

have been friends since we arrived here, and we are working together on a whole host of projects right now. So this is debate about differences of opinion with respect to some of the key issues. I wish to make a couple of quick points in response to my colleague.

My colleague said there had been an inclusive process for discussing this. As far as I can tell, the vast amount of discussion basically took place between the judges and the government. My guess is, if you and I walked into a coffee shop in Houston or Dallas, or in my home State, in Coos Bay or Eugene, people wouldn't have any idea what was going to happen tonight at midnight. Tonight at midnight is going to be a significant moment in this discussion.

My colleague made the point with respect to security and privacy. I definitely feel those two are not mutually exclusive; we can have both, but it is going to take smart policies. My colleague has done a lot of important work on the Freedom of Information Act issues. These are complicated, important issues, and nobody up here has had a chance to weigh in. There has been a process with some judges, and I guess some folks got a chance to submit a brief. Maybe there was a notice in the Federal Register; that is the way it usually works, but nobody at home knows anything about that. My guess is, none of our hospitals know anything about something like this, and it has real implications for them because our medical facilities—something we all agree on that have been major sources of cyber hackings—they have been major kinds of targets.

Again, this is not the kind of thing where somebody is saying something derogatory about somebody personally; we just have a difference of opinion with respect to the process. To me, at home, when people hear about a government process, they say: Hey, I guess that means I get a chance to weigh in. That is why I have townhall meetings in every county every year because that is what the people think the process is, not judges talking among themselves.

The second point my friend touched on was essentially the warrant policies and that he supports the Fourth Amendment and this is about the Fourth Amendment. I think that is worth debating. To me, at a minimum, this is an awful novel approach to the Fourth Amendment. One judge, one warrant for thousands and potentially millions of computers which could result in more damage to the citizen after the citizen has already been hit once with the hack. So my colleague said this is what the fourth Amendment is about. I think that is a fair point for debate. I would argue this is an awful novel approach to the Fourth Amendment. This is not what I think most people think the Fourth Amendment is. Hey, this is about me and somebody is going to have to get a warrant about me. It is about individuals.

To me, the Senate has now—and we still have officially 12 hours to do something about it—but as of now, the Senate has given consent to an expansion of government hacking and surveillance. In effect, the Senate, by not acting, has put a stamp of approval on a major policy change that has not had a single hearing, no oversight, no discussion. In effect, the Senate—this is not even Senate 101. That is what everybody thinks Senators are supposed to be about. When we are talking about search and seizure, that is an issue for Congress to debate, and the Justice Department shouldn't have the ability to, at a minimum, as I indicated in my conversation with my colleague from Texas, come up with a very novel approach to the Fourth Amendment without elected officials being able to weigh in.

Now I will close by way of saying that when Americans find out that the Congress is allowing the Justice Department to just wave its arms in the air and grant itself new powers under the Fourth Amendment without the Senate even being a part of a single hearing, I think law abiding Americans are going to ask: So what were you people in the Senate thinking about? What are you thinking about when the FBI starts hacking the victims of a botnet attack or when a mass attack breaks their device or an entire hospital system, in effect, has great damage done, faces great damage, and possibly puts lives at risk?

My hope is that Congress would add protections for Americans surrounding the whole issue of government hacking. I have said again and again and again that the smart technology policy, the smart surveillance policy from the get-go is built around the idea that security and liberty are not mutually exclusive, that a smart policy will do both, but increasingly, policies coming out of here aren't doing a whole lot of either. In this case, I think the Senate is abdicating its obligations. Certainly, in the digital era, Americans do not throw their Fourth Amendment rights out the window because they use a device that connects to the Internet.

So I am going to close by way of saying that I think this debate about government hacking is far from over. My guess is that Senators are going to hear from their constituents about this policy sooner rather than later, and we will be back on the floor then, looking to do what should have been done prior to midnight tonight, which is to have hearings, to involve the public—not just Justices and maybe a few people who can figure out how to find that section of the Federal Register so they can weigh in.

Americans are going to continue to demand from all of us in the Senate policies that protect their security and their liberty. They are right to do so. That cause will be harmed if the Senate doesn't take steps between now and midnight.

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

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

21ST CENTURY CURES BILL

Ms. WARREN. Mr. President, I am glad to be here with my colleagues today to have a chance to talk about the 21st Century Cures bill. On Monday I came to the Senate floor to speak against a deal that was emerging in the House of Representatives around this bill.

When Congress first started working on this proposal 2 years ago, the idea was for Democrats and Republicans to work together to improve medical innovation and access to lifesaving cures. For over 2 years a lot of people worked really hard on that effort. We had a chance to bring down the cost of skyrocketing drugs. We had a chance to support medical research so we could start to cure diseases such as Alzheimer's and diabetes. We had a chance to help coal miners whose health care is on the ropes and who are running out of time. Unfortunately, the Cures bill introduced in the House last week didn't do any of those things. Instead, it was a typical Washington deal—a deal that ignored what voters want, and held a bunch of commonsense, bipartisan health proposals hostage unless Congress also agreed to pass a giant giveaway to drug companies.

So how did this happen? Lobbyists. Kaiser Health News estimated that the new Cures bill has generated more lobbying than almost all of the 11,000 bills that have been proposed during this Congress. At one point, there were about three lobbyists for every single Member of Congress. Every one of those lobbyists wanted favors. Wow. Did they get some doozies here: a provision to make it easier for drug companies to commit off-label marketing fraud—taking pills that are approved for one use and using them for a whole lot of other purposes—without any evidence that it is either safe or effective, a provision making it easier for drug companies to hide gifts they give to doctors who prescribe certain drugs, a giveaway to a major super PAC donor who stands to benefit financially through pushing regenerative therapies through FDA, even if they don't meet the FDA's gold standard for safety and effectiveness.

This bill is not about doing what the American people want. This bill is about doing what drug companies and donors want. On Monday, I made it clear that I oppose this. Since then, two things have happened. First, since Monday, the public has gotten wind of this deal and they don't like it. In the last 24 hours, more than 100,000 people

have signed petitions calling on Congress to just reject the deal. Second, since Monday, we have seen the bill changed a little.

Last night, after they got some heat, the House took out the provision letting drug companies hide kickbacks to donors. Good. I guess they were having a hard time explaining to anybody why it made any sense to help drug companies cover up bribery. The lobbyists are disappointed about that, but they are still pushing for the bill because even though the kickbacks are out, letting drug companies get away with fraud is still in.

Giveaways are bad in this bill, but that is not the only thing that is a problem with this bill. What is not in the bill also hurts. Seventy years ago, Congress promised to provide for the health and welfare of American coal miners and their families. Now 120,000 coal miners, their widows, and their families will see massive cuts to their health benefits and retirement pensions. Why? Because the bipartisan mine workers protection act was left out of this bill. Without it, 12,500 coal miners will lose their health insurance on December 31 of this year. Another 10,000 will lose their coverage next year and on and on into the future.

According to exit polls, 70 percent of voters say they think the American economy and the lawmakers who oversee it are owned—owned by big companies and special interests. Bills like the 21st Century Cures Act are the reason why. There is so much we could do with this bill.

This Congress could step up for thousands of American coal miners. For their entire lives, these coal miners have sacrificed everything for their families, for their communities, and for this country. They have literally sacrificed their health. They are running out of time. We could help.

This Congress could step up to help millions of people who are struggling with exploding drug prices. We could help bring down the cost of drugs. This Congress could step up to help the millions of families who have been touched by Alzheimer's, diabetes, cancer, and other deadly disease.

We could help by providing more funding for the research that would generate real cures. This Congress could step up to deal with drug companies that think they are above the law, giant corporations that think they can break the rules and then get Congress to do special favors for them. We can just say: No, that is not what we are in business to do. The American people are not clamoring for the Cures bill, at least not this version.

Tens of thousands of people have asked us not to pass it. Even the conservative group Heritage Action for America has come out strongly against this deal. I don't agree with all of their objections, but they explain, "In Washington terms, backroom negotiators have turned the Cures bill into a Christmas tree loaded with handouts

for special interests, all at the expense of the taxpayer."

Boy, got that one right. This kind of backroom dealing that helps those with money and connections and leaves scraps for everyone else is why people hate Washington. It is the reason I will oppose this bill.

The PRESIDING OFFICER (Mr. SASSE). The Senator from Illinois.

Mr. DURBIN. Mr. President, I thank the Senator from Massachusetts for calling us together on the floor to discuss this important bill, the 21st Century Cures Act. It is a bill I followed closely because I started off introducing the American Cures Act.

My goal in medical research was inspired by Dr. Francis Collins at the NIH. He just told me point blank: If you want to increase the output of medical research, find cures for diseases and help innocent people, increase the spending at the NIH by 5 percent real growth a year for 10 years, and I will light up the scoreboard.

That is what I set out to do. That is what the American Cures Act set out to do, including the Centers for Disease Control and the Department of Defense medical research. As is usually the case in Congress, it is no surprise when someone sees an idea and thinks they can do it a little differently and a little better so, in the House of Representatives, Congressman FRED UPTON and Congresswoman DIANA DEGETTE introduced the 21st Century Cures Act.

Theirs was a different approach. I guess it reflected a difference in philosophy. What we see today is what has happened to an originally good idea as it worked its way through the House of Representatives over a long period of time. The simple concept of increasing medical research spending at NIH by 5 percent a year has now become a very complicated formula.

Frankly, it is one I have very mixed feelings over. I look at it and think: It would have been so simple for us to make a national commitment on a bipartisan basis to increase NIH funding by 5 percent a year and to do it over 10 years. I know we would see the difference.

Just to put things in perspective so we understand them, there are certain diseases now which are costing us dearly: Alzheimer's. We know about that, don't we. There is hardly a family in America who does not have someone in their family or a friend who has been stricken by Alzheimer's. Think of this for a moment. An American is diagnosed with the Alzheimer's disease once every 67 seconds—once every 67 seconds.

Twenty percent—twenty percent of all the money we spend on Medicare in America is spent for Alzheimer's and dementia—one out of five dollars—but you add to that, one out of three dollars in Medicare is spent on diabetes, so between diabetes and Alzheimer's, over half of our Medicare budget is going to those patients.

When we talk about the need to develop new drugs to intervene and, with

God's blessing, to cure some of these diseases, we are talking about not only alleviating human suffering, we are talking about the very real cost of government and health care—the very real cost that we bear as individuals, as families, as businesses, as a government, and as taxpayers.

In this bill are some positive things, this 21st Century Cures bill. I do want to highlight them because they are worthy; the fact that we are now going to commit ourselves to deal with issues such as opioids. The opioid-heroin epidemic in America is real, and we are not investing in what we need to treat it and deal with it. We need to have substance abuse treatment—much, much more than we have today.

One out of six or eight people who are currently addicted are receiving treatment. We need to do dramatically better. This bill puts money into that. It also includes language, including some parts I offered as an amendment, that will deal with mental illness. Mental illness and substance abuse treatment are basically on the same track in terms of helping people. This bill addresses that. I am glad it does. I think that is very positive.

What is disappointing about this bill—there are several things. First, the money we are spending in this bill largely comes from one source, prevention—health care prevention funding in the Affordable Care Act. How important is that? Do you know how that money is being spent? We have something called the 317 vaccination program. What it says is, if you come from one of the poorest families in America, we will pay for our children to be vaccinated so they don't have to worry about the diseases that can change the life or even take the life of an infant.

The 317 vaccine program, half of the money comes from the prevention funds we are raiding for medical research. Does that make sense; that we are going to take money away from prevention and vaccination to invest in new drugs to treat diseases? We can prevent these diseases in the first place with adequate vaccinations.

It is a warped sense of justice in America that we would eliminate the health care prevention funds to pay for health care research funds. It is a zero sum as far as I am concerned. It is not just a matter of vaccinations. When you look at other things: 43 percent of the money that is spent on diabetes in America—prevention of diabetes in America—is through the prevention fund in the Affordable Care Act.

That figure tells us that if we can invest on getting people to change their lifestyles, sometimes very slightly, or to take certain drugs, they can avoid the onset of diabetes. So we are cutting the prevention funds for diabetes in order to pay for more research for cures for diabetes. Does that make sense?

Let me ask you about this: tobacco. A lot of my career in Congress has been focused on tobacco, the No. 1 avoidable

cause of death in America today. Tobacco cessation programs pay off many times over. They are paid for by the prevention funds we are now raiding for medical research. We are taking away the funds to prevent tobacco addiction, and we are going to put more investment in trying to find cures for lung disease. There is something wrong with this thinking—completely wrong with this thinking.

At the outset, I would say going to the prevention programs to pay for research programs is not clear thinking on the part of the people that are putting this together. We are told: Well, you better do it because the Republicans will take control of the White House and Congress next year and they are going to wipe out all of the prevention funds. They want to do away with the Affordable Care Act. We will pay a heavy price for that. We are starting to make that payment today.

The second thing I want to say is, I am totally underwhelmed by the amount of money in this bill. When you take a look at the amount of money that is being spent here, it has dramatically changed as we have debated this bill. Originally, this was a \$9.3 billion program for medical research, pretty hefty. Over a 5-year-period of time, this would have had a dramatic impact in a short period of time.

Well, that changed. It is about half of that now. It is spread over 10 years. So the amount of money actually going to the National Institutes of Health any given year is interesting—\$400 million, \$500 million—but it does not match what was originally promised in the 21st Century Cures Act. Of course, the question is, if this money is put in out of prevention funding, will it be additive? Will it be more?

Let me close by saying this. I know there are many who have strong feelings about this bill. I think it is a step in the right direction, but as Senator WARREN has told us, it is at a hefty cost when it comes to some of the favors included in this bill for people who have friends in high places when it comes to the Congress.

Here is what I can tell you with certainty. We have been able, for 2 successive years in the appropriations process, to do something important and historic. Let me tip a hat to my colleague from Missouri, Senator ROY BLUNT, a Republican, who took up this cause in the Appropriations Committee and provided 5-percent real growth in spending for the National Institutes of Health last year and would do it again this year if the Republican leadership would allow us to bring his appropriations bill to the floor.

We know we can make substantial new investments in NIH medical research. We have a bipartisan will to achieve it. We have the Appropriations Committee ready to act. Instead, what I am afraid of is this bill, which is a modest investment in medical research, will be the end of the conversation for many Members of Congress.

When the time comes months from now, whether this passes or not—it probably will pass—but when the time comes months from now for us to debate medical research, many will say: Oh, we already checked that box. We have already done that with the 21st Century Cures bill.

This bill is a pale imitation of the original bill. It is only a fraction of the funding which the Appropriations Committee has already put in to enhance medical research at the NIH. It overpromises and underdelivers. Some of the aspects of it—the troubling aspects—are off-label drugs and special favors for the contributors when it comes to medical treatment are out of place here.

If we did not learn any lesson in this last election about draining the swamp, well, shame on us because the American people told us do it differently—do it openly. Bring in transparency and honesty in this effort. When it comes to medical research, we should expect nothing less.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. MERKLEY. Mr. President, I am delighted to join my colleagues from Massachusetts and Illinois to express strong objections to the 21st Century Cures Act, a bill that is being considered in the House today and will be considered in the Senate.

This bill proceeds to make effective \$6.3 billion in cuts to programs while laying out a vision of what might possibly be spent in the future to assist in medical research. This is very much an imbalance. Real cuts—and as I will point out, those cuts hit things that matter with a promise of some of future possible action. We have seen these promises made and broken time and time and time again in this Chamber. If you are going to make a real commitment, then why isn't the real commitment in this bill?

I ask my colleagues from across the aisle: Why isn't the real commitment to these programs in this bill? Why isn't the spending in this bill? Why isn't the spending on precision medicine that is promised to be considered in the future in this bill? Why isn't the funding for the Cancer Moonshot promised to be considered at some point in the future actually in this bill? Why isn't the program to help address an understanding of and pursue cures for Alzheimer's, which is actually just a promise to be considered in the future—why isn't that actually in this bill? Why isn't the work promised to be considered in the future for adult stem cell research, which could have application to multiple cures and multiple diseases, actually in this bill?

Well, I will tell you what is in this bill. What is in this bill is a provision that loosens the rules governing how companies market their drugs and the anti-fraud laws that go along with them—headache pills being advertised on television as a cure for the common

cold and hair loss, perhaps. This is just what Big Pharma wants: freedom, freedom to mislead consumers about what drugs actually have been proven to do.

I will tell you what else is in this bill. It allows people to sell untested treatments and drugs without final FDA approval that has demonstrated the treatments are safe. Two big factors deregulating responsible provisions for Big Pharma are in this bill. But all of those rainbows, all those stars promised—those are for future consideration, to dress up special interest provisions for Big Pharma.

I will tell you what else is in this bill. There are special interest provisions for Big Tobacco, taking away \$3.5 billion in prevention funds from the public health fund, \$3.5 billion real dollars in prevention. The tobacco companies hate prevention programs because they make their money from addicts. Their goal in life is to get people addicted. This prevention fund is to prevent people from getting addicted. As you ponder all the diseases that stem from the use of tobacco—cancer of the lungs, cancer of the esophagus, heart disease in one form or another, all kinds of forms of decimation due to the daily inhaling of these toxins—that is what the tobacco industry thrives on, and they thrive on it from addiction.

Here we have a fund designed to help people avoid the addiction that takes away from their quality of life, often for decades of their time on our beautiful, blue-green planet, and, instead, encourages a process through which people will not only suffer personally but have massive medical bills, driving up the cost of health care in America for everyone, driving up the cost of insurance for everyone in America.

Since its launch in 2012, the Tips campaign has helped more than 400,000 smokers quit for good. According to the Centers for Disease Control and Prevention, it saved 50,000 lives. At a cost of less than \$400 for each year of life saved, in public health circles it is considered a best buy, dollars well spent that improve the quality of thousands of people's lives and reduce costs in the health care system. That is a win-win.

But what is in this bill? An assault on that win-win to help the tobacco companies get more addicts.

The chronic diseases and unhealthy behaviors the prevention fund is intended to address impose tremendous costs. Tobacco use alone costs about \$170 billion a year. Last year in health care expenses, more than 60 percent of it was paid by taxpayers through Medicare and Medicaid, so we all feel the impact of this.

What else gets cut? Oh, Medicare funding gets cut. If you are for taking apart the preeminent health care system so that our seniors can retire without the stress of worrying about access to health care, then vote for this bill. This is an assault on Medicare—big favors for Big Pharma, big favors for Big Tobacco, and an assault on Medicare.

It doesn't trim some Medicare programs that maybe are not as effective as others and help the others be stronger, more effective. No, it just takes away from Medicare.

Those are the things that are in this act, but what is not in this act? The mine workers protection act championed by my colleague from West Virginia, Senator MANCHIN. The mine workers protection act isn't in here, but the provisions expire for thousands of mine workers in the near future. There are 12,500 coal miners who will lose their health insurance on December 31. Another 10,000 will lose their health coverage next year and on into the future if we don't restore this program. If this bill is about health care, why isn't the coal miners' provision in here? I think it should be, but it is not.

What else isn't in here? Senator WYDEN's provision to help children who are foster children gain access to programs to help them address mental health and addiction. That was in here yesterday. That would have been a positive talking point for this bill yesterday, but it was stripped out last night. This bill isn't ready, not just for prime time; it is not ready for consideration at all.

If we are going to cut real programs to fund other real programs such as the Moonshot and Alzheimer's research, strengthening NIH, then get it into this bill. Don't just put in the real cuts and then say there is some promise and an invitation to chase a rainbow down the road. Put it in the bill.

The things that are in here are powerful, deregulatory giveaways to Big Pharma and Big Tobacco, making the lives of our citizens worse, not better. That is why we should kill this bill.

Thank you.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

HONORING OUR ARMED FORCES

CHIEF PETTY OFFICER SCOTT C. DAYTON

Mr. Kaine. Mr. President, I rise today to honor Naval CPO Scott Dayton, a Virginian who became America's first combat casualty in Syria. Scott was a resident of Woodbridge, VA, here in Northern Virginia. He enlisted in the military in 1993, in the Navy, and had a distinguished 23-year career, finishing his time in one of the most dangerous billets in the military—as a bomb disposal expert.

Scott was working in Syria pursuant to Operation Inherent Resolve, and on Thanksgiving day he was killed. He was a 42-year-old Virginian based out of Virginia Beach, but he was killed working to dispose of bombs about 30

miles from Raqqa, Syria, which is one of the two main headquarters of ISIS.

Scott Dayton was a decorated sailor in his 23-year military career. He won virtually every award there was, including a Bronze Star—19 different awards and commendations. Because his death occurred over a holiday weekend, there wasn't a lot of attention paid to it, but it was something I really wanted to come to the floor today to talk about because he is the first combat death in Syria of an American servicemember in Operation Inherent Resolve.

I wish we were paying more attention to this, and that is what I want to devote the rest of my comments to.

USE OF MILITARY FORCE AUTHORIZATION

Mr. Kaine. We began Operation Inherent Resolve, which is a war against ISIS, on August 7, 2014. President Obama announced at the time that we were engaging in targeted airstrikes against ISIS because of their advance toward Erbil. There is a U.S. consulate in Erbil, and so that was part of the President's inherent powers to defend the Nation—to protect our consulate.

Within a very few weeks, we had completely protected American interests, and President Obama said now is the time to go on offense against ISIS. The President appeared before the American public in a televised speech the evening of September 10, 2014, and said that we had taken care of the imminent threat to the United States but now we needed to go into an offensive war to “degrade and ultimately destroy the Islamic state.” And that description of what the mission is has now been broadened, in the words of current Secretary of Defense Ash Carter, to focus on ISIS's lasting defeat.

Since the war against ISIS began in August 2014, more than 5,000 members of the U.S. military have served in Operation Inherent Resolve either in Iraq or Syria. Right now, just as an example, from my home State, there is a carrier, the USS *Eisenhower*—homeported in Norfolk—that is in the gulf now as part of Operation Inherent Resolve. The U.S. military has launched over 12,600 airstrikes. We are carrying out special forces operations. We are assisting the Iraqi military, Syrians fighting the Islamic State in Syria, as well as the Kurdish Peshmerga in the northern part of Iraq.

Because of the work of American troops and those they are working with, we have made major gains against ISIS in northern Iraq. The territory they control in northern Iraq has dramatically shrunk. We have made major gains in shrinking their territory in northern Syria, and that is to be credited to brave folks like CPO Scott Dayton. But the threat posed by the Islamic State continues, and increasingly, as their battle space shrinks in real estate, they undertake

efforts off that battleground to try to destabilize us around the world.

This fight against ISIL, which is a key—maybe the key—national security priority involving U.S. combat operations in Iraq and Syria, will likely continue for the long foreseeable future, even after the complete liberation of Mosul and Raqqa, which I am confident will occur. The war has cost \$10 billion—800 days of operations at an average of \$12.6 million a day.

I began by honoring Scott Dayton, but Scott Dayton is not the only military member who has lost his life in this war. Five have been killed in combat in total, and 28 American servicemembers have lost their lives supporting Operation Inherent Resolve. As we speak, there are more than 300 special forces now in Syria fighting a very complex battlefield where Turkish, Syrian, Russian, Iranian, Lebanese Hezbollah, and Kurdish forces are operating in close proximity, as evidenced by recent developments and the growing humanitarian catastrophe in Aleppo.

I continue to believe—and I will say this in a very personal way as a military dad—that the troops we have deployed overseas deserve to know Congress is behind this mission. As this war has expanded into 2-plus years—I don't know whether that would have been the original expectation—with more and more of our troops risking and losing their lives far from home, I am concerned—and again raise something I have raised often on this floor—that there is a tacit agreement to avoid debating this war in the one place where it ought to be debated—in the Halls of Congress.

The President maintains that he can conduct this war without a new authorization from Congress, relying upon an authorization that was passed on September 14, 2001. When the new Congress is sworn in, in early January—I think 80 percent of those Members of Congress were not here when the September 14, 2001, authorization was passed, so the 80 percent of us who were not here in 2001 have never had a meaningful debate or vote regarding this war against ISIL.

I have been very critical of this President. I am a supporter of the President. I am a friend of the President. I respect the Office of the President. But I have been very critical of this President for not vigorously attempting to get an authorization done. When the President spoke about the need to go on offense against ISIL in September of 2014, it took him 6 months from the start of hostilities to even deliver to Congress a proposed authorization. I actually think that is the way the system is supposed to work, that the President delivers the proposed authorization. But I have also been harshly critical of the article I branch because regardless of whether the President promptly delivers an authorization, under article I of the Constitution, it is Congress that has the obligation to initiate war.