

The result was announced—yeas 89, nays 0, as follows:

[Rollcall Vote No. 150 Ex.]

YEAS—89

Alexander	Fischer	Merkley
Ayotte	Flake	Moran
Baldwin	Franken	Murphy
Barrasso	Gillibrand	Murray
Baucus	Graham	Nelson
Begich	Grassley	Paul
Bennet	Hagan	Portman
Blumenthal	Hatch	Pryor
Blunt	Heinrich	Reed
Boozman	Heitkamp	Reid
Boxer	Heller	Risch
Brown	Hirono	Roberts
Burr	Hoeven	Rockefeller
Cantwell	Isakson	Rubio
Cardin	Johanns	Sanders
Carper	Johnson (SD)	Schatz
Casey	Johnson (WI)	Schumer
Chambliss	Kaine	Scott
Chiesa	King	Sessions
Coats	Kirk	Shaheen
Collins	Klobuchar	Stabenow
Coons	Landrieu	Tester
Corker	Leahy	Thune
Cornyn	Lee	Udall (CO)
Cowan	Levin	Udall (NM)
Crapo	Manchin	Warner
Cruz	McCain	Warren
Donnelly	McCaskill	Whitehouse
Durbin	McConnell	Wyden
Feinstein	Menendez	

NOT VOTING—11

Coburn	Inhofe	Toomey
Cochran	Mikulski	Vitter
Enzi	Murkowski	Wicker
Harkin	Shelby	

The nomination was confirmed.

The PRESIDING OFFICER. Under the previous order, the motions to reconsider are considered made and laid upon the table. The President will be immediately notified of the Senate's action.

LEGISLATIVE SESSION

The PRESIDING OFFICER. The Senate will resume legislative session.

MORNING BUSINESS

Mr. REID. Madam President, I ask unanimous consent the Senate proceed to a period of morning business from now until 6:40 p.m. to allow a colloquy between Senator BROWN and Senator ISAKSON.

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

Mr. REID. When that time is up, I ask unanimous consent to be recognized.

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

The Senator from Georgia.

Mr. ISAKSON. I ask unanimous consent to be recognized along with Senator BROWN of Ohio for up to 15 minutes and to engage in a colloquy.

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

THE CENTERS FOR DISEASE CONTROL

Mr. ISAKSON. Madam President, I am proud to stand here today as a resident of Georgia and its capital city Atlanta, which is the home of the Centers for Disease Control and Prevention in

America, a great institution with which Senator BROWN and I are familiar. We want to talk about some of its great achievements today.

CDC is the Nation's health protection agency, but it is really the world's health protection agency. What CDC has done is build a strong national public health and disease detection network for working with State and local agencies, private partners, universities, and communities to stop disease and stop outbreaks.

By way of example, CDC led a multi-State response to last year's fungal meningitis outbreak that resulted in 745 infections and 58 deaths in 20 States. CDC identified and contained dangerous foodborne pathogen outbreaks, such as hepatitis A found in frozen berry blend; salmonella found in the poultry industry; and E. coli found in frozen food products.

CDC puts science into action every day to protect the American people, using breakthroughs such as microbial genomics to find outbreaks sooner, stop them earlier, and prevent them better in environmental hazards, biosecurity threats, and national disaster. CDC provided direct support within hours of Superstorm Sandy to the devastated northeast last year. We need to be able to be ready for this year's hurricane system as it deals with other public threats.

The CDC provides crucial information on the status of health risks to the American people. With data it helps determine the best options for preventing illness and reducing medical costs. At a time when the U.S. Government is not looked upon with a lot of favor by the American people, I think it is very interesting to note that a recent Gallup poll identified the CDC as the most trusted Federal Government agency with the American people. I think that is something to which we owe a tip of the hat.

Mr. BROWN. I thank Senator ISAKSON. I am so appreciative of the work the Senator has done with the Centers for Disease Control in his home State of Georgia. There is no Federal agency that is quite like the CDC in this country or across the world.

Our Nation's fiscal health cannot be strengthened at the expense of our Nation's public health. In the 21st century it is easy to overlook this country's public health safety net. Too often we take for granted that our children are not being crippled by polio or dying from whooping cough because we have immunizations. We take for granted that we have stronger teeth and less tooth decay because of water fluoridation in many of our communities. We take for granted that few people in this country now die of infectious diseases such as cholera and tuberculosis because we have made the kind of remarkable progress we have in sanitation, in hygiene, antibiotics, and disease surveillance. We take these advancements for granted because for over six decades the CDC has been

doing an extraordinary job of ensuring Americans have basic health protections.

The CDC's work, along with that of other public health advocates and researchers, is credited with increasing the average American's life expectancy over the last many decades, increasing the average American's life expectancy by 25 years—25 years, a quarter of a century longer because of our investment in public health.

The CDC's reach and responsibility, as intimated by Senator ISAKSON, is not limited by our country's borders. Due to globalization it matters a great deal how other countries respond to health threats. The CDC plays an essential role in helping its international partners react to these threats.

The CDC is the gold standard, the global leader in disease prevention and public health preparedness. Other nations follow our lead. Yet the CDC's leadership is not guaranteed. Even with its topnotch facilities and world-class staff, the CDC faces challenges to this continued leadership. The CDC's base budget authority is at its lowest level in a decade.

The fiscal year 2013 budget is about \$600 million below its fiscal year 2012 level. This reduction undercuts the health security of all Americans, even those who never once think of the existence of the Centers for Disease Control. The reduction in the CDC budget has harmful, immediate, and long-term consequences across the United States and around the world. This reduction affects the ability of our State and local health departments to provide on-the-ground services.

As my friend from Georgia explained during his discussion of the deadly fungal meningitis outbreak, funding the CDC is critical to the foundation of our public health. When we invest in CDC, we invest in the health of families in Lorain, OH, and Cuyahoga Falls, OH. When we invest in CDC, we support programs such as the Epidemiology Laboratory Capacity Program which addresses infectious disease threats.

When we invest in the CDC, we ensure that our State and local health departments on the frontlines are able to detect the first signs of outbreak. Without this critical funding, we leave ourselves vulnerable to the initial spread of health threats, such as fungal meningitis and emerging new diseases such as the MERS coronavirus and the novel H7N9 avian flu virus, which we read about. Unfortunately, public health departments across the Nation have already lost thousands of jobs and will lose more if our support of CDC continues to dwindle.

Before turning it back over to Senator ISAKSON, I would like to emphasize a point he made. The CDC responds to long-term health threats as well as to urgent immediate health dangers. These threats don't make the headlines. So much of CDC's work you never hear about, you never read about

because of its name, Centers for Disease Control and Prevention. Prevention is such an important part of this. CDC continues a longstanding tradition of working in partnership with many international organizations and global partners to ensure that our country takes the lead in stopping these threats.

I have had the pleasure of seeing CDC's dedicated, expert staff working in Africa, in Atlanta, in communities such as Medina County, OH, and all over the world, working to keep these countries and our communities healthier, safer, and helping to keep all Americans safe as well.

Mr. ISAKSON. Would the Senator from Ohio yield for a moment?

Mr. BROWN. I yield to the Senator.

Mr. ISAKSON. I ran a company for 20 years, and a healthy workforce that was ready, willing, and able to go to work every single day made a big difference.

A lot of times when we think of CDC, we think of outbreaks in Africa, we think of ebola, and we think of salmonella. In fact, it is also an advocate for wellness, better health habits, and health care for Americans. Does the Senator think that is important for the productivity of the American people and the American worker?

Mr. BROWN. I thank the Senator from Georgia. I think that is exactly the point. While perhaps those who know CDC—obviously in the State of Georgia people know it more intimately than in my State. They more likely think of CDC doing something in Africa or Asia, not so much what it means locally. We know that our hospitals, for instance, are sometimes havens for high health care costs and unnecessary illnesses due to infections acquired in the hospital and antibiotic-resistant superbugs such as CRE—a family of germs with high levels of resistance to antibiotics. I wonder if my friend is familiar with CDC's work in these areas and if he would expand on that.

Mr. ISAKSON. I appreciate the focus on that. My friend from Ohio is exactly correct. Antimicrobial resistance is a serious threat to our Nation's health. Many bacteria become resistant to multiple classes of antibiotics.

I might add a personal note at this point. Three years ago I developed a MRSA infection in a hospital in Atlanta and almost lost my life to an antibiotic-resistant disease and infection. I know how important it is to have a research facility such as the CDC that can constantly stay one step ahead of the evolution of defenses these microbes bring up themselves.

As a recent example, a recent outbreak of drug-resistant CRE where one in two patients affected with bacteria unfortunately passed away—CDC must have resources to quickly track and stop outbreaks and give health care providers timely information. Without that, there is the risk of contagion.

Mr. BROWN. That is certainly right. It seems there are new emerging and

potentially dangerous health threats. We obviously know of the disease—the acquired infection you just mentioned. We know now of the H7N9 bird flu and MERS. How does the Senator see CDC's unique role in tracking and attempting to prevent the spread of these threats before they reach our shores, before we in American hospitals such as Grady Memorial or at MedCentral of Ohio might be victims of that?

Mr. ISAKSON. Well, the Senator makes a great point because CDC is kind of the crucible where all the partners in health care in the country come together. You might remember when we were here on 9/11/01, shortly after the attack on the Trade Center in New York. Then the anthrax letters started to be mailed to Capitol Hill. It was CDC that within days tracked down the anthrax and helped us develop the defenses so we didn't have a problem with the anthrax infection. We got the Cipro distributed to those who were exposed to keep them from succumbing to that disease. That is the kind of timely effort we need for an agency like the CDC to be able to quickly respond.

Public health security is a component of our national security, as is evidenced by the anthrax case. With the potential threat of engineered biological weapons, CDC remains vigilant and ready to act with experts and countermeasures to protect the American people. With emerging diseases such as MERS and H7N9, CDC has sent CDC teams around the globe to investigate their origin, develop and ship laboratory diagnostic kits to the affected areas, and save lives day in and day out around the world.

Mr. BROWN. If the Senator would yield for a moment, MERS was identified recently, and CDC scientists developed and shipped a diagnostic kit to be used in the field. To talk about one—when I talk to people about public health and certainly the importance of NIH but especially the focus on public health by CDC, we talk about polio and what CDC did to address and not quite yet wipe out but in our country certainly wipe out—and in most of the rest of the world—the polio virus. Give us a little bit of history on how important that was and what we learned from that, if you would, Senator ISAKSON.

Mr. ISAKSON. When I grew up in the fifties, I remember taking the sugar cube, the anti-polio vaccine, the Jonas Salk vaccine, for the first time ever. Polio has been a dread disease that has affected the American people and people around the world for many years, but now it is almost totally eradicated. Why? Because of a worldwide effort by many organizations—not the least of which is the CDC—to see to it that the inoculations are made available. In fact, polio now only resides in three countries: Afghanistan, Pakistan, and Nigeria. We are close to closing the door and having a polio-free world, just as we are getting closer and closer to eradicating measles, which now primarily still has an outbreak in Nigeria.

CDC's readiness and ability to deploy at a moment's notice makes all the difference in the world. I don't wish to sell here, but I have to make one note. One of the reasons CDC is in Atlanta and that is such a good location is they can be anywhere in the world in a matter of a day by the Hartsfield International Airport.

Not a day goes by but somewhere around the world a country or a community calls and says: We need help. We have a problem. We don't know what it is, but it has to be identified.

CDC scientists and doctors are put on the planes to fly around the world to diagnose, identify, and provide the cure so the disease does not become an outbreak that takes thousands of lives.

Mr. BROWN. I wish to close with a personal story about polio. My brother, born in 1947—there are three of us, three boys. My brother is the oldest, my brother Bob. When he was in about the first, second, or maybe the third grade, my father, who was a local family physician in Mansfield, was asked by—if not the CDC, some national health organization to give polio vaccines in Mansfield, OH. There were doctors in other communities who were asked to do that. They chose my father in part because he was a good doctor. They also chose him because he had son, he had a child who was in second or third or fourth grade at the time.

People were afraid. They weren't sure about injecting that vaccine into their arm because a lot of families thought that actually could cause polio. There was always that fear. Scientists didn't believe that, but an awful lot of people did.

There was a picture on the front page of the Mansfield News Journal in the 1950s of my brother getting a polio vaccine. I believe his was Salk. Sabin came later with the cube. He got the Salk vaccine, administered by my dad. CDC or one of the other public health groups—I apologize, I don't know which—made sure that happened all over the country so people could be more reassured. That was really the beginning, with Salk and then Sabin, of the eradication of polio in this country.

It is hard to think back—the Presiding Officer is not old enough—Senator ISAKSON and I can remember with our parents the fear, until the end of the 1950s, of parents that their child would go swimming and might come back, as Franklin Roosevelt did, with a case of polio. Whatever the causes, that virus spreading scared so many people.

In these days of hyper-partisanship consuming Washington, I appreciate the work of Senator ISAKSON, working together with CDC because this is far and above, far and away more important than any kinds of political differences that we might have.

I will let Senator ISAKSON close.

Mr. ISAKSON. I appreciate very much the Senator's focus on CDC. I think it is ironic that we close talking about Franklin Delano Roosevelt because in the 1940s, as our President, he

suffered from polio. He would take the train to Georgia to go down to Warm Springs to get the therapy of those warm springs, which then was the only mechanism of treating polio.

Today in Georgia, because of the CDC, we have a mechanism of eradicating polio. That is the type of evolution we want to see in health care not just for our country but for the world.

CDC is the best investment of American tax dollars we could possibly make. I support it wholeheartedly, and I thank Senator BROWN for his participation in the colloquy today.

I yield back the remainder of my time and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. UDALL of New Mexico. I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. UDALL of New Mexico. I ask to speak as in morning business.

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

SYRIA

Mr. UDALL of New Mexico. Madam President, like many others, I am deeply disturbed by the current situation in Syria, the appalling atrocities, the tragic loss of life, the reported use of chemical weapons. This deserves the clear condemnation of the international community.

I am also concerned by the push for intervention in this war, by the rush to judgment for the United States to yet again become entangled in a civil war. The President has decided to send arms to the rebels to fight the government of the Bashar al-Asad. The full scope of this intervention is not yet clear, but this path is dangerous and unnecessary.

The Asad regime is cruel and corrupt. We can all agree on that point. Many of the groups fighting against him do not share our values and could be worse. They may pose long-term risks to us and our allies. Asad's enemies may very well be America's enemies. The fact is that we do not know. A number of experts, including our military brass, have sounded alarms warning that the options to intervene in Syria range from bad to worse and could prove damaging to America's strategic interests. By flooding Syria with weapons, we risk arming those who ultimately may seek to do us harm.

We have been down this road before. Recent history tells a cautionary tale. In the 1980s the United States supported a rebel insurgency to repel the Soviet occupation of Afghanistan. Back then as now, many Members of Congress pushed for arming these rebels. The United States supplied weapons, intelligence, and training,

with the goal to defeat the Soviets in Afghanistan.

Our short-term victory had tragic consequences for the future. Radical members of the insurgency formed the Taliban regime, giving safe haven to terrorist training camps, providing material support to Osama bin Laden and his fledgling al-Qaida movement. Through state-sponsored terrorism in Afghanistan, al-Qaida thrived and perpetrated attacks on the USS *Cole* and the World Trade Center on 9/11. The aftermath has been more than a decade of war, with tragic loss of American lives and treasure.

This is history to learn from, not repeat, and yet many who advocated for previously disastrous Middle East interventions are leading the charge to arm groups we know little about and to declare war through air strikes on another Middle Eastern country.

What little we do know about the Syrian rebels is extremely disturbing. The opposition is fractured. Some are sympathetic to the enemies of the United States and our allies, including Israel and Turkey. There are reliable reports that some of the rebels even include Iraqi Sunni insurgents—the same groups who killed many U.S. troops and still target the current Iraqi Army and Government.

We know American law currently considers some of the rebel elements to be terrorist groups. The United States has designated one of the key opposition factions, the Nursa Front, as a terrorist organization for being an al-Qaida-affiliated group.

The Syrian opposition is very unorganized. They lack a chain of command, they are subject to deadly infighting, and if they are able to defeat Asad, they may turn on each other or worse the United States or our allies.

Simply put, once we have introduced arms, neither we nor their fighters may be able to guarantee control over them. Such weapons could end up in the hands of groups and people who do not represent our interests, possibly including terrorists who target the United States, our allies, such as Israel and Turkey, and the Iraqi Army and Government—an Iraq that we spent billions of dollars and thousands of American lives to establish.

Given this reality, those who are pushing for military intervention should answer three basic questions: Can arms be reasonably accounted for and kept out of the hands of terrorists and extremist groups? Can they assure us those arms will not become a threat to our regional allies and friends, including Israel, Turkey, and the Government of Iraq? And if the answer to the two previous questions is no, can they then explain why transferring our weapons to the rebels, whose members may themselves be affiliated with terrorist and extremist groups, is a sensible option for the American people? What national interest does this serve?

I do not believe those questions have been answered. I think the majority of

the American people agree. They do not see the justification of our intervention in this civil war. We need to slow down this clamor for more weapons to Syria and war and take a step back from this plunge into very muddy and dangerous waters.

Stopping radicalism and protecting our allies is of vital importance; however, we come to the ultimate question, one that has not been adequately answered: Will this hasty march to intervene in another Middle East conflict achieve these goals or will it ultimately harm the interests of the United States, leading to yet another bloody, costly, overseas conflict and, ironically, worsening the terrorist threat?

We should listen to the lessons of history. After over a decade of war overseas, now is not the time to arm an unorganized, unfamiliar, and unpredictable group of rebels. Now is not the time to rush headlong into another Middle Eastern civil war. The winds of war are blowing yet again, and we should be ever vigilant before we venture into another storm.

Madam President, I yield the floor.

UNANIMOUS CONSENT AGREEMENT—S. 744

Mr. REID. Madam President, I ask unanimous consent that when the Senate resumes consideration of S. 744, which is the immigration bill, on Tuesday, June 18, the time until 12:30 p.m. and the time from 2:15 to 3 p.m. be equally divided between the two leaders or their designees for debate on the pending amendments listed below in the following order: Thune No. 1197, Landrieu No. 1222, Vitter No. 1228, and Tester No. 1198; that there be no second-degree amendments in order prior to the votes; that all the amendments be subject to a 60-affirmative-vote threshold; that there be 2 minutes equally divided between the votes; and that all after the first vote be 10-minute votes.

Madam President, I have spoken with my friend, the ranking member of the Judiciary Committee, the senior Senator from Iowa, because I wanted to add the Heller amendment; however, I understand the Republicans want to pick their own amendments. They do not want me picking them. I understand that, so I haven't included that one in the consent request.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

BORDER SECURITY, ECONOMIC OPPORTUNITY, AND IMMIGRATION MODERNIZATION ACT

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of S. 744, which the clerk will report.

The legislative clerk read as follows:

A bill (S. 744) to provide for comprehensive immigration reform and for other purposes.