

ballistic missile to hit a lower 48 city. Well, we know that is going to start leaking out. The headlines will be front page, banner headlines: Dictator of North Korea can range Chicago, New York. It will be all over the news. It will be the only thing we talk about.

There will be enormous pressure on the White House and others to do something about this. On that day when we see the banner headlines, a lot of Americans will be very nervous. The American people and the American media will look at the people in the Pentagon, will look at the people in Congress, will look at the leadership in the White House, and will ask three critical questions. Are we safe? Did we see this coming? Have we been doing anything about it and, if so, what? That is what they are going to ask.

We know that day is coming. We are not sure when, but we know that day is coming—again, not if, but when. People are going to ask those questions. If we know that, and we do, we need to be able to say to all three of those questions—whether it is the Secretary of Defense, the President of the United States, or whether it is all of us here, the Democrats and Republicans in the Senate, we need to be able to answer the American people and say: Yes, we are safe; yes, we saw this coming; and yes, we have the world's most robust, technologically advanced, capable missile defense system that will with near certainty shoot down any North Korean missile launch at the United States and give our President and the Congress the strategic time and space to make potentially world-altering decisions.

We know this is coming, and I think we should be doing everything we can in our power to focus on it, so we will be safe, and we will be able to say yes to all three of those questions if we begin to seriously focus on America's missile defense, which is what our legislation is all about.

Unfortunately, our Nation has not always been focused on funding our missile defense system, and in many ways the funding has been erratic. As the Center for Strategic and International Studies put it recently, such funding for America's missile defense has been marked by high ambition, followed by increasing modesty. I think the time for modesty on an issue of this importance is over.

From 2006 to 2016, homeland missile defense funding, adjusted for inflation, declined nearly 50 percent, and homeland missile defense testing declined more than 83 percent. The goal of our bill is to change that and change it significantly. Among its other elements, Advancing America's Missile Defense Act will grow our U.S. base missile interceptors from what we have now, which is about 44, to as many as 72 and will require our military to look at having up to 100 interceptors distributed across the United States.

The bill will also authorize the more rapid deployment of new and better

kill vehicles. These are the bullets, essentially, on top of the warheads. It will allow a layer of space-based sensors and radars to track missile threats from launch to intercept, a technological advancement that would improve all missile systems to make sure we have a layered missile defense, whether it is THAAD in Asia, Aegis Ashore and on ships, or our missile system here at home—all of it integrated. Right now we don't have that.

The bill also will increase the pace of missile defense testing to allow U.S. forces to learn from actual launches of our defense systems and increase the confidence we have in our system and its effectiveness. This is very important. The Department of Defense needs to change the culture around missile defense, testing regularly and conducting more flight tests. Unfortunately, every test is not always going to be a success. It is OK to fail because we learn from failure.

I don't like to admit on the floor of the U.S. Senate that we could learn something from the North Koreans, but that is the approach they are taking. That is why their missile and nuclear programs are advancing so rapidly. They are not afraid to fail.

What we need to do is enhance our testing, enhance our missile defense, enhance our capabilities because, as I mentioned at the outset, it is no longer if, but when. That day is coming, and we need to be ready for it, and the United States Senate can lead in addressing this very significant challenge to America's national security.

I am encouraged that our bill has already gotten strong bipartisan support from Democrats and Republicans because they know how important it is. I hope my colleagues on both sides of the aisle truly understand the significance and seriousness of this threat, and I hope they can continue to support our Advancing America's Missile Defense Act of 2017. There are very few foreign policy and national security issues that are more important than making sure we address this threat to America's security.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

TRUMPCARE

Mr. MERKLEY. Mr. President, our Nation and our government were founded on a principle that can be summed up in three words: "We the People," the first three words of our Constitution, the three words that our Founders wrote in supersized font so that no matter who you were you would remember that this is the guiding mission of our form of government. This is the guiding mission of the Constitution.

From across the room, you can't read the fine print of article I and article II and so forth, but you can see what the Constitution is all about: we the people.

Lincoln captured that notion when he spoke in his Gettysburg Address and said: "We are a nation of the people, by the people, and for the people." He didn't describe our system of government as of, by, and for the privileged. Our Founders didn't write "We, the powerful and privileged" at the start of our Constitution. That is what makes us different from the governments that dominated Europe, where the rich and powerful governed on behalf of the rich and powerful. America turned that on its head with our system of government. Our system of democratic republic governance.

Therefore, we are at a very strange moment right now because just 20 days ago, 217 Members, a small majority over in the House, voted for a bill that was all about government of and by the powerful, for the powerful, of and by the privileged, for the privileged, not by the people, for the people. They voted for TrumpCare.

We witnessed the House passing this horrific piece of legislation that will ensure that millions of low-income and middle-class Americans are worse off, will receive less care, and will have to pay more for their healthcare, assuming they can even get it. But, on the other hand, the bill delivers \$600 billion in platinum-plated tax benefits to the richest Americans.

Picture the situation: our President holding a celebration at the White House, standing on a platform, crushing more than 20 million people in terms of their access to healthcare, while celebrating a golden plate with platinum-plated gifts to the wealthiest Americans. That is what happened 20 days ago in the House of Representatives. That is not a pretty sight and certainly doesn't fit the mission of our Nation.

Franklin Roosevelt shared his vision of how we progress in the following fashion. He said: "The test of our progress is not whether we add more to the abundance of those who have much; it is whether we provide enough for those who have little."

But the Trump principle that was supported by 217 House Members 20 days ago is the opposite. The Trump principle is that the test of our progress is whether we add more to the abundance of those who have most, while taking away from those who do not have enough. That is what happened. That is the difference between Franklin Roosevelt and government of, by, and for the people, and President Trump and 217 House Members who passed a bill of, by, and for the powerful and the privileged.

It is astonishing to me that this happened. American citizens, when they heard about the first version of this bill, TrumpCare 1.0, they overflowed the inboxes, they proceeded to fill the streets, they flooded the phone lines, and people up here heard them and said: We understand. We don't have the votes to pass this TrumpCare 1.0 in the House because we hear you telling us how horrific this bill is.

So they went back to work. But in TrumpCare 2.0 they produced a bill that is even worse than TrumpCare 1.0. They took an already bad bill, they made it more painful and more damaging, and they jammed it through without a hearing on the House side. They jammed it through without a CBO estimate of how many people it would hurt or what it would cost. They jammed it through because they didn't want to listen to the American people who said: What you are doing is diabolical and wrong. They didn't want to listen to the experts who said the same thing.

The experts weighed in from every direction—nonpartisans and analysts, health policy experts, the associations that work in healthcare, the groups that represent doctors, nurses, and patients. The American Medical Association said: "We are deeply concerned that the AHCA," which I will simply call TrumpCare to keep away the confusion—"We are deeply concerned that TrumpCare would result in millions of Americans losing their current health insurance coverage," and that "nothing in the MacArthur amendment remedies the shortcomings of the underlying bill."

The AARP called the bill "a bad deal for older Americans ages 50–64," because it "would significantly increase premiums for all older adults and spike costs dramatically for lower- and moderate-income older adults."

The AARP went on to state that the amendment that converted TrumpCare 1.0 into TrumpCare 2.0 was making "a bad bill worse" because it "establishes state waivers that allow insurance companies to charge older Americans and people with preexisting health conditions higher premiums and weaken critical consumer protections."

The American Cancer Society Cancer Action Network weighed in; the American Diabetes Association weighed in; the American Academy of Pediatrics weighed in; the American Heart Association; the American Lung Association; the March of Dimes and many, many, many other groups that are familiar, household-known organizations. These groups that understand our healthcare system all came out and made it public that this plan, this TrumpCare 2.0, is a bad plan. It endangers Americans' health.

But 217 Members of the House didn't listen. The 217 Members voted for the Trump principle of crushing ordinary Americans to deliver \$600 billion in platinum-plated benefits to the richest Americans. If the House had listened and put that bill 6 feet under with a stake through its heart, I wouldn't be standing here today, but they sent that bill over to the Senate. It is here for the Senate to consider. There are 100 Senators who now have to decide: Are they behind the principle of "we the people," or have they decided that they want a different constitution—one that is about "we the privileged" and "we the powerful"?

I know that when I took my oath of office, I liked the Constitution the way it was written. I liked the principle behind this Constitution. So it is of major concern that the Senate might proceed to adopt TrumpCare 2.0 or modify it into TrumpCare 3.0.

Today, the Congressional Budget Office's score was released, which told us of and evaluated TrumpCare 2.0. It found that more than 20 million Americans—in its estimate, 23 million to be exact—will be uninsured under TrumpCare than under the Affordable Care Act. That would bring the total of uninsured to a much higher total of 51 million people under the age of 65 by the year 2026—nearly double the number of uninsured. That hurts real people. It hurts every single one of those individuals who lose their healthcare.

In my State of Oregon, just one piece, one provision of this bill, which crushes the expansion of Medicaid—in Oregon, it is the Oregon Health Plan—strips the healthcare of about 400,000 Oregonians. That is a lot of human carnage. It is enough people that, if they were standing hand to hand, they would stretch 400 miles from the Pacific Ocean to the border with Idaho. That is how many Oregonians would be impacted by this.

That is just the people who lose access to healthcare. There are many others who would go to their clinics or go to their hospitals and find that the clinics and hospitals have either limited their services or shut down because, you see, our clinics have gained tremendously from the investment under ObamaCare. In addition, they have gained tremendously from the fact that the people who came in the door had insurance to pay their bills. It is the reduction in uninsured individuals who come through the door—the ones who cannot pay for their care—that has dropped so much. With more people paying for their care, the finances of the clinics and the hospitals are stronger. So TrumpCare not only hurts the 23 million who will lose insurance, but it hurts everybody, every American, by degrading our clinics and degrading our hospitals.

Individuals share their stories and their concerns, people like Lauren Rizzo in Portland. She is a single mother and small business owner who is alive today thanks to the health insurance she received through ObamaCare.

About 2 years ago, Lauren was not feeling well, so she went to get checked out at a clinic. Lauren figured she would be given a prescription for antibiotics and sent on her way. Instead, she was told to head straight to the emergency room, where she received emergency surgery to remove a 7½-inch mass from her abdomen. If Lauren had not gotten insurance through the Affordable Care Act, ObamaCare, she would not have gotten checked out, and she certainly could not have afforded the \$40,000 surgery bill and the nearly \$60,000 in followup care without

going bankrupt. Very likely, without insurance, she would have had this mass continue to grow in her abdomen and maybe threaten her life. This may have been a life-and-death issue for her.

Here is what Lauren has to say in her own words:

I am a healthy and contributing member of society who is able to contribute and pay my way and continue to grow and succeed rather than someone who is slipping through the cracks and needing assistance to get by. It seems to me that turning people who are getting by into people who are falling behind is good for no one. Even if there is no compassion in our leadership's healthcare plan, I would have hoped someone would have injected a note of common sense.

Her point, made very poetically and poignantly, is that if you cannot get healthcare, you cannot remain a productive member of society. It is not just about your quality of life, and it is not just about the fact that you might suffer and that you might die, it is also about whether you can be healed and contribute. That is an important piece of why healthcare is so important.

Paul Bright of Sweet Home wrote to my office to share his story about finally having healthcare thanks to the Medicaid expansion. Paul wrote:

I'm one of those hardworking Americans the Republicans praise mightily—an entrepreneur, self-employed, buying American—and I'm on Medicaid thanks to the ACA.

Without the ACA—that is ObamaCare—I'd have no insurance at all to cover my prescriptions that keep me healthy so I can continue to work.

Do I want to be making so little income that I qualify for Medicaid? No. I want to be making a good income.

The only way I can continue working 60 hours a week to increase my household income is if I can keep my prescriptions and doctor appointments.

Without the medicine I need, I will become permanently dependent on government services, not just health insurance, but I will start requiring food stamps, housing assistance, utilities assistance.

He concludes:

The smart economic decision is to keep me healthy so I can grow our economy.

Paul is right. Keeping him healthy isn't just the moral thing to do, it is a smart economic decision. Yet, under TrumpCare 2.0, Paul probably would not stay healthy because he would not be able to afford the appointments and he would not be able to afford the prescriptions. He would fall through the cracks.

Then there is a grandmother in Lake Oswego, OR, who wrote to me about her 12-year-old grandson who is living with a neurological disorder and who has been hospitalized three times over the past 5 years. The first time this woman's grandson was hospitalized at the age of 8, his father's insurance covered a 3-week hospital stay. At the time, that was enough to get the care he needed. But then we fast-forward to last year. Her grandson, now 12, needed to be hospitalized for several weeks, followed by residential treatment, followed by a brief period in a transitional school—a 10-month period in

total. Those 10 months were covered because of ObamaCare, because of the ACA. For the past several months, this young boy has been home and recovering successfully. The ACA made that possible.

Carol Nelson of Turner, OR, writes to me and shares her words. She does not know how she will manage if her husband is kicked out of his nursing home because of TrumpCare 2.0. She writes:

My husband lives in a nursing home. He does not remember me after 33 years of marriage. I worry now. Will the new healthcare laws and Medicare, which I will get in 2018, cover us? Will he have to come home for me to take care of him even though I cannot stand for more than a few minutes due to congestive heart failure?

Carol continued:

I think there should be incentives to do what's best for your health written into the law but not to take it away. Without the ACA, I surely will die.

So here is a woman who has been married to her husband for 33 years, but he has dementia so badly that he does not recognize his wife. She would love to care for him at home, but she cannot. She has congestive heart failure, and his condition is extremely severe.

Medicaid funds more than half of the nursing home admissions in the United States of America. It is not simply about assisting struggling families or hard-working or low-income families; it is also about taking care of our seniors. She has a double challenge—her own care and her husband's care. "Without the ACA," she said, "I surely will die."

Should that be the healthcare system we have in the United States and because of which people are at the point of losing their access to healthcare and putting their own lives at stake?

I think back to that issue of peace of mind. In a good healthcare system, all have the peace of mind that their loved ones will get the care when they are sick and that their loved ones will not go bankrupt when they get sick. We have made big strides in that direction. In Oregon, the 400,000 folks who are covered by the expansion of Medicaid alone represent a big stride in that direction, the tens of thousands who have gained access to care on the exchange because they can now get community pricing and not be fended off by a preexisting condition or blocked by a preexisting condition. They have more peace of mind.

We can do better. We could have a much simpler system, and we could have a much more efficient system, but let's not go backward and throw millions and millions of Americans off of healthcare.

Last night, I had the pleasure of speaking with Carol on the phone and talking to her a little more about her life. She told me about the cataract surgery she needed in order to be able to continue to see. She said that without that, she would have lost her license, and if she had not had a license,

she could not have gone to the grocery store to feed herself and her son, because they live out in the country—an hour's drive from everything. She told me about the various preexisting conditions she has had to manage—conditions that would certainly prevent her from getting healthcare without her having the ACA, conditions that, without medical appointments and prescriptions, would cause her health to deteriorate rapidly without the ACA. That is what she means when she says: "I surely will die."

It is a powerful story, but it is certainly not unique. Every day, I am receiving stories like Carol's—story after story of folks who just want the peace of mind of having access to healthcare—as well as stories from constituents who are angry at President Trump and who are, quite frankly, angry at the 217 Republicans who voted for a government by and for the powerful and privileged over in the House 20 days ago.

They are also upset about the breaking of promises to the American people. They heard the promises over the past campaign year. The President made promise after promise on healthcare, and his healthcare bill breaks promise after promise.

President Trump promised his plan would provide healthcare for all, but it does not. According to the analysis we received just today, 14 million Americans would lose healthcare almost immediately. Within another 10 years, that would grow to about 23 million Americans. That is not healthcare for all; that is healthcare for 23 million fewer. Promise broken.

Over and over again, President Trump said his plan would make healthcare cheaper. The CBO estimates that premiums under TrumpCare 2.0 will go up 20 percent next year. Check this out. Here is the basic math. A 64-year-old man who earns \$26,500 a year would have his monthly cost for healthcare go up from about \$140 a month to about \$1,200 a month. When you are earning \$26,500, by the time you pay for your rent and your utilities and your car payment and your groceries, you do not have much left, but you can still get health insurance if it is costing you \$140 a month. But if out of that little more than \$2,000 a month you earn, you would have to pay \$1,200 a month, there is no way you can afford that insurance. So President Trump promised that healthcare would be more affordable—promise broken.

The President promised that under his plan, Americans would have better healthcare. Currently you are guaranteed essential benefits, including emergency services, rehabilitation services, maternity and newborn care, mental health and addiction treatment, hospital treatment, pediatric services—essential benefits. Those are the things you expect, in a healthcare system, to be covered.

But TrumpCare throws out the requirement to have essential care bene-

fits. It means a State could choose to let insurers sell barebones plans that cover virtually nothing.

So you are making your payment and you think you have insurance, and then you get injured or you get sick and you find out it doesn't cover anything. That is not healthcare. That is predatory insurance policies, and that is what is allowed under TrumpCare.

So, Mr. President, you promised better healthcare and you delivered predatory policies—promise broken.

The President said he would make sure we kept the protections for preexisting conditions. He promised it. He repromised it. He triple promised it. He continued to promise it. But the amendment that he accepted for TrumpCare 2.0—passed 20 days ago by 217 Members of the House, in favor of government of, by, and for the powerful and the privileged—broke that promise and said States could allow the elimination of community pricing.

What that means is that you have preexisting conditions, but you can get the policy at the same price as everyone else. If you destroy community pricing, it means that when you file for your policy, the insurance company says: Well, let's see just what your problems are. Oh, we see you have asthma. We are going to charge you more. Oh, we see you have diabetes, we are going to charge you a lot more. We see you have delivered a child, which can create health problems. We are going to charge you more because you are a mother. We see that you had an episode of cancer. It is in remission—good news—but the odds of your getting it are higher than someone else; so we are going to charge you more.

That is because their goal is to make sure those people who have preexisting conditions are not in their insurance pool, because they will make more money. That is an assault on the premise that everyone will be able to have affordable healthcare because those folks are told: Because you have this condition or that condition, we are going to charge you more. The charges will be so high—and will be intended to be so high—that they will not be able to buy insurance. So they won't be covered.

That is part of the reason that the CBO has analyzed the fact that there will be 23 million more people without insurance come 2026 under TrumpCare than under current law. We can think of this as a tax. For those who actually can summon the funds, it is a set tax on sick people, and the sicker you are, the higher the tax bill you pay under TrumpCare.

So when the President promised not once or twice or thrice but multiple times to make sure that we keep the protection for people with preexisting conditions, that was a promise broken.

The President promised not to cut Medicaid. As I was waiting to speak last night, I was watching a local television channel, and they were playing tapes of one rally after another where

President Trump went out there and said: I am different; we will not touch Medicaid or Medicare or Social Security. He was emphatic. He was passionate. He was convincing.

He broke that promise under TrumpCare. It cuts \$880 billion out of Medicaid. On top of that, the budget he released yesterday calls for \$600 billion more on top of the \$880 billion. If you cut \$1.5 trillion from Medicaid, that is the promise broken. It is not broken by a little. When the President said he wouldn't touch Medicaid, he didn't proceed to break that promise in a tiny little way. No, he smashed it with a sledge hammer. He demolished it. He turned it into dust because he cuts \$1.5 trillion out of Medicaid.

Medicaid doesn't just help provide healthcare to hard-working, struggling families. It pays for nearly half of all births in America. It provides coverage for one out of three children—healthcare for one out of three children in America. It pays for nursing home care for more than half of the American seniors who need nursing home care. Medicaid is the single largest payer for mental health and substance abuse disorders.

A lot of folks here have come down to this floor—from both parties—to talk about taking on the opioid epidemic, a substance abuse epidemic, a highly addictive drug doing great damage across America. Medicaid is the largest payer for substance abuse disorders in America, and TrumpCare cuts it by \$1.5 trillion.

Two out of three school districts rely on Medicaid funds to provide services to children with disabilities.

So there we have it—one broken promise after another.

Now we turn to the Senate because it is time for this Chamber to respond. The only appropriate response is for us all to get together, dig a deep hole here on the floor of the Chamber, throw that House bill—TrumpCare 2.0—into it, light it on fire, drive a stake through it, and make sure it never sees the light of day. That is the only reaction that honors our “we the people” government. That is the only action that would honor the promises that President Trump made to the Nation while campaigning.

Now, a group of my colleagues are holding secret meetings far from the public to work out a new version of TrumpCare—TrumpCare 3.0. There is no bipartisan dialogue on this, and I am certainly not invited to listen in. So I can't tell you what they are coming up with, but I can tell you this: It is a process completely different than when we had a bipartisan, over a year-long process to debate and examine the question of the Affordable Care Act—ObamaCare. The Finance Committee held 53 hearings. They spent 8 days marking up the bill. That was the committee's longest markup in over two decades. They considered 135 amendments. That was one of the two major committees that worked on

ObamaCare. The other was the Health, Education, Labor, and Pensions Committee, known as the HELP Committee. They held 47 hearings—not secret meetings in some room but public and bipartisan meetings with all committee members welcome and the press welcome, hearings, roundtables, and walkthroughs. Then, they had a month-long markup—a month long. I was there. I was on the committee. We had a square table—two sides with my Republican colleagues and two sides with my Democratic colleagues. During that markup, amendment after amendment was considered. Three hundred amendments were considered—bipartisan amendments, amendments from Democrats, amendments from Republicans—and 160 amendments were adopted from my Republican colleagues—160 amendments from across the aisle. That is the type of bipartisan work that was done.

Let's compare that to TrumpCare: no hearings in the House, no public display of the bill for a lengthy period for it to be publicly analyzed. There was virtually no chance for the public to see the actual text and weigh in. It passed under a process of rapid transit through the floor of the House, and then it came over here to the Senate.

Is the Finance Committee now holding hearings similar to what we did years ago on ObamaCare? We had 53 hearings. How many hearings has the Finance Committee had on TrumpCare 3.0? None, not one. The HELP Committee—the Health, Education, Labor, and Pensions Committee—held 47 hearings, roundtables, and walkthroughs. How many hearings has the HELP Committee had here in the Senate on TrumpCare 3.0? Not a single one.

Secrecy is the guiding principle of the day—secrecy that might produce another version of TrumpCare that will be devastating to millions and millions and millions of Americans. So, of course, they don't want the public to watch that process. Of course, they don't want to have weeks of hearings and markups that enable people to have hundreds of bipartisan amendments. If you are trying to push through something to destroy healthcare in America, you want to do it as secretly as possible. That is what is happening in the Senate at this very moment.

That is not the kind of process you should have in a democratic republic. That is the kind of process you have when you are about to do something diabolical and destructive that will hurt we the people.

ObamaCare, or the Affordable Care Act, isn't perfect. We could work together to make it much better. We could say no to all of the strategies that the Trump administration is doing right now to undermine the success of the marketplace.

Remember, the marketplace was the Republican idea. That was the Republican plan: Have a marketplace where private healthcare insurance compa-

nies could compete. That is what came from across the aisle. But now the Trump administration is doing everything it can to undermine that particular strategy. They are hesitating about whether to provide the cost-savings funds that allow the companies to provide lower premiums and lower deductibles. That hesitation means the insurance companies can't price out their policies for next year. So they either have to exit the exchange or they have to raise the price of their policies a lot higher.

The Trump administration is deliberately sabotaging the marketplace.

Then there is the fact that the whole point of the markets was to make it simple for an insurance company to go from one State to another State, to reach all of the customers at the same time of year—all making decisions—and you can reach out and talk to them. You can sell your policy easily. But the point is, a new company coming into the marketplace is concerned they will get a disproportionate share of those who are very ill, so there is an adjustment that takes place to say: No. You can come into this marketplace, and we will guarantee that you will get an adjustment if your patients end up being sicker than the average patients.

That is intended to make multiple insurers come in and compete with each other. But my Republican colleagues destroyed that provision. It is called risk corridors. They destroyed that provision. They are destroying the ability of companies to competently, responsibly come into the insurance marketplace and participate in the exchanges.

So not only do we have the diabolical TrumpCare 2.0 and the secret 13 proceeding to develop TrumpCare 3.0, we also have the administration destroying the ObamaCare exchanges, the marketplaces, which were the Republican idea brought into that bill.

I will do all I can to make sure we don't throw out healthcare for 23 million Americans. I hope every single Senator here, having come to this body and I know holding dearly this Constitution, will fight for “we the people” and not “we the powerful and privileged” and will fight against a bill that not only hurts healthcare for those 23 million people but also destroys healthcare institutions for everybody else because it undermines the financing of both the clinics and the hospitals.

In our own States, we are all hearing our Lauras and our Pauls and our Carols and our grandmothers talking about their 12-year-old grandsons. We are hearing them all say: Just say no. Do your job. Make our healthcare system work better. Live up to your commitment to “we the people,” a democratic republic, to fight for a nation of, by, and for the people.

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

The PRESIDING OFFICER. Will the Senator withhold his request?

May 24, 2017

CONGRESSIONAL RECORD—SENATE

S3157

Mr. MERKLEY. I withhold my request.

ADJOURNMENT UNTIL 10:30 A.M.
TOMORROW

The PRESIDING OFFICER. Under the previous order, the Senate stands adjourned until 10:30 a.m. tomorrow.

Thereupon, the Senate, at 7:17 p.m., adjourned until Thursday, May 25, 2017, at 10:30 a.m.

CONFIRMATION

Executive nomination confirmed by the Senate May 24, 2017:

DEPARTMENT OF STATE

JOHN J. SULLIVAN, OF MARYLAND, TO BE DEPUTY SECRETARY OF STATE.