then just turn away; it is called ''willful ignorance.'' By 1983, the atmospheric concentration of CO_2 was 343 parts per million.

Then came 1999, when James Hansen's famous Senate testimony threatened API's willful ignorance scheme. So API and its Big Oil members founded a front group with the misleading name Global Climate Coalition. What is it with these front groups and these people, anyway? Why is it always these front groups? Global Climate Coalition began to spread falsehoods and disinformation about climate science, even though in 1989 they knew. In 1989, they had known for 30 years, since that first report in 1959, and by 1989 the atmospheric concentration was 353 parts per million.

In 1993, API hired one of the same men who wrote those phony Kyoto and Paris reports that I mentioned to write a report attacking President Clinton's so-called Btu tax on fuel sources. In 1993, the CO_2 concentration in the atmosphere was up to 357 parts per million. In 1998, API did that report attacking the Kyoto Protocol. It also commissioned what it called its Global Climate Science Communications Plan, a plan designed to mislead Americans about climate science. By 1998, the atmospheric concentration of CO_2 was 367 parts per million.

In 2009, API fought and killed the Waxman-Markey cap-and-trade legislation that would have controlled carbon emissions. By 2009, the atmospheric concentration of CO_2 was 387 parts per million.

Now here we are in 2018. API is still fighting climate action. The concentration of carbon dioxide in the atmosphere is now 407 parts per million, almost 30 percent higher than it was when API probably first learned what climate science meant. As we have kept dumping carbon pollution into the atmosphere, temperatures and sea levels have indeed steadily risen—just as API was told they would. They knew, but they lied.

For decades, they lied on a massive industrial scale. They lied through phony science. They lied through phony front groups and bogus studies. They lied through talk shows. They lied through rightwing media. They lied through AstroTurf, and well-paid PR firms. They lied for decades, and now the American people have to pay the price of climate change to the tune of hundreds of billions of dollars.

So, from their point of view, what the heck? After decades of lying about climate change, what is a little discrepancy now between what Big Oil CEOs say and what Big Oil lobbyists do? The industry's sophisticated and expensive disinformation and lobbying campaign has blockaded climate action in this country for more than half a century. When you have been lying that long, maybe it is a hard habit to break.

Looking back at this whole scam, I guess API and its members actually see it as a win—nearly 60 years of industry profits they protected behind the barricade of lies, but at what price to our country? At what price to Americans whose lives have already, in many cases, been upended by climate change? At what price to people around the world who will suffer the effects of climate change and one day want an answer about why America, through all this period, let this take place—why America let them down.

The time for deception, the time for front groups, for misinformation, for inaction is over. API and its fossil fuel allies over at the U.S. Chamber of Commerce and National Association of Manufacturers have blocked climate action in Congress long enough. Look at the price we paid to allow the fossil fuel lobby to dictate climate policy in this great body. Four hundred seven parts per million is a measurement, and it is a measurement unprecedented in the full span of human history on this planet.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. RUBIO). The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

INDIAN HEALTH SERVICE

Ms. WARREN. Mr. President, I rise today to call on President Trump to nominate a Director for the Indian Health Service.

There are many critical issues facing Indian Country—economic development, infrastructure, protection of Native lands, respect for Tribal governments—and after years and years of broken promises, discrimination, and neglect, Washington owes Tribes a fighting chance to build stronger communities and a brighter future.

The Federal Indian trust responsibility means that Washington has a basic legal obligation to the Tribes. Washington also has a fundamental moral obligation, and that starts with basic healthcare.

American Indians have treaty rights to healthcare from the Federal Government, but the U.S. Government cannot fulfill our treaty obligations if key posts, such as the Director of IHS, lay vacant for years.

The IHS is a big deal. It is the primary Federal healthcare provider for American Indians and Alaska Natives. It serves 2.2 million people spread across 36 States. It has a budget of nearly $5 billion annually. The IHS provides care through more than 660 clinics, hospitals, and health stations on or near reservations, many of them in remote and rural locations located hours away from other health facilities. It serves more than 13 million outpatient visitors a year.

The doctors, nurses, and other healthcare providers at IHS hospitals and clinics do everything from delivering babies, to providing dental services, to fighting the opioid crisis.

Right now, more than a year into President Trump's term, there is still no permanent leader at the Indian Health Service. Two weeks ago, the nomination for IHS Director was withdrawn, and there hasn't been a Senate-confirmed Director for years. This leadership vacuum creates a serious problem. The IHS cannot engage in long-term planning without a permanent Director at the helm. It cannot officially fix problems at hospitals that failed inspections and where Medicare and Medicaid funding is in jeopardy. It cannot move as decisively to ensure that IHS facilities stay open. It cannot implement agency-wide standards for quality of care, as the Government Accountability Office has recommended. The IHS cannot prioritize competing issues, solve serious and longstanding problems, or work through how to meet multiple goals more effectively.

Its relationship with other Federal agencies is weakened without a stable leader—critical relationships with the Centers for Medicare and Medicaid Services, the Office of Management and Budget, the Substance Abuse and Mental Health Services Administration, and the rest of the Department of Health and Human Services. It cannot ensure that programs like the Special Diabetes Program for Indians, which has created real, positive outcomes, is implemented as well as possible. The IHS cannot work out a direction for the Service and hold a single stable leader accountable for doing a good job.

The IHS faces serious challenges that require the attention of a permanent, dedicated Director. The agency is underfunded and has been underfunded for a long time. As a result, its facilities often lack medical equipment that many Americans take for granted when they visit a clinic or a hospital, like an MRI machine or a functioning operating room. A 2016 report by the inspector general of the U.S. Department of Health and Human Services found that IHS hospital administrators have had difficulty recruiting and retaining critical staff. Aging hospital buildings and outdated equipment also raise concerns about patient safety. The inspector general cites concerns about corroded pipes leaking sewage into the OR and not being able to find replacement parts to fix old equipment the hospitals are relying on. Doctors and nurses should be able to focus on helping their patients get well, not on whether the building is habitable and basic facilities are available.

There are also serious staffing shortages. At its Great Plains facilities, for example, IHS vacancy rates have reached 37 percent. Compare that to my home State of Massachusetts, where only 6 percent of nursing jobs were vacant in 2015.

Tribal leaders are understandably concerned about the direction of an

agency that plays such a vital role in their communities. Here is what I heard from Chairwoman Cheryl Andrews-Maltais, of the Wampanoag Tribe of Gay Head—the Aquinnah—in Massachusetts: ''This vacancy has created significant instability and negatively affects the already burdened IHS system.'' She added: ''Not only is it a failure on the part of the Federal Government to not adequately fund healthcare for Indians; the failure to appoint someone to lead this critical service area is considered by many Tribes as gross negligence.'' The chairwoman says that the United States is failing to keep its word and failing to fulfill its ''solemn responsibility'' to the Tribes. I agree with the chairwoman.

Healthcare is a basic human right, and everyone in this country deserves access to quality, affordable healthcare. But the stakes are particularly high for Native people.

An American Indian or Alaska Native baby born today has a life expectancy that is almost 4½ years shorter than the U.S. average. These little babies are also more likely to die before they ever reach their first birthday. Native infant mortality is about 25 percent higher than for the U.S. as a whole.

Chronic diseases like diabetes and heart disease hit Native Americans harder too. For instance, American Indians and Alaska Natives die from diabetes at a rate that is three times higher than that of the entire American population.

Mental health and addiction issues are also a very big concern. The opioid epidemic has devastated communities all over our country, but it is a particularly virulent problem for Native Americans, who have the highest per capita rates of opioid overdoses in the country.

Similarly, the alcohol-related death rate for Native Americans is about 500 percent higher than for the rest of the population.

Suicide rates are about 70 percent higher.

Everyone struggling with addiction deserves access to high-quality treatment, no matter who they are or where they live. That is the only way we are going to make progress in tackling this crisis. But right now, in a place where the need is great, the Federal Government is failing to provide adequate care.

With so much need, investing in improving the IHS should be a top priority for Washington. I am glad that the Trump administration's latest budget for the IHS includes a funding increase. Still, this government needs to do more—much more. A Senate-confirmed Director can serve as the advocate the IHS needs in order to get the resources it deserves. In fact, Federal law explicitly says that advocating good Indian health policy is one of the Director's job responsibilities. We should be doing that job.

We need a good person in this job, which means the nominee must be thoroughly vetted. But that is not an excuse for more delay or for the White House to drag its feet. It needs to work with the Tribes to find the right person for the job and then submit the nomination quickly.

The person who heads up the IHS should be knowledgeable and should have a vision for how to deliver better healthcare to Native Americans. The person should have the determination and commitment to push Congress to meet its treaty obligations in providing healthcare to Native communities.

The Trump administration doesn't have a stellar record when it comes to nominating the right people for important jobs. I often strongly disagree with the President's picks. But leaving hundreds of critical posts across our government vacant, including the IHS Director, has a devastating effect all its own.

It wasn't until just 2 weeks ago that President Trump finally named a nominee to be Commissioner of the Administration for Native Americans.

Several offices in the Federal bureaucracy have an important role in running important programs for Tribes, and the President hasn't nominated heads for some of those offices—for instance, the Director of the Department of Justice's Office on Violence Against Women, which administers key grant programs for Tribal programs to combat domestic violence and sexual assault, and the Assistant Secretary of the Employment and Training Administration in the Department of Labor, which provides workforce innovation and opportunity grants to Tribes and Tribal organizations. These vacancies hit Native communities hard, and they represent one more broken promise to Native people.

There is no excuse for delay. I urge President Trump to move quickly to consult with Tribes and to submit a nomination for IHS Director. The Native community should not have to wait any longer.

I yield the floor.

LEGISLATIVE SESSION

MORNING BUSINESS

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate resume legislative session for a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

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

ILLINOIS FLOODING

Mr. DURBIN. Mr. President, last week, rainstorms and melting snow caused flooding across Illinois, with more than 20 counties throughout the State placed under a flood warning. As the water level of rivers continued to rise, several communities had to evacuate their homes for their own safety. Sadly, these storms were so severe that flooded roadways claimed the life of an Illinois resident after her car rolled into a rain-filled ditch. Multiple communities were evacuated, and in some areas, residents had to be rescued by boat.

Some of the worst impacted areas were in Iroquois, Kankakee, and Vermilion Counties. The Governor declared a State disaster for these counties, and the American Red Cross established shelters for evacuated residents.

These floods were not just limited to communities in east central Illinois. Counties in western and downstate Illinois were also among the most impacted. In Ford Heights, a suburb of Chicago, at least 100 homes were impacted and seven residents were rescued by boat. In north central Illinois, a nursing home in LaSalle County had to be evacuated, and the next day, parts of the county were placed under mandatory evacuation order.

Downstate, rain continued through the weekend, and crews from the Department of Corrections worked to install flood gates in Hardin County, and the Department of Transportation delivered pumps, hoses, and sandbags to aid in recovery. The Illinois Department of Natural Resources also provided boats to aid with flood patrols.

Some of the areas that experienced heavy rains and flooding throughout last week, like Freeport in northwestern Illinois, were also impacted by flooding just last year. Freeport was flooded in July 2017, and on Friday night, the Red Cross once again opened an emergency shelter there. Situations like this are the reason that communities that often experience flooding need more assistance, both to plan for emergencies and to quickly mitigate the aftermath.

With extreme weather conditions like these becoming more frequent and more severe, I have heard from many Illinois constituents who are concerned about their ability to recover from repeated flood events like these. I stand ready to assist at the Federal level to help these communities rebuild and recover in a way that will allow them to be more resilient when the next flood occurs.

As is often the case when a disaster like this occurs, I was so impressed with the residents, first responders, and local officials who worked tirelessly to protect their communities. I want to thank our local law enforcement—firefighters and police—who always do the best job to keep our communities safe and work long hours because of it.

I also want to recognize the hard work of the State and Federal employees that have pitched in at every level, including the Army Corps of Engineers, the Department of Natural Resources, and the Illinois Emergency Management Agency.