The Senator will yield for a question.

Mr. WHITEHOUSE. Were we, indeed, the two wettest Senators that day?

Mr. COONS. We were, indeed, the most persistently wet Senators in the entire country by the end of a very wet

and very fulfilling day up and down the State of Delaware.

With that, I thank my colleague from Rhode Island.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oklahoma.

TSCA MODERNIZATION ACT OF 2015

Mr. INHOFE. Mr. President, I ask that the Chair lay before the Senate the message to accompany H.R. 2576.

The Presiding Officer laid before the Senate the following message from the House of Representatives:

Resolved, That the House agree to the amendment of the Senate to the bill (H.R. 2576) entitled ''An Act to modernize the Toxic Substances Control Act, and for other purposes.'' with an amendment to the Senate amendment.

MOTION TO CONCUR

Mr. INHOFE. Mr. President, I move to concur in the House amendment to the Senate amendment.

I ask unanimous consent that there now be 45 minutes of debate on the motion, and that following the use or yielding back of time, the Senate vote on the motion to concur.

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

Mr. INHOFE. For the information of Senators, this will allow us to pass this bill tonight by voice vote.

Mr. President, I ask unanimous consent that for that 45 minutes of debate, the Senator from California, Mrs. BOXER, be recognized for 10 minutes; followed by the Senator from Louisiana, Mr. VITTER; and then go back and forth in 5-minute increments.

The PRESIDING OFFICER. Is there objection?

The Senator from California.

Mrs. BOXER. Reserving the right to object, Mr. President, I want to make a little clarification.

Senator UDALL has asked for 10 minutes. If we could use our time, allowing this Senator 10 minutes, and then after Senator VITTER's time, we would go to Senator UDALL for 10 minutes and then back to the other side. Then Senator MARKEY wanted 5 minutes and Senator WHITEHOUSE wanted 5 minutes as well—if it would go in that order as stated, with 10 for myself, 10 for Senator UDALL, 5 for Senator MARKEY, and 5 for Senator WHITEHOUSE.

Mr. INHOFE. I believe that adds up to our 45 minutes, and I will just not speak until after the vote.

The PRESIDING OFFICER. Is there objection to modifying the request?

Mrs. BOXER. There would be 5 minutes left, if that is all right.

Mr. INHOFE. I will amend my unanimous consent request.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mrs. BOXER. Mr. President, I want to start off by thanking my dear friend, Senator INHOFE. We have had a wonderful relationship when it comes to the infrastructure issues. We have not worked terribly well together on environmental issues, but because of both of our staffs and the Members of our committee on both sides of the aisle, we were able to tough it out and come up with a bill that I absolutely believe is better than current law.

I will be entering into the RECORD additional views by four leading Democratic negotiators—myself, Senator UDALL, Senator MERKLEY, and Senator MARKEY.

I rise in support of H.R. 2576, the Frank R. Lautenberg Chemical Safety for the 21st Century Act. I spoke at length about this before, so I won't go on for a long time. But I do want to reiterate that the journey to this moment has been the most complicated journey I have ever had to take on any piece of legislation, and I have been around here for a long time.

It was a critical journey. When naming a bill after Senator Lautenberg, who fought for the environment all his life, the bill must be worthy of his name, and, finally, this bill is.

It didn't start out that way. I used every prerogative I had, every tool in my arsenal to bring it down until it got better, and it is better. It is better than current law.

Asbestos, for example, is one of the most harmful chemicals known to humankind, and it takes 15,000 lives a year. It is linked to a deadly form of lung cancer called mesothelioma. People can breathe in these fibers deep into their lungs where they cause serious damage. We have addressed asbestos in this bill. We didn't ban it on this bill, which I support—and I have standalone legislation to do that—but we have made asbestos a priority in this bill.

Flame retardants are another category of dangerous chemicals. They have been linked to a wide array of serious health problems, including cancer, reduced IQ, developmental delays, obesity, and reproductive difficulties. These harmful chemicals have been added to dozens of everyday items such as furniture and baby products. So when we are talking about TSCA reforming the toxic laws, we are not just talking about a conversation, we are not just talking about a theory, we are not talking about something you would address in a classroom. We are talking about our families.

Now, the negotiations have been challenging. Many organizations in many States stood strong despite the pressure to step back, and I am so grateful to them for their persistence. I especially want to thank the 450 organizations that were part of the Safer Chemicals, Healthy Families coalition that worked with me, as well as the Asbestos Disease Awareness Organization for their efforts. Without them, I would not have had the ability to negotiate important improvements.

Let me highlight briefly a few of the most important changes in the final bill. I can't go one more minute without thanking the two people who are sitting right behind me, Bettina Poirier, who is my chief of staff on the committee and chief counsel, and Jason Albritton, who is my senior adviser. They worked tirelessly—through the night sometimes—with Senator INHOFE's staff. Without their work, we never would have gotten to this point, and we never would have gotten to a bill worthy of Frank's name, and it means a great deal to me.

The first major area of improvement is the preemption of State restrictions on toxic chemicals. In the final bill, we were able to make important exceptions to the preemption provisions.

First, the States are free to take whatever action they want on any chemical until EPA has taken a series of steps to study a particular chemical. Second, when EPA announces the chemicals they are studying, the States still have up to a year and a half to take action on these particular chemicals to avoid preemption until the EPA takes final action.

Third, even after EPA announces its regulation, the States have the ability to get a waiver so they can still regulate the chemical, and we have made improvements to that waiver to make it easier for States to act.

For chemicals that industry has asked EPA to study, we made sure that States are not preempted until EPA issues a final restriction on the chemical, and for that I really want to thank our friends in the House. They put a lot of effort into that.

The first 10 chemicals EPA evaluates under the bill are also exempted from preemption until the final rule is issued. Also, State or local restrictions on a chemical that were in place before April 22, 2016, will not be preempted.

So I want to say, as someone who comes from the great State of California—home to almost 40 million people and which has a good strong program—we protected you. Would I rather have written this provision myself? Of course, and if I had written it myself I would have set a floor in terms of this standard and allowed the States to take whatever action they wanted to make it tougher. But this was not to be. This was not to be. So because I couldn't get that done, what we were able to get done were those four or five improvements that I cited.

The States that may be watching this debate can really gear up and move forward right now. There is time. You can continue the work on regulations you passed before April. You can also have a year and a half once EPA announces the chemical, and if they don't announce anything, you can go back to doing what you did before. An EPA that is not funded right, I say to my dearest friend on the floor today, is not going to do anything. So the States will have the ability to do it. I would hope we would fund the EPA so we have a strong Federal program and strong State programs as well. But we will have to make sure that the EPA doesn't continually get cut.