

were a million vehicles recalled in 1 week, a million more the next, and there is no end in sight.

A few days ago, there was a Reuters report that said that in addition to the already 20-plus million recalls of Takata airbags, an additional 70 to 90 million Takata airbags may have to be recalled right here in the United States. Can you imagine what that is going to do to all these poor auto dealers? I mean, don't even speak about the person who is in the greatest jeopardy, the one who is behind the wheel of a car with an explosive grenade right in front of their face, and the grenade may go off. But can you imagine the poor auto dealers, the Toyotas, the Hondas?

Let me tell you about the last person killed. He was in a Ford F-150 pickup truck, and it was in South Carolina. By the time people got to the truck after the crash that would not have killed him, he was dead because of a fragment like this. I wish you could see this fragment. I wouldn't want that hitting me with an explosive force that inflates the airbag in less than 1 second. That is why the Commerce Committee has decided to jump all over this. We have been doing it for the last 2 years. We had a hearing on this 2 years ago.

On the current recall, I said it was in excess of 20 million. It is actually 29 million with these defective inflators. That is because nine people are dead and dozens are injured. We find out now that in all, there may be 120 million airbags that eventually in the United States alone will have to be recalled. If you want a shocking figure, there may be in excess of 260 million airbags recalled worldwide.

Knowing of all these problems, it is puzzling that the consent order that the National Highway Traffic Safety Administration signed with Takata allows the continued production of ammonium nitrate-based inflators indefinitely. Then they said that certain ones had to be phased out by 2018. Why isn't the NHTSA taking a more aggressive approach? What is going on after all of these inflators, based on what we see with ammonium nitrate, have exploded?

The essence of this and of the report we are releasing today as an addendum to the previous report is that the current recall may have to be redone. Why? Because auto manufacturers are installing new live grenades into people's cars as replacements for the old live grenades.

According to Reuters and the New York Times, there are also internal documents that show Takata officials were aware of these consistent problems at its manufacturing plants. These reports claim that officials knew of manufacturing issues that could lead to moisture contamination, contaminating the ammonium nitrate wafer inside of the airbag inflator. This just adds all the more to the finding of evidence.

Last June, the oversight and investigations staff of the Commerce Com-

mittee released a report on the Takata airbag fiasco showing that the company knew there were serious production and testing issues dating back more than one decade. That is why we wanted to release this report today. Through a thorough review of recently obtained internal documents at Takata, it was discovered that Takata employees continually manipulated the safety testing done. For example, in this report, in a 2005 memo to the Takata vice president, an engineer at Takata explained that "the integrity of the validation reports . . . is in serious question."

That engineer continued: "These are not trivial changes in that the data clearly in violation of the customer specs is altered to meet the customer specs." The engineer called that "a clear misrepresentation of the facts."

That is what the Takata engineer said to one of the Takata vice presidents back in 2005. That was 11 years ago.

In a 2006 email, a different engineering manager explained that testing reports were "cherry picked" and a Takata employee was "schmoozed" to accept deviations in the data.

So was he schmoozed or intimidated? Whatever it was, it was altering what was the truth. The manager concluded—this is the Takata manager in 2006, which was 10 years ago—that "the plant should have been screaming bloody murder long ago."

Well, if I were a lawyer making a case to a jury, I would rest my case right now. The fact is, we are not lawyers arguing to a jury. As Senators, we are here to try to protect the American people. And this data manipulation has continued. Even after the recalls had been announced and the rupturing inflators had caused deaths and injuries, the data manipulation continued.

I will give an example. A 2010 presentation explains that an experimental inflator was experiencing a significant safety and weld quality issue. According to that presentation, "[Takata Japan] was informed of these results, but altered them and reported good results to Honda." Furthermore, even when these issues were raised to senior Takata employees, no action was taken.

In a Takata director's notes from 2013, he explains that he shared his view that the range of a certain recall might be a "violation of our moral obligation to protect the public." Let me repeat that. A "violation of our moral obligation to protect the public"—that came from a Takata director. Wow.

The engineer raised these concerns with Takata's senior vice president of quality assurance, but the vice president failed to take action to address it.

These new documents that we note in this report from the committee speak for themselves. Takata failed to prioritize the safety of its products, and as a result, nine people are dead and dozens were injured. And even after exploding Takata airbags killed

these innocent people, company employees continued to manipulate safety testing data. This is not only inexcusable, it is reprehensible.

We have these thousands of automobile dealers around the country who have sold vehicles with the Takata airbags. They cannot sell a new vehicle if that vehicle is under recall because of a Takata airbag. Under law, they cannot sell that new vehicle. Also, rental car companies that have more than 15 cars cannot rent cars if they are under recall. But used car dealers can sell used cars that have a defective Takata airbags in them that is under recall—without fixing it.

I really feel for our automobile dealers. I really feel for our automobile dealers also because what in the world are they going to do with the customers now screaming "Replace this airbag" when, in fact, there are not enough replacement airbags? In fact, because the National Highway Transportation Safety Administration has allowed some of these replacements to go in with this ammonium nitrate, this is a horrendous situation.

So I come to the floor today—this has been going on for over 2 years. We brought this out in a hearing in the Senate Commerce, Science, and Transportation Committee. And today I urge Takata and NHTSA to do what should have been done long ago: Stop producing these ammonium nitrate airbags and get them out of people's vehicles. And by the way, give your automobile dealers some relief. And how about giving the American driving public, which is driving around with one of these things in their face, some consideration and put them first? Hopefully, we will see some more action on this.

I yield the floor.

The PRESIDING OFFICER. The Senator from Kansas.

Mr. ROBERTS. Mr. President, I ask unanimous consent that I may proceed for 15 minutes as in morning business.

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

GUANTANAMO DETAINEES

Mr. ROBERTS. Mr. President, I rise today to speak about President Obama's plan to move Guantanamo Bay terrorists to the United States. However, it is not much of a plan. With all due respect, it is more of a failed attempt to fulfill a campaign promise and, in my view, what he believes will secure his legacy.

Fortunately for us—those who believe that moving dangerous enemy combatants within our communities is dangerous, irresponsible, and an illogical idea—the President's plan contains nothing really substantive. In fact, it fails to recommend an alternative location to any current facility at all. As a matter of fact, I call that a win.

The plan does not provide any intelligence to substantiate the President's claims, nor does it even provide a chart or a graph to support the mathematics on the alleged cost savings, and there is no estimate regarding the cost to

local and State governments to support such a move. Indeed, the 9-page report is short in every regard.

The White House received the Department of Defense's results of their site surveys and other data regarding a potential closing last month. And this—I am holding up the report here—this is all we have in return: 9 pages.

I know the chairman of the Senate Armed Services Committee, my good friend and colleague, Senator JOHN MCCAIN, is not going to be pleased with the lack of substance or data or the articulation of a real plan. The same goes for Senator RICHARD BURR, chairman of the Intelligence Committee, who at this particular time is going to be introducing legislation of his own to provide intelligence with regard to the administration's lack of intelligence on moving detainees to the United States.

The lack of a plan and the inability of this administration to provide an alternative site indicate that none of the sites visited by DOD's survey team met the demands necessary to hold detainees and, more important, keep our community safe. The fact that no site was named and no substance on those visits was provided tells me there is no alternative to match what we are now doing safely and securely at Gitmo, period.

This so-called plan, as outlined by the President in his speech today from the White House, skims over four steps to closing Guantanamo Bay.

First, it articulates the administration's plan to continue moving detainees designated for transfer by the President's national security team to foreign countries.

In some instances, this may have been successful with regard to individuals being rehabilitated, but a third of the time, detainees transferred to third-party host countries have returned to the battlefield. And these are just the ones we know about. This is called recidivism, and the rates are too high for this process to be called "secure and responsible," as the administration has labeled it.

Second, the administration plans to continue its review of the threat posed by those detainees who are not currently eligible for transfer through the Periodic Review Board.

This is to provide a new review on the current population of detainees who have been deemed too dangerous to transfer—deemed too dangerous to transfer, and yet this President wants to give them a second shot at getting out. This doesn't make any sense. Terrorists are not criminals. As much as this President would like for you to believe they are, terrorists are not equal to the inmates we have across America's prison system. They are fixated on the destruction of America. They have no regard for life, not that of their own and especially not the lives of innocent civilians.

The report hones in on having a detainee population anywhere from 30 to 60. There seems to be an assumption on

the part of the President that the review board will determine that half of those deemed too dangerous for transfer or release are suddenly safe for transfer or release. Does the President believe this is possible or does this assumption simply serve his own means to create cost savings for his plan that can never be realized?

The plan also fails to account for the fact that our Nation is still mired in the War on Terrorism. We are still fighting in the Middle East and worldwide, including the United States of America, to ensure that terrorism does not prevail. What about the individuals we detain from this day forward? What about those individuals with critical information related to the next terrorist threat? How can we operate without a facility like Guantanamo Bay to hold terrorists we take off the battlefield?

Third, the plan attempts to identify individual dispositions, one by one, for those who remain designated for continued law of war detention, to include Article III, military commissions, or foreign prosecutions. What a muddle.

In his remarks today, President Obama advocated for trying terrorist suspects in Article III courts. The President named two American citizens—Faisal Shahzad and Dzhokhar Tsarnaev—to articulate his point. Both of those individuals, however, were apprehended in the United States, not on the battlefield.

The intent of the Guantanamo detention facility is to protect the American people by removing terrorists from the battlefield. As the United States faces a growing threat from terrorist organizations, such as ISIS, which have tens of thousands of members, bringing those terrorists to the United States to stand trial simply cannot be the answer. It is not safe for the American people and irresponsible to our national security.

Fourth, the plan states the administration's desire to "work with Congress to lift unnecessary prohibitions in current law." That is in quotes, "work with Congress."

Well, there is something that is unique with the President, "work with Congress to lift unnecessary prohibitions in current law." But it does not anywhere in its nine pages endorse a specific facility to house Guantanamo detainees; rather, the plan describes a prototype for a detention facility in the United States—not Kansas, not Colorado, not South Carolina, not anywhere in the United States.

The President's long-awaited plan is to work with Congress to identify the most appropriate location as soon as possible, according to the summary provided to my office by the Department of Defense. Question: How could it take 7 years to arrive at the idea to work with Congress? What a novel idea, but only for this express purpose. If the President had a suitable alternative, he would have provided it in this plan. If he had a suitable alter-

native, he would have provided it in 2009 when we stopped his plan the first time.

Further, the plan fails to substantiate President Obama's repeated claims that Guantanamo Bay serves as a recruiting tool for jihadists. Let me repeat this. The plan fails to substantiate President Obama's repeated claims that Guantanamo Bay serves as a recruiting tool for jihadists, a rallying point for terrorist attacks, hindering relations with allies, and draining Department of Defense resources. My goodness.

I wrote Defense Secretary Ash Carter in November to ask for intelligence reports or data to support many of these assertions. I asked Secretary Carter if an intelligence assessment has been done in conjunction with the site surveys recently conducted by the Department of Defense from the safety of our community's standpoint. I asked for the Department's rationale for evaluating Fort Leavenworth, when three previous evaluations have made it abundantly clear it is and continues to be an unacceptable alternative. I asked if there were intelligence products regarding previous site evaluations at Fort Leavenworth.

The administration has argued that Guantanamo is a recruiting tool for terrorists. So I logically asked for an intelligence assessment to support that argument. As a follow on, I asked what assessment had been done to reflect that Guantanamo has increased terrorist recruitment. And finally, was there any empirical data to support the administration's argument that national security threats will decrease if enemy combatants are held in the United States? Common sense will tell you that it would increase.

Two months later, the response confirmed my assumptions. The Department of Defense had no intelligence products—none. There were no intelligence products, no data to provide to support the President's argument that GTMO serves as a recruiting tool and that moving detainees to the mainland would increase security and decrease the terrorist threat to the United States.

My colleagues, this plan really confirms what many of us already know: There is no safe alternative to GTMO—not in Kansas, not in Colorado, not in South Carolina. Nowhere on the mainland is there a secure and responsible alternative. If there were, this President would not have failed to articulate it in his plan.

Mr. President, a plan that is a legacy speech does not safeguard the lives of the American people.

I yield the floor.

The PRESIDING OFFICER. The Senator from West Virginia.

Mr. MANCHIN. Mr. President, are we in morning business?

The PRESIDING OFFICER. We are postcloture on the nomination.

Mr. MANCHIN. I wish to speak on the nomination of the Food and Drug Administration, Dr. Robert Califf.

The PRESIDING OFFICER. Without objection, the Senator is recognized.

Mr. MANCHIN. Mr. President, I believe the FDA needs new leadership, a new focus and a new culture, and Dr. Robert Califf's past involvement with the pharmaceutical industry reflects that he will not be this person. He will not have the impact or leadership capabilities the Nation needs to stem the tide of the opioid crisis we have all over this country, even in your great State of Oklahoma and my State of West Virginia, which has been ravaged by this. I would like to put this in context for a little bit. He has been there over a year—a good man. I am not speaking about his ability, his honesty, his integrity, his education, his background, and all the good work he has done. But he has been there for a year, and for the past 20 years Dr. Califf basically has come from the institutional research side, from education, and with that, his support has come from the pharmaceutical industries, those that are putting opioids on the market. I just feel it would be hard, human naturewise, for him to change and rule to keep these products from coming onto the market. So to put this in context, this is not personally about Dr. Califf. This is about the culture he comes from and the year he has been there as the No. 2 man and what has happened during that period of time.

Let me go over some things. Over the last decade, the FDA has approved new drugs at historically high rates. In 2008, companies filing applications to sell never-before-marketed drugs were denied 66 percent of the time. They were denied 66 percent of the time. Yet between the beginning of 2015 and August of 2015, the FDA rejected only 3 uses for new chemical entities and approved 25. That is an approval rate of 89 percent.

Now, tell me how in 7 short years that culture changed to where anything and everything coming at us was passed through, when we have already become the most addicted country on Earth. If one looks at new drugs and not the use of drugs, they have rejected only 1 and approved 23. That is a 96-percent approval rate in 2015. So of the new drugs that came to the market, only 1 was rejected—a 96-percent approval rate.

In 2008, the FDA's approval of new marketing claims for existing drugs was 56 percent. In the first 8 months of 2015, it was 88 percent. This includes approving OxyContin for children as young as 11. The FDA's 2013 approval of Zohydro drew widespread concern. All of us were outraged when we heard this new drug came on the market.

To put another time period in context, I had worked for 3 years to try to get all opioids from a schedule III to a schedule II so doctors could prescribe only for 30 days. You had to go back and see your doctor. Up until that time, Vicodin and Lortab—the two most widely prescribed opioids—were schedule III. That means you could get

a 90-day prescription and then call in to get it refilled. They were going out like M&Ms.

We were able to do that, and no sooner did we get that done—and it took 3 years, when it should have been 3 weeks. Within the same week that all opioids got to us from a schedule III to a schedule II, they approved a new drug called Zohydro, which was 10 times more powerful than Vicodin or Lortab—much more powerful. That approval was done against their advisory committee 11 to 2. That means 13 experts evaluated this drug and said: It is not needed, too powerful, don't do it. Guess what, they did it anyway.

Now they are saying that they are not going to pay attention to the advisory committee. Not only did they say they are not going to pay attention to the advisory committee, but we have had the decision on OxyContin being given to 11-year-old children; we have had the two new drugs that came out in 2014 after Zohydro and the pushback from Senators representing our respective States; they had a new drug called Targiniq, which is an extended-release OxyContin product, and Hysingla, which is an extended-release hydrocodone product.

So there were three new decisions made, with two new powerful opioids coming to the market and the decision that OxyContin would be given to 11-year-olds. That was done without any review from the advisory committee. They got so much pushback from Zohydro, they said: We are not going down this path again. We will just not have anybody review it. We will just go ahead and do it.

If you believe that is a culture that will protect the welfare and well-being of our citizens in our States all through this great country of ours, then I am sorry because I don't. I am sorry, but that is why I have been so passionate. I have more people dying of legal prescription drug abuse than anything else in the State of West Virginia. More people die. It is ravaging families.

I have personal letters I will read, and they will tear your heart out with what is happening and how this grips and tears people apart. It tears communities apart. Every law enforcement agency in America will tell you—no matter what town they are in, what county they are in, or what State they are in—that over 80 percent and upward of 95 percent of all crimes committed are drug related, are some sort of drug related.

There is not one of us right now in this beautiful Senate Chamber that doesn't know somebody in our immediate family or Senate family that hasn't been affected by drugs, either prescription legal drugs or illegal drugs. It is awful. It is an epidemic.

I believe the FDA must break its cozy relationship with the pharmaceutical industry and instead start a relationship with the millions of Americans. I have said that I am going to

fight against the FDA protecting a business plan and hopefully the culture will change, and they will start protecting America and the plan of families and citizens of this great country to have a healthy lifestyle.

It is because of this belief that I am urging my colleagues to vote against the confirmation of Dr. Robert Califf as the director of the Food and Drug Administration. He will still be there and still be a valuable person. He is just not that person with the passion to change the culture in this important agency. We have let this sleeping giant go for far too long.

My office has been absolutely flooded, Mr. President, with stories from West Virginians—but I have received them from all over the country—who want their voices to be heard. They say: Please use my name. I am not ashamed. We have been hiding too long. I have watched too many people's lives be destroyed. So today I will read letters not only from West Virginians but also people across this great country of ours that have been impacted by the opioid abuse epidemic.

I urge my colleagues to listen to these letters from their States and stories from my State about these drugs before confirming Dr. Califf, and in all good conscience make that decision tomorrow when we vote. Do you really believe he can bring the changes needed and not just say: Well, we have to have somebody there. He is already there. He will do a good job where he is; he is just not going to be able to kick them and shake them up and say we are not going down this path any more. There are some good people. We have made some recommendations of some good people who would bring the cultural changes that need to be brought.

I am going to read first about a young lady from Southern West Virginia. Her name is Chelsea. This is her story.

As a recovering addict, I have watched myself, my friends, and loved ones suffer from this horrible thing we call addiction. As I watch all these people now suffering, I know they had no idea what they were getting themselves into, and neither did I.

Whether it be for pain or just simply hanging with the wrong people like I did, we all have one thing in common, we chose to do drugs for the first time.

Someone made a decision to do drugs for the first time.

Growing up, I can honestly say I had what most people would call a normal childhood.

Chelsea comes from an upper socioeconomic family in Southern West Virginia. She continues:

I was raised by two hardworking parents who would and will still do anything for me. I was a gymnast and a cheerleader for most of my life and went to church every Wednesday and Sunday. My dad was even the Mayor of Madison at one point. But even being raised up in a good home did not stop me from doing drugs.

So this has no socioeconomic bearing. It does not. It is not a partisan issue. Whether you are a Democrat or

Republican, it makes no difference. Rich or poor makes no difference. Chelsea continues:

I can still remember the first time I heard about someone getting high. I was in the 6th grade and became friends with a girl whose parents got high themselves. We would walk about the playground and she would talk of these things called "drugs." As she talked day in and day out about how getting high made her feel, it made me start to wonder what this thing called "getting high" was really about.

Now, mind you, I am talking about a 12-year-old girl. She was just 12 years old.

I can remember thinking how cool I thought it was that her parents had done drugs with her and would party with her.

So another friend of hers, also 12 years old, had parents who were doing drugs with her and would party with her.

Chelsea continues:

One weekend I went to her house to stay the night and this was the first time I had gotten high. We smoked some pot, drank some alcohol, and I was turned on to my first pill around the age of 12. From this day forward, my life would forever be changed.

From the ages twelve to fifteen I partied some on the weekends and sometimes during the week, but as time went on my addiction and tolerance grew more and more. By this time, I was doing more pills because I had access to them. Between stealing Lortabs off my dad, to hanging with that girl so we could get high with her dad, to buying pills off the local drug dealer on the street, I had moved from doing them every now and then to every day.

I would stay a lot of weekends at this girl's house just to get high because my parents would never have done that nor did they know I was doing it. By sixteen my life took another turn. My grandmother, who I called Nana, had taken care of me most of my life while my mother worked. She was diagnosed with lung cancer two years prior. In the last days of her life, I would visit her in the hospital and she would tell me how proud she was of me and how I was her little model.

I had also met a very special guy by the name of J.R. a few months before this who I spent a lot of time with. On July 18, 2003, my Nana passed away. On the day of her wake, J.R. took me out to dinner, and on the way home he asked me to go meet his dad. I explained to him I could not and that my grandma's funeral was the next day.

He dropped me off that night, kissed me good-bye, and that was the last time I ever heard from J.R. Twenty minutes after he left me, he wrecked and died. I felt like my heart had been ripped out of my chest.

The day of his funeral is the next time I met the love of my life that would soon try to destroy my life. It was called OxyContin. I fell in love immediately with OxyContin. It took all of my cares and worries away, and from that moment on all I wanted to do was be numb.

As the years passed, my drug addiction grew worse. I was not only doing pain pills, I was now experimenting with all kinds of other things.

I can still remember my senior week in high school. While everyone was excited about going to the beach, I had to make sure I had enough drugs to go and not be sick. I took Roxy's and Oxy's, pretty much anything I could get my hands on, and eight balls of cocaine.

By this time in my life I didn't care about anything. It never once had crossed my mind

that if I got caught with all of that I could go to jail. I was just worried about my next high.

The following months were the same. I was doing anything I could to get my hands on drugs, from pain pills to cocaine to meth. I did not care as long as I was high. I was hanging around with people who were as sick as I was and places that I look back now that I would not even take my dog.

At 19 I met a guy who would fuel my drug addiction even more. He was 40 years old and dealt OxyContin. At this point I could not afford my habit, so I did what I had to do. I started seeing my drug dealer.

My life soon went from bad to worse. I had OxyContin 80s any time I wanted them, and at the time I thought life can't get any better than this. When you are doing eight to ten OxyContin 80s a day, you will do whatever it takes to get them.

At this point I was turned on to heroin. Heroin would have taken my life if it hadn't scared me so much. The high from heroin is so intense that anyone who had done it would have fallen in love. But, actually, it scared the life out of me.

As time passed and I wasn't getting high like I wanted to anymore from snorting OxyContin, I decided to start shooting up. That is one thing I never thought I would do is shoot up. I always told myself that people who shot up were the homeless people on the streets, complete and utter trash.

Now here I was sticking a needle in my arm to get what I wanted. And to be honest, I thought life was bad before. It just got a whole lot worse. The life I was and the life that I knew was gone, and OxyContin was completely ruling my life now.

OxyContin is a legal drug made by a legal pharmaceutical that knew exactly the effects this would have when they put this on the market over 20 years ago.

She said:

What stood before everyone was pure addiction.

I had started stealing off of everyone by now and didn't care who I hurt. People's priceless possessions that meant so much to them meant nothing to me. All I'd seen was my next fix. That's all I could see.

People were bringing me stolen stuff and I was taking it to the nearest pawn shop or my drug dealer. I had no shame. I had needle marks all up and down my arms, and I would lie to my family about how they got there. It was like I had no conscience, or, better yet, my addiction was my conscience.

Eventually I got caught stealing and was charged with 17 different felonies and one misdemeanor. This still did not slow me down even though I was looking at two to 20 years in prison. Nothing scared me more than being sick from the drugs.

On September 29, 2008, I was called in for a random drug test and failed because I had shot up OxyContin the day before. At the courthouse they handcuffed me and shackled me and sent me to Southwestern Regional Jail where I did a total of 10 days. As I sat there in that jail cell and cried, I thought a pill could not be worth two to 20 years of my life, and I hit my knees and prayed to God that if He brought me out of that jail cell, that I would never, ever, ever touch drugs again. The Lord answered my prayer and the judge gave me the choice to stay in jail or go to the Life Center of Galax, in Galax, Virginia.

I chose to go to rehab. I completed the 30-day program and came back and did Thomas Memorial's intense outpatient program for 6 more weeks. Once I got home I was sentenced to two to 20 years, but they suspended

my sentence. I went through drug court and completed it. I was the third person to ever graduate from the Lincoln County Drug Court.

I also had to do 14 more days in jail, 6 months of home confinement, and 4 years' probation. I can honestly say that going to jail and rehab saved my life. If I hadn't have been put in jail, I would probably be 6 feet in the ground just like a lot of my friends that I had to bury.

All of these things combined gave me something I hold very dear to my heart. My recovery. Recovery has not only given my life back. It has given me a chance to be a daughter, a sister, a wife, and hopefully a mother someday, a productive member of society, a good friend, but most of all, my recovery has given me a chance to be the voice of the sick and suffering addicts who lay in bed at night wondering if there is a way out.

I enjoy giving people hope and showing them that treatment does work. I am living proof that if you work the program of recovery, it will work for you. Since that day I had found myself sitting in that jail cell with no hope and my life completely consumed by my addiction, my life has changed for the better. I have graduated with an Associate's Degree in applied science from Southern West Virginia Community Technical College.

I went on to get my Bachelor's degree in the arts of psychology from West Virginia State University, and now I am currently working on my Masters of Social Work degree at Concord University, and I will graduate with that degree in May.

I have also been able to go to various schools, drug courts, and different places around the state to tell my story of addiction from where I was then to where I am now. I have also had the pleasure of working with a great group of people who are trying to get a sober living home open in Danville, West Virginia called the Hero House.

I can tell you, she is so passionate about getting this Hero House so she can help other people. Anybody listening who wants to help Chelsea in Danville, WV, with the Hero House, please do so or contact my office.

Now, with all this being said, I don't tell my story to get praise. I tell my story because there is a son, a daughter, a husband, a father, a wife, and many, many other people out there addicted to drugs and they do not see a light at the end of the tunnel.

When you are in active addiction, that light is so dim and a lot of times people think they are going to die from this horrible disease. But I am here to show people that you don't have to die. You don't have to let that horrible addiction win. You can step out and take your life back, because I am here to tell you that if you don't, if you don't, your addiction is going to take you to your grave.

Drugs do not discriminate. They know no good, no bad, no rich, no poor. There are so many people out there who suffer from this because there is little to no treatment.

By the grace of God I was sent to rehab and given a second chance. I still have the horrible reminders every day of the things I did to my family, to my body, and, most of all, to my self-esteem.

I have the track marks after being 7 years sober that constantly remind me of the life I once lived. I have a poor self-image because of the men I chose to give myself to just to get a pill, and the damage I did to my family because I had no cares in the world.

One day I hope there is enough treatment to help the addicts who want help. People need to be given a second chance and shown there is a better way of life than to do drugs.

I have another story called Tami's story, but I know Chelsea. I know this girl. She is impressive. She said: Please tell my story, I want people to know. No one could come from a finer family than I came from. No one can go lower than I have gone, and no one but by the grace of God could be saved like I was.

When we hear these stories—and all she is saying is there is no treatment. She was lucky. She found a treatment center. Somehow we have to come to grips with this. We have a tax on tobacco because we know it is harmful and we have to cure people of the disease. We have a tax on alcohol. We have no fee whatsoever on opiates—none—and it is destroying lives like nothing else that has ever happened in this country. We need to make people conscious of this, and we need to have an FDA that is compassionate, but not only that, is committed to the change that needs to be made in our culture.

I want to read Tami's story, from West Virginia. That is in the northern panhandle. Chelsea was way down in the southern part of our State of West Virginia.

We have 2 adult children suffering from substance use disorder.

Our son entered the military while in college. He was sent to Iraq right after 9/11, December 27, 2001. He experienced things that he never talked about, celebrated his 21st birthday there, and returned home. He was not a saint when he went to war. He had a juvenile past of drinking. Back then we thought he was a typical teenager acting out. When he returned, he suffered PTSD, as many do, and went to the VA hospital for treatment. He was put on cocktail after cocktail of medications.

We all know this. We all know that basically these brave men and women who are willing to risk their lives and sacrifice their lives for us—in order to treat their pain, we think, just give them a prescription, and they are able to get anything and everything. That is what they are talking about when he was put on cocktail after cocktail of medications—was this his starting point of the spiral into addiction?

I believe his addiction to opioids, benzoids, and amphetamines started then. I know that he spiraled from that point on. He lost his marriage, he didn't see his son, he bounced from drugs to drugs to drugs. He obtained several DUIs, and time after time he walked away, no offer of help, no sentencing. He bounced, married again. She was addicted to heroin. He bounced again, was in and out of our house. Unfortunately, we always gave him a safe place to land.

She said: "Unfortunately,"—not fortunately but unfortunately—"we always gave him a safe place to land."

The last time I saw him is when I called the police on him. I discovered that him and his girlfriend, with two small children, who had been living in our house for four months were using and selling drugs. I found out he was recently incarcerated for drug traffic and sent to a correctional rehabilitation facility.

Our daughter was an athlete all through school. She received injury after injury, and at 18 started seeing specialists for back pain. That was in 2004. They prescribed opiates. I never saw the addiction coming. She lost her

best friend since first grade that year to a drunk driving accident. She went to counseling. More prescriptions.

She appeared fine, gave birth to a beautiful baby boy, and then because of back pain more pain prescriptions were given. I realized she had a problem when she was pregnant with her second child and was stepped down to Vicodin while pregnant.

Vicodin while pregnant.

After his birth, we started her first rehab experience. She returned to the father of her children sober. She relapsed and began snorting heroin.

At this time she was living in Ohio and we were unaware of her relapse. We found out when her mother-in-law went to court and took her children. That was one of the worst days of all of our lives. We immediately picked her up, brought her back to West Virginia, and into treatment.

Fast forward. Thousands of dollars later on attorneys, doctors, rehab, she returns to Ohio to try to obtain her children. Relapsed. She began shooting heroin and then arrested. We let her sit in jail and picked her up on her release. Charges were dismissed. Back to West Virginia she comes, hospitalized for a week and rehab again.

She has now been in recovery for 13 months. She fell in love with a nice, drug-free man, moved to Ohio to try to obtain custody of her children back, and is six months pregnant. One thing I can say is my daughter was always a good mother. Even while on active addiction, she worked and took care of them.

As you can tell, both of our children became addicted to prescription drugs first. . .

And they tell me this is exactly how it starts. It starts at a very young age. Recreational marijuana, prescription drugs out of your parents' medicine cabinet, taking it to school, being the cool kid in school, sharing those drugs, then you begin using them, then you sell them. This is how it starts, and it leads to obtaining street drugs to feed their addiction. So it goes from occasional to recreational to addiction to feeding that addiction.

This is a condensed version of course. As with any family dealing with addiction, it does not show the tears, the hurt, the financial breakdown put on the family; (we are broke).

Literally and figuratively. She says: I want to thank you for listening.

Doctors keep prescribing pills, and they will tell you that they have had very little training in this area. As they go through all of their medical schools and advanced training, they get very little training on the effects these drugs have on human beings and the addiction.

We took 1 billion pills off the market when we went from 90 days to 30 days of Vicodin and Lortab. We took that many pills off the market. That means 30 days.

I have people in my office or in their families—and I know the Presiding Officer does as well—who will go to the doctor for something where they may need pain relief for 1 or 2 days. Do you know what they get? They automatically get enough pills for 30 days. That is the path of least resistance. It is legal, they can do it, and the doctor will write a 30-day prescription.

We are working on a bill that will be coming to the floor. We need to make

a lot of changes to that bill, but most importantly, we need to make sure we have an agency in the Federal Government of the United States of America that is fighting to protect every American. And it is not a business plan that we have to adhere to, not at all. These are good companies. They are legal pharmaceutical companies. They do an awful lot of good. I challenge every one of them that is listening to what we are talking about right now to give us pain relief without addiction to opioids. Do something. Break through the chemistry or something. It has to be there. We have been able to solve every other epidemic. We have been able to cure epidemics and pandemics, and now we have one that has been ravaging our country for almost 30 years.

I have Samantha's story. She says:

Hello. My name is Samantha Holbrooke.

She wants you to know her name.

I am from Fayette County, WV. I am a 28-year-old female. I have been an addict for the past 6 years. This letter is to explain to you how addiction has affected my life. It is also to express my view on drugs and what it is doing to our society.

I first started drugs when I was 13 years old. I was a recreational marijuana user. My mother was an alcoholic and a drug addict. My father was not in the home or involved in my life.

Unfortunately, that is true for many people around this country.

My mother would allow me to drink with her and go to bars. I was often her designated driver, but I was only 13 years old. I got in my first and only bar fight at 13. It was with a 24-year-old woman. She thought I was coming on to her boyfriend. In reality, we were smoking weed, not trying to hook up.

When I was 19, my oldest sister and mother introduced me to hydrocodone, Ritalin, Xanax, and Percocet. My sister and mother had no income; I did. By getting me on pills, they were able to get free pills by charging me to get them for them. By the time I was 22, I think I was snorting Oxycodone.

Oxycodone is made in a single source, which is a powder form that is compressed. They would break it down, crush it, and snort it to get the quicker high.

That became my drug of choice. I eventually got in with a doctor who was pretty much a pill mill.

We know we have them all over this country.

He wrote me a prescription for Xanax and Oxycodone. I got even more strung out on those two.

As a result of using drugs, I now have memory problems, concentration problems, and the list goes on and on. I lost about 30 pounds. I lost my job. I lost my home. I lost my child. I lost my fiancé to suicide. He was drunk when he shot himself in the head. I believe that had he not been drinking, he wouldn't have taken his own life.

As a result of these life-changing events, I became severely depressed. I then took the wrong road and began to use drugs intravenously. I started lying and stealing. This led me to gain two felony charges and several other misdemeanors. I went to jail and prison and spent 2½ years locked up. I am now on DRC because I am on parole and had a relapse, which led to several bad decisions, and now I am paying the consequences.

I am now in recovery. I am a recovering addict. I joined Narcotics Anonymous and

Alcoholics Anonymous. The classes and programming in prison helped me to think better. I now analyze a situation before making a decision.

This is my story. Prescription drugs and all drugs have ruined a large percentage of the citizens of West Virginia's lives. I am now in full control of my life again, thank the Lord.

This story is anonymous, but they wanted to share it with us.

I grew up in a nice home. My grandfather was a pastor. My dad grew up in church. My family went to church every Sunday. We had a nice house. We had nice cars. My mom didn't have to work, and my dad took very good care of us.

My dad had surgery, a common surgery to remove several large veins in his legs. This is where his addiction began. This is where he found his unlimited supply of numbness.

I was in middle school, and this is when I remember things being different. Things were changing. My dad stayed out with his friends a lot. He wasn't home for dinner anymore. When he was home, he was lying down sleepy and always said silly things. I would stay up late at night until he would get home, only to hear my mom and dad fighting, screaming, and my mom crying. Eventually I hated to hear the garage door open because I didn't want him to come home. Before my dad would take me to school, standing in his business suit with his briefcase, he would scarf down pills out of a little orange bottle. He would tip it back like he was eating a box of Nerds. I didn't know any better. My naive, my innocent mind didn't know what was happening. I couldn't comprehend that a doctor could be his drug dealer!

They couldn't comprehend that because we have been taught to trust doctors.

Things got worse. I started finding bottles of liquor and cans of beer hidden, and I passed it off. The 3 empty beers in the back of his company car: Oh, they must be his "friends". No one in our family drinks, definitely not my dad.

I remember whole vacations, weekend trips, and afternoons ruined by his addiction. Mad fits of rage until one day my mom stood up and couldn't take it anymore. My dad got the help he needed, but how did he get the help? In hiding, in private—a local rehab facility. He was on a business trip. Our culture has stigmatized a group of people—a group of people who transcend race, status, gender—at the expense of their lives.

This is a hidden killer. Drug abuse and drug addiction are hidden killers. So many of us have people in our families or close friends who don't want to talk about it. They are ashamed, and so it gets covered up and hidden away. As a result, we don't bring people out, let them know the effects, and cure them.

She says:

My dad was hurting. No, not from the wounds on his legs when he had his surgery but from depression and bipolar disorder. These are the roots of his addiction. They go hand in hand. When will we see this? When will we stop seeing addicts as a problem and see them as human beings and hurting?

For the last 20 to 30 years, I have been in public life, and the Presiding Officer has been in public life a good bit. I always thought that anybody who

fools with drugs is a criminal and should be put in jail. We have done that, and it hasn't solved a thing. It has gotten a lot worse. We have to rethink this issue. This is not a crime. Addiction is basically an illness. It needs to have a cure, and treatment is that cure. We have to face that. Senate Republicans and Democrats are looking at how to fix the sentencing guidelines, and I think it is encouraging and healthy for us to have these discussions.

She says:

Is it a selfish sickness? Of course it is. But how can we help them see the light when we push them aside? Because "they asked for it?" Just like a lady with skin cancer "asked for it" because she laid in a tanning bed? What if we treated addicts with the same compassion that we treat cancer patients?

My father has been clean for almost a decade, and the demons of his addiction still haunt us all. No, we weren't homeless, nor did we have to face a death to be completely broken by this horrible epidemic, but I had a zombie for a father for my adolescence. I missed my childhood, years that we can never get back, memories that will never be erased, all because of a little orange pill bottle chased and hidden with a brown paper bag.

Luckily, my story ends with a happy ending. I still have my dad. My story hasn't ended up the way so many do every day, like my two friends who didn't get help in time and passed away.

I have stories from all over the country, and they are pathetic. I have a couple more I can read from West Virginia. I will go to different States.

This is Erica's story. She says:

Hello, My name is Erica and I am an addict. And I say that with great pride as I celebrated 10 years of recovery in November of 2015.

I began using drugs here in West Virginia at the ripe age of 13.

Thirteen seems to be that magic—adolescence. We are coming into adolescence. We are willing to experiment. We think we are invincible. We think nothing can harm us.

Prescription drugs were easily accessible at that age and opened the door to 11 years of anguish, desperation, jails, and dirty needles. I came from a stable, drug- and alcohol-free home, but I was able to gain access to prescription drugs from my peers and my local middle school and high school on a daily basis.

As my disease progressed, I dropped out of high school my freshman year and continued to put myself and family through years of pain and suffering. I attempted drug replacement therapy to control my opioid addiction, but that was only a temporary solution, and I eventually returned to drugs.

Finally, I found myself in the court system and facing felony drug charges. It was then that I was able to find freedom through a 12-step fellowship.

Today I can say I am a cum laude graduate of Marshall University, fully employed, homeowner, wife, and the mother of two wonderful West Virginia boys.

I pray my children don't follow the path that, not only myself, but many of my West Virginians fall into. The disease of addiction is progressive and fatal if not treated or prevented.

Here in West Virginia, we are leading the Nation in drug overdoses. And

where I live in Cabell County, we have had over 900 overdoses in just the year of 2015.

As a mother, I must trust our leaders to make responsible choices to help us seek solutions, gain back our communities, and save our children from following the same deadly path.

I know the FDA was so proud that they came out with some new guidelines, and they said now they are going to start paying attention to the advisory committees. They didn't say they would adhere to their recommendations; they would just start paying attention to them. Also, the CDC—the Centers for Disease Control—put out some guidelines of how we should be prescribing, the knowledge we should have, how we should be administering, and what we should be doing to curb this drug abuse. And guess which agency fought against that and put it on delay? The FDA.

The only thing I ask all of my colleagues to do is to please consider—just send a message with the vote you make tomorrow. It is not about the doctor at all. It is not about the person before us. It is about getting an advocate who will make a real change and make sure we fight this war.

This story is another anonymous story:

My brother is in his early 20s and was hired at the local plant that employs the majority of the county. He was injured on the job, saw his doctor, and was prescribed Lortab long term.

Lortab, as I said before, is a schedule III, 90 days. You can keep calling it in, calling it in, and calling it in.

As the effects from this started to wane, he was prescribed Xanax, Klonopin, and a variety of other prescription medicines. He then lost his good-paying job but found other work at a lower pay after almost a year of unemployment.

This prescription med addiction continued for years, and once laws finally cracked down on prescribing narcotics, it left him unable to get all the medicines he had previously been prescribed. Once it became too expensive to buy them on the street, he turned to heroin.

My fun-loving brother who was always at family functions, loved to be around his nieces and nephews, totally disappeared. I suspected that something more serious was going on, but he wouldn't answer calls or texts.

In August, I hadn't seen him in several months. We have always been close. This was very unusual. I sent him a novel of a text since he wouldn't take my phone calls confronting him over the rumors that I had heard of his heroin use. He denied it.

A few short weeks later, I got a call from my mother that he was transported to the hospital by ambulance but discharged a few hours later for chest pain. He later told us he had gotten a bad batch of heroin and was certain he was dying.

He told the EMS he had used that morning, as well as hospital staff. I still to this day don't understand how someone can come in suffering from an overdose and be discharged a few hours later.

People don't have knowledge. They are not being trained in this horrible epidemic that we have in this country.

NOTHING was mentioned to him about treatment or rehab and he was treated as a

lesser person. I was worried before, but after this was in a constant state of fear that I would get a call that my 31-year-old brother was dead.

In October, he called me to tell me yes he was a heroin addict, but a new treatment center had opened near his home and he wanted to get clean. He asked if I would go with him, and I said of course yes.

His insurance wouldn't cover a dime of this treatment. It would be all out of his pocket at \$100 a day plus the cost of meds. For someone working at a \$30,000 or less a year job, paying for housing, utilities, food, (he never did receive public assistance)—

He was too proud for that—

this cost was more than he could do.

Again I told him I would be there and pay for whatever he couldn't. I convinced him he needed more of a support system than just me and he finally told our parents. We were we were raised in church and came from a large religious family. He was so ashamed of what he had become he didn't want the family to know and the majority of them still don't know to this day.

I am hoping, as this letter was written anonymously, eventually he will share this with the family, maybe preventing other members from going down this road.

He will tell them when he is ready. My mom and I went with him to his first appointment at the suboxone clinic, and one of us has been at every appointment since. It is wonderful—he has a session with a psychiatrist at every visit.

It's more than prescribing meds. They are doing the counseling to make sure their patients get clean. I am proud to say that after only four months, not only is he clean but he has weaned off the suboxone.

He still goes for counseling and has the nurse's cell that he can call 24 hours a day if he's having a hard day. In the future he wants to tell his story and help others facing the same crisis.

Madam President, I have been reading stories of people addicted all over the State of West Virginia. I have stories from your State also, Madam President. I would like to read that for you.

This is in New Hampshire—Sandown, NH. This is Kathleen's story. I am sure she has sent you the same copy she sent me. She wants her name to be known.

My name is Kathleen Stephens. I am a 56 year old RN, BSN, from Sandown, NH. I am currently the Director of Clinical Service at a nationwide hospice company. My story is much like thousands of others out there, pretty average, fairly normal. I have two children; a 33-year-old son who graduated with a degree in Mathematics from Boston University and a 31-year-old daughter who graduated with a psychology degree from Assumption College. I myself have a Bachelor of Science and Nursing degree and my children's father a Bachelor's degree in business from Wharton School of Business in PA. I give you this detailed background for to you see that we are a well educated and successful family. We are a white, mid to upper middle class who have always lived in a beautiful neighborhood surrounded by loving families whose children played outside, joined pee-wee soccer, little league, softball, basketball and girl scouts to name but a few. We were the home in the neighborhood where all the children loved to play. We took our children to drive in movies, camping, the beach, museums and always visited their

grandparents. We were normal, that's all, or what we perceived was normal.

When speaking with our children now, they both recount wonderful childhoods and deem themselves "lucky." Our house was filled with love. I hugged my kids all the time, never hesitated to demonstrate to or tell them how much I loved them. They had grandparents who were always around, who also demonstrated love for them. About 5 years ago, my daughter, and her boyfriend, an Intern at Tufts Medical School decided, after being together for 2 years that they would move to Sacramento. I was devastated inside but encouraged my daughter to follow her heart. Over the subsequent years, our communications went from daily to weekly to scattered. Each conversation seemed more distant than the last. We saw her an average of twice a year; most significantly, when we paid her expenses to come home for Christmas. Her boyfriend never came; he distanced himself from us almost immediately.

I'm sure at this point you know the story. About 18 months ago I finally confronted my daughter asking what was wrong, seeing her go from a loving daughter to a distant person I no longer knew. Over the previous few years, she turned into a virtual stranger. I told her I loved her no matter what and that I would be there for her. At that time she denied any issue. A few weeks later she was in the hospital and called me. Apparently, she had hit bottom. She confided that she was a heroin addict. I was more than shocked. She had been in a substance free dorm in college, hated drinking, drugs and was pretty straight laced overall. I kept myself in check saying that no matter what I would support her, asked her to come home so we could help her. She confided that it started with a prescription for opioids that her boyfriend had shared with her. He was given one for back pain years before, got hooked and decided she might just like it.

So, amazingly she did come home, but she went back a few months later. She then returned to get clean again and went back a few months later. She overdosed multiple times, of which I knew nothing until recently. Her boyfriend gave her IV heroin while she was in the hospital being treated for pneumonia to keep her habit going. He was the one, I found out later, that he shot her up because she hated doing it. He had developed a hold on her that was a bond of heroin high. I knew the drug had gotten her when, due to the stress of everything happening, I ended up in the hospital ruling out a heart attack. She drove me there, dropped me off and went to get high (I found out later). I ended up being fine, stress of course, and she ended up going back home yet again. She stayed clean after going into a rehab, which kicked her out after 8 days because her insurance was declined. She then attended NA—

Narcotics Anonymous—

meetings almost daily and got a job that she loved. In the meantime, her boyfriend was found out through a "random" drug test and suspended. She was clean for 4 months, the happiest four months of my life. We spoke every few days, or texted. Her voice was truly hers again . . . her laughter, her expressions, her humor. I felt she was finally back with us. She had left her boyfriend and went into a sober living home. Life was good and I was so grateful to have my daughter, my best friend, back.

About 3 months into her sobriety she decided to reach out and try to get her boyfriend sober as well, the beginning of the end. At exactly month 4 she went to his house and he had a "surprise" for her. She was new in her sobriety, just once she said, and she fell back down the rabbit hole. I

knew when she didn't return my calls or texts that it was bad. But finally she responded; she was back into it again, but she'd get out she promised.

The next 8 months were a few weeks clean then back into drugs again. I did not send her money. Honestly, she never asked. She knew I'd never support her habit. Around Thanksgiving 2015 she had had it. She called me and said she wanted to get back into rehab and leave her boyfriend permanently. Her life was no longer worth living. Weeks of trying to get her into rehab went unsuccessfully when we finally found Clean and Sober in Sacramento. At that point she was clean two weeks, had slowly packed up or sold her belongings and was ready for the break. But she had to sneak out to get away from her very controlling, manipulative partner; and she did.

The happy part: She is today 60 days sober. She has a new job (She had been fired from the other one), which she loves. She blocked her boyfriend from her phone, her email and her facebook. She is the daughter, once again, that I know and love, but I love her regardless of the disease of addiction. Love the addict, hate the disease. And for right now I thank God, pray alot, and take it one day at a time.

I have another one here I want to share with you. The thing I wanted to share, Madam President, is this: My State and your State have probably been hit as hard as any two States in the country. We have people coming to us all the time. We are fighting every way we can. We are introducing pieces of legislation. We are not worrying about who is Republican or Democrat. How can we help Americans—the beautiful people in New Hampshire, the wonderful people in West Virginia, who are facing more deaths, more disease, more destruction to the family?

I want to share with you that when I first got elected—Senator Byrd had died in 2010. I was Governor of the State of West Virginia. I had to make a decision. I thought maybe I could come to Washington and help with the experiences I had and what I had seen in my State and times. We had challenges.

After I was elected to the Senate, I had gone back to Oceana, WV. At that time it had been called "Oxyana" because drug use was so rampant in this beautiful town. I remembered this town because when I was a freshman in college, my roommate was from this town. It was the most beautiful town I had been in. They had everything. What a privilege it would have been to grow up in this beautiful town, but I could see many years later it was not the town I knew or remembered in my mind. I went to the middle school. These were all children in fifth to eighth grade. I tried to give pep talks. I wanted to get them involved and tell them how good they could be, how much we are counting on them, what they need to get a good education and contribute something back to society, and how fortunate and lucky they are to be in this little town.

After I finished speaking—they were attentive and cooperative—there was a group of them. They asked: Can we talk to you privately? I will never forget this. These were 12- and 13-year-old

boys and girls. There had to be six or seven of them. I went in the back room and sat at a table. They started talking and telling me their stories. These were stories they had watched and were telling me. This was the first time I had ever heard from a child up close and personal who said: My dad worked at the mines. He had a back problem. He got hurt. They kept giving him pills. We lost our house. Mom and dad were fighting. They got divorced. We lost everything. I've got nothing now. My grandparents were watching me while I was trying to take care of us. My dad is an addict.

I heard these stories from these five kids. They were all pleading.

Now fast forward to the year 2015. I go back to the same school. These kids that were 12 years old are now seniors in high school. The same group wants to talk to me. They had lived a clean life, but I think about what they have gone through and what they have seen. Then I sit down with another group of 12- and 13-year-olds from the same area. They are telling me stories about how they are watching their lives before them when they watch a boyfriend or a stepfather because the family had broken apart, the mother remarried or whatever, and the person that she is with is a drug addict. This little child watches her mother get shot up and killed because of the drugs the boyfriend shoots into the mother. Can you imagine a 12- or 13-year-old having to live with this and see this happen in their home?

What we are asking is simply for the Food and Drug Administration to change, to be the watchdog to help us. They are supposed to protect us. They don't say: I did my job. The pharmaceutical company told me they made this drug, and this is the way it was made. This is what it was supposed to do. We checked it out. Everything is fine; leave it on the market.

You are not looking at the welfare of the people. You know what it does. You know it is addictive. We have no treatment centers. We are doing nothing to treat this. We are not challenging these pharmaceutical companies who are good companies. They do a lot of good and put a lot of products out there that are very good, but they are bringing these opiates on the market quicker than ever before, more powerful than ever before, and they know what is going to happen.

I am challenging all of them. I think the FDA should challenge them. We are not going to approve more opiates. We are not going to let you bring on the market stronger opiates that we know are addictive and will ruin people's lives. If they will do that and challenge these companies to come out with new research and development that can scientifically give us relief needed for people who have chronic pain without making them addicts who lose their lives—we should be able to do that in this great country. I am going to read you a story from Kentucky, my next

door neighbor, the majority leader's home—Kentucky and West Virginia. This is Emily from Louisville, KY.

My name is Emily Walden. I am a mother who lost my 21-year-old son to a drug overdose in 2012. My son TJ came from a good family, was a member of the Kentucky National Guard and the most respectful young man you could have ever met. TJ made an initial poor decision that led to an addiction to the drug Opana; he had unlimited access to this drug during that time. TJ did not want to die from this. He tried very hard to overcome his addiction and I tried very hard to save his life. I started researching the drug Opana about five years ago and would like to share with you what I have learned that illustrates the need for changes to our FDA policies and approval processes for all opioid drugs.

The drug Opana contains the opioid Oxycodone which was removed from the market in 1979 due to the overdose deaths and addiction this drug was causing across our country.

In 2002, the FDA started holding IMMPACT meetings every year allowing pharmaceutical companies to pay money to be included in discussions and changes to clinical trials, design.

We call that pay to play—the impact it has because they are able to go to these types of settings and get absolute front row seats with the people they are trying to persuade to take another look at these drugs that might have been taken off the market because they were deemed too dangerous. This is allowed to go on. It has been going on for far too long, and the FDA is part of it. This is part of the change that needs to be made and made immediately.

Endo Pharmaceuticals, the manufacturer of Opana, attended each one of these “pay-to-play” meetings.

In 2003, Endo Pharmaceuticals brought the drug Opana to the FDA for approval and was denied due to the overdoses that occurred during the clinical trials.

In 2006, Endo Pharmaceuticals again brought the drug Opana to the FDA for approval but this time using new clinical trial that applied a modified process, called “Enriched Enrollment,” which removed patients with preexisting opiate sensitivities from the trial. The Enriched Enrollment process skews results and seriously underestimates risks associated with the proposed drug involved in the clinical trial. In addition, the FDA ignored their own review guidance by bypassing their advisory committee and approved Opana for moderate to severe pain.

At the time Opana was approved, our country was already experiencing an explosion of overdose deaths and addiction from the overprescribing and misrepresentation of the safety of opiates. In addition to causing thousands of deaths and addiction, the approved use of Opana has now been directly implicated in an outbreak of Hepatitis C and HIV cases in the State of Indiana.

The FDA has continued to use Enriched Enrollment—

Or pay to play—

to approve new opiates and override or bypass altogether their advisory committee for new opiate approvals and for new uses of opiates further contributing to the overdose deaths and addiction. These process changes must stop.

The year after my son died I traveled to Washington DC for the first time in my life and was very fortunate to be able to meet with the then Senate Minority Leader—

Now Senate majority leader—

Senator McConnell, the next year I had nine meetings which included a meeting with

then acting Director Botticelli of ONDCP, DEA Administrator Michelle Leonhart and seven meetings with Senator's staff. In 2015 I had thirteen meetings scheduled. I am not going away! We need change to curb this horrible epidemic that started with prescribed opiates and the mistakes that were made need to be corrected.

How many people have to die? How many more people have to become addicted? The FDA is sending the wrong message to physicians by continuing to approve opioids during the worst drug epidemic our country has ever faced.

The PRESIDING OFFICER (Ms. AYOTTE). The Senator's postcloture time has expired.

Mr. MANCHIN. I ask unanimous consent to continue.

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

Mr. MANCHIN. Thank you, Madam President.

The FDA is supposed to be protecting public health and yet over 200,000 people have died and they have failed to put appropriate restrictions on these dangerous drugs to prevent overdose deaths. I want to know why there is one death from something such as *E. coli* and every head of lettuce is pulled from the shelves in ten different states but opioids have killed thousands of people and they are considered safe and effective? How can that be?

When is the FDA going to put human life before the paychecks of Big Pharma? What will it take? A million deaths? We need an FDA commissioner that will protect the citizens of this country that is willing to take the overall best interest of public safety into consideration and not allow the pharmaceutical companies to have him in their back pockets. My son TJ had a lifelong dream of joining the military and fighting for his country. He would have given his life to protect and serve. He was one of the most patriotic young men and his country failed him. Please do the right thing. Please do not let one more mother get a knock on her door saying their child is gone and that they will never [ever] come home [again]. There is no greater pain than burying your child! My son, my precious child with the most beautiful blue eyes, caring and loving heart, died in part by the greed of big Pharma and—

Most importantly—the carelessness of the FDA. It is time for change!

Another story from Kentucky. This is in Northern Kentucky and this is Kimberly's story.

My name is Kimberly Wright. I am a [mother from Northern Kentucky] who works in the trenches to save the lives of people in my Community. NKY was hit by a pill epidemic around 2000. That pill Epidemic has now turned into a Heroin Epidemic. Since 2013 the death toll continues to climb. In 2015 we have had 1,168 overdose reverses. We still await the number of deaths. Our entire system is on the verge of collapse—our Courts, Police, Children's Services, Jails. Our jails currently have 99% Heroin and Pill cases housed in the jails. Our Treatment system is seriously strained with not 1 new bed added in the last 10 years since this epidemic started. We are in a War in [Northern Kentucky]. Every day we wait to see how many died that day. We have people getting in their cars driving high on pills and Heroin wrecking into innocent people and killing them. This is the United States of America and this is a shame. We allow the FDA and Big Pharma to profit off the deaths of an entire generation of young people. We are in effect losing 2 jumbo jets full of kids every day

in America due to Pills and Heroin. We need help. We are begging for help to stop this madness. Our American families are losing our children at an alarming rate to overprescribing Drs and Big Pharma. We beg you, please help us stop this.

I lost my sister Alicia Cook on October 26, 2010, to an overdose. Alicia was a nurse with 2 young daughters. This Epidemic has no boundaries and it's in every community in the Country. Northern Kentucky has the highest rates of HEPC, surpassing the National Level, due to heroin and pills being injected. We have a high rate of homeless children due to their parents being dead or drug addicted with no end in sight. We have 52% of grandparents raising their grandchildren due to death and addiction. This is a nightmare for parents. When our children were born we could have never imagined this would be our life. You don't sleep at night from the anxiety of wondering if you are the next parent to get that call that your child has overdosed. It's like being in a constant panic attack. It's not normal to grieve the loss of a child who is alive, for they are truly lost. I [know lots of] parents who have lost their child and I can't imagine their pain and grief. I grieve for my addicted 26-year-old daughter who is in the fight of her life [because of] her Addiction. I watch her destroying herself every day. I don't want to join the mothers who have lost their child to this Epidemic. I know how I suffer now and I just can't go there. I will continue to fight for my community. Will you [please] join me?

That is Arlene's story.

Indiana is one of the States that has been hit so hard also. This is Danielle's story from Southern Indiana.

My name is Danielle McCowan. I live in southern Indiana and work as a server. About 2 and a half years ago a customer by the name of Josh Harvey left me his number. At the time he told me he was living in Chicago for school. Little did I know he was in rehab there. Granted, I didn't know about his addiction for over a year because we hadn't stayed in constant contact. Over a year or so ago I found out about his heroin addiction. He still told me little about it. I do know it started out with prescription pills and later went to heroin when the pills became harder to get. He served a month in jail in Michigan for the entire month of this past July over a heroin related charge. He came home immediately after and overdosed that same weekend. Luckily, his dad saved him that time. Now he got enrolled in college and was going to an outpatient program doing better. Or so we all thought. School let out for break and I guess it all went downhill. He came to me on November the 4th telling me he had used a couple of times and wanted my advice. I suggested an in-patient program. He went to Wellstone after he left my house. He sat for several hours and finally was given a room. I went and checked on him 2 different times while he waited to make sure he was there. Thursday I didn't receive any calls. Friday nothing either. Then Saturday morning, the 7th of November, his mother called me to break my heart. He had passed away that Friday, the 6th, over in Louisville and didn't know who to contact until that Saturday morning, I guess. He had checked himself out of Wellstone, broke into his house, took his Xbox which he later either pawned or traded for heroin. Never in a million years did I think I'd become close to anybody addicted to heroin. It doesn't discriminate. It can get ahold of any and everybody. Never in my life have I been so depressed or heartbroken. All I want is his story shared. He was my happy ending gone away too soon.

They continue. They continue on, these stories, the heartaches and the

lives destroyed, lives changed. Few too many lives are saved.

Massachusetts. As the Presiding Officer knows, Senator MARKEY has been working with me very closely and all of us on this horrible epidemic that we have. This is Sara's story. She is from Amherst, MA.

My nuclear family is middle class or the working poor, but it is blended in that I was raised by my mother and step-dad, but my bio father's side of the family would be considered well-off. Heroin first came to my radar after my brother Donny became addicted to pain pills after surgery, and heroin followed suit after RX's stopped. Then it seemed like it was everywhere around me: my nephew, my niece. Then we lost my cousin Cory, who passed in a sober house for his addiction to alcohol, along with a needle and an empty bag next to him. Cory is an example of a young man institutionalized by multiple incarcerations and just when he would try to lift himself up, in he would go again. He was trying to get clean for his girlfriend and unborn child when he passed away, and he was happy, thinking he was getting better. Living with someone close who struggles and then multiply that by two, and adolescence, young adulthood mixed in, and you have my descent as an empathetic aunt who felt powerless to change anything.

Then the bottom dropped out. My cousin, John Ahern, passed at the end of August after a long period of recovery alone in the woods. It didn't matter he came from privilege or was the nicest person I had ever known in my life for so long. He leaves behind three loving sons. They both couldn't access the help they needed at various stages, including recovery, and died alone.

It is my mission to stand up for them and the young people like my niece who began her struggle at 14, and now approaching 18 has some clean time. There are no support programs in my community for this age group, and especially for non-White young people like my niece and nephew. They are both of Latino descent. Please do something.

People are begging us everywhere in this country to help them, and basically it starts with treating this as an illness and not as a crime. It starts also with having clinics, having basic places where we can serve them and help them get clean. They cannot do it by themselves, and they are the first to tell you. The stories I am reading here exemplify that so well.

I have a Florida story here, and Florida has also been ravaged. Florida was a problem that we had in West Virginia because of the pill mills there. People would take the bus down or they could take a cheap flight down to Florida, buy all the pills they could and come back. Florida has been very helpful in the last years trying to stop the pill epidemic.

This is Janet from Fort Lauderdale.

Dear Senator Manchin. I appreciate you taking the time to stop the appointment of Dr. Califf from becoming the FDA commissioner. I founded STOPPnow—Stop the Organized Pill Pushers now—due to all the drug-addicted babies I was caring for as a neonatal intensive care nurse at a children's hospital in Broward County, FL. We started holding protests in front of the 150 pill mills that were in Broward County alone. Many parents came out to protest with us. Parents from all over the country contacted us as well. Too many parents are crying themselves to sleep over the loss of their child.

At first, there were no consequences for either the clinic owner or the doctor. Then they started arresting the doctors for money laundering. Our State's attorney has called the doctors drug dealers in white coats. The Board of Medicine is not protecting the public by allowing high-prescribing doctors to keep their license. Therefore, the plight of the drug-addicted babies and the devastation to the families continues to rise. When one clinic owner was arrested, he was earning \$150,000 a day.

I repeat, \$150,000 a day.

Not one doctor in that clinic to date has lost his license or his practice.

We only have the judicial system helping to alleviate this in Florida. Doctors are now being charged with first-degree murder. It would be kinder for a doctor to lose his license than to sit in a courtroom at their own murder trial.

We have been unsuccessful in our efforts for lawmakers to mandate that prescribers use the prescription drug monitoring program in Florida. Yet in this environment, there is a bill passing through the committees allowing nurse practitioners and physician assistants to prescribe narcotics without a doctor signing off on the order. I would support this bill if they included the mandate. And, of course, the FDA approved that children as young as 11 years old can be prescribed OxyContin. We definitely need an investigation.

Madam President, as you can see, these are problems that we have all over the country. This is not just your State and not just my State. I know it is hard. They say we need someone in there, so let's just go ahead and confirm Dr. Califf. Dr. Califf is an honorable man. He is still there. He is going to be there. He has been there for 1 year. In the 1 year that he has been there, we have basically put more opiate drugs on the market without even going through a clinical overview. If that change were going to come, it would have come by now. I am sure he could have had input, and I would hope that he would.

Dr. Califf has called a lot of our colleagues and said that these changes will be coming. This Senator will tell you the changes they recommended when they said they were going to make changes. They said: We are going to make sure that we are going to start listening to our staff and people who are reviewing these drugs.

They are going to listen to them, but there is no mandate that they will have to follow.

This Senator has a piece of legislation that the Presiding Officer coauthored, and I appreciate that very much. Basically what we are saying is this: When you have your advisory committee—and every drug must go through an advisory committee's opinion, and if they recommend as they did with Zohydro to not let it go on the market, that cannot be bypassed, neglected, or pushed aside. Our bill would basically state that they must bring it to the people's representatives in Congress and state why it is so very important for them to bring this new high-powered drug to the market—as if we don't have enough.

The United States has 5 percent of the world's population but consumes 80

percent of these addictive opiate drugs. Something is wrong. Something must change.

I thank the Presiding Officer for allowing me to be able to read the letters of people who have been affected by this all over this great country in all of our States. I know we feel the pain, and we are going to try to make these changes and make sure this agency will do what it is supposed to do.

I yield the floor.

Mrs. MURRAY. Madam President, I ask unanimous consent to speak as in morning business.

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

REMEMBERING JUSTICE ANTONIN SCALIA

Mrs. MURRAY. Madam President, first of all, I want to take a moment to honor the life and service of Supreme Court Justice Antonin Scalia.

Justice Scalia was a dedicated public servant who gave so many years to our courts and our country. He and I didn't agree on every issue, but his intellect, passion, and commitment were unquestionable. I know he will be missed, and the thoughts and prayers of Washington State families go out to his family.

FILLING THE SUPREME COURT VACANCY

Madam President, people across the country are now looking at what is happening here in Congress, and they are frustrated. They look at the many challenges we face as a Nation, and they want Democrats and Republicans to work together to tackle them to make sure our government is functioning and that it is working for all of our families, not just the wealthy and few.

Madam President, I share that frustration. We have been able to get things done when Democrats and Republicans work together to break through the gridlock. That shouldn't end just because it is an election year. It certainly should not end when it comes to one of our most important roles here in the Senate, working with the President to evaluate and confirm judges for the highest court in our land.

The Supreme Court plays such an important role in protecting the rights, liberties, and responsibilities of all Americans. Over the years the Court has made decisions that have moved our country in the right direction, and it has made decisions that have set us back. When the Court can do its work, it offers certainty to people across the country when it comes to their rights as workers or as patients or as consumers or as women or as citizens. At its best, it helps our judicial system rise above politics, above partisanship, and above the spats and sniping of the moment. In order to do that, the Court must have a full bench. It cannot have vacancies leading to potential deadlocks at every turn.

That is why I was so disappointed that hours after Justice Scalia passed away, Republican leaders jumped out of the gate to say they would not allow

the vacancy to be filled while President Obama was still in office. Right away—before the Nation had a chance to take in and mourn the loss of a Supreme Court Justice, a man who seriously believed in the Constitution—Republican leaders injected politics and partisanship into a process that should be about our obligations as Americans.

The Constitution is very clear. Let me take a moment to read from it directly.

In article II, which clearly defines the powers of the President, section 2 states that “he shall nominate and by and with the Advice and Consent of the Senate, shall appoint Ambassadors, other public Ministers and Consuls, Judges of the supreme Court and all other Officers of the United States.”

Madam President, this could not be more explicit. The President “shall nominate” and shall appoint with “the Advice and Consent of the Senate”—not shall nominate in the first 3 years, not shall nominate unless the Senate leadership wants to keep the seat open for a while. The President “shall nominate.” That is his responsibility.

Then it is our responsibility in the Senate to consider, advise, and ultimately help make sure that the vacancy is filled with a qualified person. Of course, the Senate has the right to weigh in with our advice and consent. It is our job to vet nominees sent to us by the President, to make sure they are qualified for the job, and to determine if they meet the basic standards of honesty, ethics, qualifications, and fairness. Personally, this Senator will want to evaluate if they will be independent, evenhanded in deciding cases, and if they will uphold our rights and liberties, including the critical right to privacy.

Republican leaders are not objecting to a person; they are objecting to this President being allowed to do his job. That is not advice and consent; it is politicize and obstruct.

Republicans say there is a precedent to stall on Supreme Court nominations in the last year of a President's term. That is not true. President Reagan had Justice Kennedy confirmed with a unanimous vote in a Democratic Senate in his last year in office.

Since 1975, the average number of days from nomination to final Senate vote is about 70 days. So this kind of obstruction and partisanship is absolutely wrong. People across the country will not stand for it, and I hope our Republican leaders will back down and do the right thing because evaluating and confirming Supreme Court Justices is one of the most important roles we have in the U.S. Senate.

In fact, it is this issue that actually pushed me to run for the Senate in the first place. Back in 1991 I was a State senator, a former school board member, a mom. Like so many people at that time, I watched the Clarence Thomas confirmation hearings. For days I watched in frustration.

I couldn't believe this nominee wasn't pushed on the issues that I and

so many others thought were so important to our country. I didn't feel the Members on that committee represented the full spectrum of perspectives, and I decided then and there to run for the U.S. Senate to give Washington State families a voice.

Now, as a U.S. Senator, I want my questions answered. I want to make sure my constituents have a seat at the table and I get to push nominees for the highest Court in the land on the issues I care about most, but I can't do that if Republicans play election-year politics and don't even allow us to have that debate. The American people will not have a voice, the Court will be dysfunctional for a year longer, and Republicans will have politicized a process that should be above this sort of petty partisanship.

Many Republicans may not want to hear this, but Barack Obama is still President Obama for almost a full year more. This Senator is hopeful that Republicans will step back from this very dangerous and very partisan path they are on and work with us to consider and confirm a nominee in a reasonable timeframe.

Families across the country deserve to have a functioning Supreme Court and a Congress that works well enough to allow this to happen.

Thank you, Madam 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.

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

The PRESIDING OFFICER (Mr. GARDNER). Without objection, it is so ordered.

Mr. WHITEHOUSE. Mr. President, I ask unanimous consent to speak for up to 20 minutes.

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

CLIMATE CHANGE

Mr. WHITEHOUSE. Mr. President, I am here now for the 128th time to urge that we wake up to the ugly changes that carbon pollution is wreaking on our climate. It is happening all around us, and it is happening right now, not in some far-off future.

As humans we are terrestrial beings. We live on the land. So naturally we pay more attention to the experience where we live—things such as increasing average temperatures on the land and changes in extreme weather when it hits the land. We don't so much pay attention to what is happening in our warming and acidifying oceans.

The oceans are a big deal in climate change. For decades the oceans have absorbed more than 90 percent of the excess heat trapped in the atmosphere by greenhouse gas emissions. Of all the different places the excess heat goes, 93 percent is into the oceans. What we see in the atmosphere—the temperature changes we have already measured, the