

system of justice, though it is often strained and stretched and sometimes undermined, is still the envy of the world. It does set us apart. We know that throughout our history—and even more recently—there are several examples of one judge being able to stop the executive, one judge being able to reverse policy or, at least, force the executive to make amendments to an Executive order, as has happened over the last couple of months.

I think we always have to ask ourselves whether or not our system of justice is getting it right, whether or not the balance is there. There are lots of ways to express the tension between one side and another in our system of justice. One way to express it—not the only way, but one way, when you consider the awesome appropriate power in a nation like ours—is, Will we have a system that allows everyone to get a fair shot at justice, to literally fulfill the obligation or the goal of equal justice under the law? Or will we have a system of justice that rewards, supports, or seems to find in favor of corporate interests or have a court, whether it is the Supreme Court or a Federal court of one kind or another, that is beholden to corporate interests? So one way to suggest the tension and sometimes the conflict is to have a fair shot for everyone versus a corporate tilt or a corporate court or a corporate justice system.

I would have to say that when you look at some of the evidence most recently, the Supreme Court under Chief Justice Roberts has been an ever more reliable ally to both big corporations and those with great power, those with great wealth. A major study published by the Minnesota Law Review in 2013 found that the four conservative Justices currently sitting on the Court—Justices Alito, Roberts, Thomas, and Kennedy—are among the six most business friendly Supreme Court Justices since 1946. So found the major study in the Minnesota Law Review just 4 years ago. So four Justices on the Court now were found among the six most business friendly. That is one indicator.

Another review by the Constitutional Accountability Center, which, of course, is ongoing as decisions are handed down, shows the consequences of the Court's corporate tilt, finding that the Chamber of Commerce has had a success rate of 70 percent—7–0, a success rate of 70 percent—in cases before the Roberts Court, a significant increase over previous Courts. So these are two major indicators of the corporate tilt of this Supreme Court.

Now, these cases are important to every person—cases involving, for example, rules for consumer contracts, challenges to regulations ensuring fair pay and labor standards, attempts by consumers to hold companies accountable for product safety and much, much more. Because the Supreme Court's decisions set precedents followed by every Federal district court across the Nation—hundreds of district

courts—these rulings have an impact beyond just the particular case and the particular parties or the litigants in that case, in that district, or in that Supreme Court case.

The tilt toward corporate interests at the expense of everyday Americans is not confined to the Supreme Court. I have had serious concerns about many of the judicial nominees put forward by the Trump administration, particularly those nominated to sit on the circuit courts, the highest appellate court in the land other than the Supreme Court. In essence, these circuit courts, which sometimes cover more than one State, are effectively the highest court in the land for the vast majority of cases that are not heard by the Supreme Court. The Supreme Court may take only a few cases a year, sometimes a very low percentage, or less than 5 percent in most years.

The President has plucked many of these nominees for the circuit courts from a list compiled by the Federalist Society and the Heritage Foundation, two substantial conservative organizations. I don't want the Supreme Court chosen by the Federalist Society and the Heritage Foundation. I certainly don't want circuit court judges chosen, handpicked, and designated ahead of time who only have been selected from this list. That is apparently what happened in the midst of the campaign. They gave the Republican nominee a list and said: That is your list. You choose from them only. It wasn't a suggested list. It was a directive.

I think I am joined by a lot of people across the country in my concern when groups like that have veto power over who sits on the Supreme Court or who has veto power over those who sit on Federal courts.

Like several of the conservative Justices on the Supreme Court, many of these nominees on this list from the Federalist Society and the Heritage Foundation have a corporate philosophy, a philosophy that ignores the realities faced by many Americans, the realities faced by many workers across our country.

The records of these nominees indicate that this problem will only be exacerbated and workers and their families will continue to have the deck stacked against them in the real world, not the world of briefs and the world of Supreme Court jurisprudence and the world of arguments in front of the Supreme Court. But in the real world, the decks will be stacked against them—in the real world of making ends meet in a family, in the struggles that people have every day, and in the real world of working every day for long hours and sometimes in not the best working conditions and up against very powerful forces.

The fundamental promise of our court system is this principle of justice I talked about earlier—the principle that everyone should have a fair shot at justice, all the time, in every case, without exception, in every court, in

every year, in every era. That is what equal justice under the law means, and when that doesn't happen, when someone is denied equal justice under the law even one time, of course, our system hasn't worked well.

When you see the numbers that I cited earlier, that the Chamber of Commerce has a success rate of 70 percent, I am not sure we can say that equal justice under the law—that principle—has been adhered to. When that happens, of course, what Saint Augustine reminded us hundreds of years ago—that without justice, what are kingdoms but a great band of robbers—people are robbed of justice in maybe one case. Unfortunately we know from the record that it is a lot more than one case. But one is too many if you believe in equal justice under law.

So I have serious concerns that this basic promise—the ultimate promise of justice that was enshrined in our Constitution by our Founders and was brought forward by the Judiciary Act of 1789 and which has continued to this present day—of equal justice under law could be in jeopardy. Some would say that it is in jeopardy already as this administration puts its stamp on the judiciary.

We must demand that the judiciary live up to the principles of equal justice under the law for all the people in all the cases all the time.

I yield the floor.

The PRESIDING OFFICER (Mr. STRANGE). The Senator from Vermont.

HEALTHCARE

Mr. SANDERS. Mr. President, let me begin by pointing out an op-ed that appeared in the Boston Globe today. It is an op-ed that I wrote. It is called "The health care crisis no one is talking about."

Mr. President, I ask unanimous consent that this op-ed be printed in the RECORD.

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

[From the Boston Globe, Oct. 31, 2017]

THE HEALTH CARE CRISIS NO ONE IS TALKING ABOUT

(By Bernie Sanders)

The United States faces a major crisis in primary health care, and unless Congress acts immediately it is likely to become much worse.

Millions of Americans are at risk of losing their access to health care because Congress did not renew funding for the community health center program at the end of the fiscal year, Sept. 30. Unless we renew funding immediately, 70 percent of funding will be cut, the doors of 2,800 community health centers will close, and 9 million patients will lose access to quality health care. That is unacceptable.

Our nation's community health centers provide affordable, high-quality health care to more than 27 million people. This includes not only primary health care, but also dentistry, counseling, and low-cost prescription drugs. For the 13 million rural patients served, community health centers often are the only health care provider for hundreds of

miles. And they provide good jobs in communities that need them the most.

Community health centers not only save lives, they also save money. Instead of people ending up in expensive emergency room care, or in the hospital, they get the primary care they need, when they need it, at high quality medical centers. Compared to other providers, community health centers save on average \$2,371 per Medicaid patient and up to \$1,210 per Medicare patient. What's more, community health centers have played a pivotal role in generating more than \$49 billion in savings to the entire health care system.

Not only do we have to renew funding for the community health center program, we must also improve and expand the National Health Service Corps—the program that provides debt forgiveness for young doctors, nurses, dentists, mental health providers, and pharmacists who are prepared to work in our nation's most underserved areas. Without debt forgiveness, it is very hard to get new doctors to choose primary care—an area of medicine that does not pay the big bucks. It is also difficult to attract medical professionals into the underserved areas of our country where they are needed the most.

It is widely acknowledged that we currently have the most wasteful, inefficient, and expensive health care system in the world. Despite spending almost \$10,000 per capita on health care, twice as much as any other country, 28 million Americans have no insurance, even more are underinsured, with high copayments and deductibles, and we pay the highest prices in the world for prescription drugs. The rarely discussed truth is that thousands of Americans die each year because they cannot afford to get to a doctor when they should.

We must not allow a bad situation to get worse.

We cannot tell millions of low-income and working people in every state in this country that they will no longer be able to access the health care, dental care, mental health counseling, and low-cost prescription drugs they desperately need.

We cannot tell pregnant women that they will not be able to get the necessary prenatal care they require in order to have healthy babies.

We cannot tell the young person addicted to opioids or heroin that there is no treatment available.

We cannot tell chronically ill senior citizens that they will have to survive without the prescription drugs they have used for years.

We cannot force community health centers, which provide some of the most cost-effective health care in the country, to lay off the doctors, nurses, dentists, and administrators who keep these centers going.

Historically, the community health center program has enjoyed widespread bipartisan support, and that support continues. Today, along with almost all Democrats, there are a number of Republicans who fully understand how important these centers are to the well-being of their states and want to see the program refunded.

The time for delay is over. Congress must act immediately to fully fund the community health center program and the associated workforce programs that provide them with the well-trained staffing they need.

Mr. SANDERS. Mr. President, the United States today faces a major healthcare crisis. I think we all understand that. In the midst of that healthcare crisis, we face an even greater crisis in primary healthcare, and that means that there are many, many millions of people, not just peo-

ple who don't have any insurance, not just people who are underinsured, but people even with decent insurance, who cannot get to a doctor's office when they need to because there is not a sufficient number of primary care physicians in their area. This is a major crisis today, but unless Congress acts immediately, that crisis is going to become much, much worse.

Millions of Americans are at risk of losing their access to healthcare because Congress has still not renewed funding for the Community Health Center Program, which expired on September 30. So we hear a whole lot of discussion about a whole lot of serious healthcare problems. This is one that we do not hear very much about, and that is that Congress has still not renewed funding for the Community Health Center Program, which expired on September 30. Unless we renew that funding immediately, some 70 percent of funding will be lost. Seventy percent of funding for community health centers will be lost. The doors of 2,800 service sites will close and 9 million patients will lose access to the healthcare they currently have. Nine million people will find that when they go to a community health center, that center will no longer be able to treat them. Clearly, this is unacceptable.

Our Nation's community health centers provide affordable, high-quality healthcare to more than 27 million Americans in every State in this country. This includes, by the way, in terms of community health centers, not only primary healthcare but also dental care, which is a major crisis in this country. It is very hard in many parts of America to find affordable dental care. It also includes mental health counseling, which is another major issue, especially within the context of the opioid and heroin epidemic we face. In addition to all of that, community health centers provide low-cost prescription drugs at a time when many Americans cannot afford the medicine they need.

They play a vital role in community after community, State after State, in providing healthcare to some 27 million Americans. For the 13 million rural patients served, community health centers often are the only healthcare provider for hundreds of miles in rural America. There are deserts in which Americans cannot access a doctor, and community health centers are the oasis in that desert. In addition to all of that, community health centers often provide a lot of good jobs in underserved communities that need them the most.

Community health centers not only save lives, but they also save money. Every dollar we invest in strong primary healthcare saves us dollars in the long run. Instead of people ending up in expensive emergency room care—and emergency room care is the most expensive primary care in the country—or ending up in the hospital because they can't and do not go to the doctor

when they should, community health centers provide the primary care people need at a fraction of the cost of an emergency room.

Medicaid, in many cases, will spend one-tenth as much per patient for a community health center visit compared to an emergency room visit. So it is an opportunity not only to provide good quality care but to save substantial sums of money. Compared to other providers, community health centers save, on average, \$2,371 per Medicaid patient and up to \$1,210 for Medicare patients.

What is more, community health centers have played a pivotal role in generating more than \$49 billion in savings to the entire healthcare system. They provide quality primary healthcare. They save money by keeping people out of emergency rooms or keeping them out of the hospitals. Not only do we have to renew funding of the Community Health Center Program, we must also improve and expand the National Health Service Corps, which is a program that provides debt forgiveness for young doctors, nurses, dentists, mental health providers, and pharmacists who are prepared to work in our Nation's most underserved areas. Without debt forgiveness, without telling young graduates of medical school who often leave school \$200,000, \$300,000, and \$400,000 in debt—without giving them the opportunity to get those very large debts forgiven, it will be very hard to attract physicians and nurses and psychologists to rural areas or urban areas, where we have a significant “underserving” in terms of medical care.

So we need to fund not only community health centers but the National Health Service Corps. We currently have 1,100 National Health Service Corps members who are in school or in residency programs who will not be able to complete their training and become primary care professionals. We need to provide the workforce for community health centers and other underserved areas in this country.

Here is the very good news: The truth is, for many years, our community health centers, which are playing a vital role all over this country—urban areas and rural areas—have received bipartisan support. I know a lot of the bipartisan efforts of the past have kind of disappeared in the current political climate, but I am very happy to say there is a very strong piece of legislation introduced by Senator ROY BLUNT, a Republican from Missouri, which has a number of Republican cosponsors on it.

My own view is, I think every Member of the Democratic caucus would sponsor it, but I think there is a whole lot of Republican support for this community health center bill. So not only is Mr. BLUNT the sponsor of the bill, we have Senator CAPITO, Senator GARDNER, Senator COLLINS, Senator WICKER, Senator FISCHER, Senator BOOZMAN,

Senator MURKOWSKI, and Senator COCHRAN—who are all Republicans—onboard this legislation.

I believe, if that bill came to the floor today as a stand-alone bill, it would pass overwhelmingly because people in rural America, people in urban America—Democrats, Republicans, and Independents—understand the very important role community health centers are playing. What this bill is about, significantly, is funding for 5 years not quite at the level I would like to see but at about 4 percent a year which, in terms of medical inflation, really means level funding. Now, that is in contrast to a bill that is being discussed in the House, which is simply not satisfactory. The House bill is talking about 2 years of funding, which means it is level-funded, which means it is a significant decline in real dollars for community health centers. Also, there are pay-fors for the bill which are totally unsatisfactory. It is a question of taking money from Peter to pay Paul and taking money from very important healthcare programs to put money into this important program.

It is widely acknowledged that we currently have the most wasteful, inefficient, and expensive healthcare system in the world, despite spending almost \$10,000 per capita on healthcare, which is twice as much as any other country. I just returned from Canada the other day. They spend about 50 percent per capita of what we spend of guaranteed healthcare to all of their people, and many of their healthcare outcomes are, in fact, better than they are in the United States. So we spend a whole lot of money, and we are not getting particularly good value.

One of the areas where we are getting good value is in the area of community health centers. We need to not allow a bad situation to get worse. We have a very serious crisis in this country with primary healthcare, dental care, and certainly, mental health counseling. We are in deep trouble. If we do not immediately fund the Community Health Center Program, the National Health Service Corps, and the other workforce programs, a very bad situation will become tragically worse. We cannot tell millions of low-income and working people in every State in this country that they will no longer be able to access the healthcare, dental care, mental health counseling, and low-cost prescription drugs they desperately need. We cannot tell pregnant women they will not be able to get the necessary prenatal care they require in order to deliver healthy babies. We cannot tell the tragic number of people who are struggling today with opioid or heroin addiction that there is simply no treatment available to them because community health centers do a lot of that treatment. We cannot tell chronically ill senior citizens they will have to survive without the prescription drugs they have used for years. We cannot force community health centers—

which provide some of the most cost-effective healthcare in this country—to lay off doctors, nurses, dentists, and administrators who keep these centers going.

Historically, the Community Health Center Program has enjoyed widespread bipartisan support, and I am glad to say that for this program, that support continues. What I am asking today is for strong support for the Blunt legislation. Let's get it onto the floor of the Senate as quickly as we can. Let's pass it. Let's demand that the House work with us to pass strong legislation. The time for delay is over. Congress must act immediately to fully fund the Community Health Center Program, the National Health Service Corps, and the Teaching Health Centers Program today.

We know these programs work. We know they save money and lives. These programs must be funded for 5 years, which is what the Blunt bill does. We should not continue to ignore this very serious problem for another day.

I yield the floor.

ADJOURNMENT UNTIL 10 A.M. TOMORROW

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

Thereupon, the Senate, at 6:35 p.m., adjourned until Wednesday, November 1, 2017, at 10 a.m.

CONFIRMATIONS

Executive nominations confirmed by the Senate October 31, 2017:

THE JUDICIARY

AMY CONEY BARRETT, OF INDIANA, TO BE UNITED STATES CIRCUIT JUDGE FOR THE SEVENTH CIRCUIT.

IN THE AIR FORCE

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE RESERVE OF THE AIR FORCE TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be lieutenant general

LT. GEN. STACEY D. HARRIS

IN THE ARMY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES ARMY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be lieutenant general

MAJ. GEN. PAUL J. LACAMERA

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE RESERVE OF THE ARMY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 12203:

To be brigadier general

COL. TWANDA E. YOUNG

THE FOLLOWING NAMED ARMY NATIONAL GUARD OF THE UNITED STATES OFFICER FOR APPOINTMENT IN THE RESERVE OF THE ARMY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTIONS 12203 AND 12211:

To be brigadier general

COL. ROGER D. MURDOCK

IN THE AIR FORCE

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES AIR FORCE TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be lieutenant general

MAJ. GEN. DAVID D. THOMPSON

THE FOLLOWING AIR NATIONAL GUARD OF THE UNITED STATES OFFICER FOR APPOINTMENT IN THE RESERVE

OF THE AIR FORCE TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTIONS 12203 AND 12211:

To be brigadier general

COL. RALPH L. SCHWADER

IN THE ARMY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE RESERVE OF THE ARMY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 12203:

To be brigadier general

COL. DONALD B. ABSHER

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES ARMY UNDER TITLE 10, U.S.C., SECTION 624:

To be brigadier general

COL. RICHARD E. ANGLE

COL. MILFORD H. BEAGLE, JR.

COL. SEAN C. BERNABE

COL. MARIA A. BIANKE

COL. JAMES P. BIENLIEN

COL. BRIAN R. BISACRE

COL. WILLIAM M. BORUFF

COL. RICHARD R. COFFMAN

COL. CHARLES D. COSTANZA

COL. JOY L. CURRIERA

COL. JOHNNY K. DAVIS

COL. ROBERT B. DAVIS

COL. THOMAS R. DREW

COL. MICHAEL R. EASTMAN

COL. BRIAN S. EIFLER

COL. CHRISTOPHER L. EUBANK

COL. OMUSO D. GEORGE

COL. WILLIAM J. HARTMAN

COL. DARIN P. HELMLINGER

COL. DAVID M. HODNE

COL. JONATHAN E. HOWERTON

COL. HEIDI J. HOYLE

COL. THOMAS L. JAMES

COL. CHRISTOPHER C. LANEVE

COL. OTTO K. LILLER

COL. VINCENT F. MALONE II

COL. CHARLES R. MILLER

COL. JAMES S. MOORE, JR.

COL. MICHAEL T. MORRISSEY

COL. ANTONIO V. MUNERA

COL. FREDERICK M. O'DONNELL

COL. PAUL E. OWEN

COL. WALTER T. RUGEN

COL. MICHELLE A. SCHMIDT

COL. MARK T. SIMERLY

COL. MICHAEL E. SLOANE

COL. WILLIAM D. TAYLOR

COL. WILLIAM L. THIGPEN

COL. THOMAS J. TICKNER

COL. MATTHEW J. VANWAGENEN

COL. DARREN L. WERNER

THE FOLLOWING NAMED ARMY NATIONAL GUARD OF THE UNITED STATES OFFICER FOR APPOINTMENT IN THE RESERVE OF THE ARMY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTIONS 12203 AND 12211:

To be major general

BRIG. GEN. KEITH Y. TAMASHIRO

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES ARMY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be lieutenant general

MAJ. GEN. ERIC P. WENDT

IN THE NAVY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be vice admiral

VICE ADM. CHRISTOPHER W. GRADY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be vice admiral

REAR ADM. BRUCE H. LINDSEY

IN THE AIR FORCE

AIR FORCE NOMINATIONS BEGINNING WITH JAMES A. FANT AND ENDING WITH DUSTIN D. HARLIN, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON OCTOBER 16, 2017.

AIR FORCE NOMINATION OF ERIK M. MUDRINICH, TO BE LIEUTENANT COLONEL.

AIR FORCE NOMINATIONS BEGINNING WITH SCOTT M. ABBOTT AND ENDING WITH KRISTINA M. ZUCCARELLI, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON OCTOBER 16, 2017.

IN THE ARMY

ARMY NOMINATION OF ADRIAN L. NELSON, TO BE MAJOR.

ARMY NOMINATION OF TODD M. CHARD, TO BE MAJOR.

ARMY NOMINATION OF TRISTAN D. HARRINGTON, TO BE MAJOR.

ARMY NOMINATION OF DAVID S. LYLE, TO BE COLONEL.

ARMY NOMINATION OF GEORGE B. INABINET, TO BE COLONEL.