

PN1601 AIR FORCE nominations (51) beginning ALISON LEE BEACH, and ending COURTNEY LYNN ZUERCHER, which nominations were received by the Senate and appeared in the Congressional Record of February 8, 2018.

PN1788 AIR FORCE nominations (65) beginning MICHAEL J. ABBOTT, and ending DAVID RUSSELL WRIGHT, which nominations were received by the Senate and appeared in the Congressional Record of April 9, 2018.

IN THE ARMY

PN1753 ARMY nomination of Tia W. Caphart, which was received by the Senate and appeared in the Congressional Record of March 19, 2018.

PN1754 ARMY nomination of Napoleon A. Campos, which was received by the Senate and appeared in the Congressional Record of March 19, 2018.

PN1755 ARMY nomination of Kevin R. Embry, which was received by the Senate and appeared in the Congressional Record of March 19, 2018.

PN1756 ARMY nomination of Andrew J. Furjanic, which was received by the Senate and appeared in the Congressional Record of March 19, 2018.

PN1757 ARMY nomination of Daniel L. Lee, which was received by the Senate and appeared in the Congressional Record of March 19, 2018.

PN1758 ARMY nomination of John M. Williams, which was received by the Senate and appeared in the Congressional Record of March 19, 2018.

PN1789 ARMY nomination of Roberto Soriano Olivares, which was received by the Senate and appeared in the Congressional Record of April 9, 2018.

PN1790 ARMY nomination of Jason Palatas, which was received by the Senate and appeared in the Congressional Record of April 9, 2018.

PN1791 ARMY nominations (2) beginning JOSE R. REVELES, JR., and ending KENNETH J. STRAUSS, which nominations were received by the Senate and appeared in the Congressional Record of April 9, 2018.

PN1792 ARMY nomination of D012279, which was received by the Senate and appeared in the Congressional Record of April 9, 2018.

PN1793 ARMY nomination of Russell B. Gilliland, which was received by the Senate and appeared in the Congressional Record of April 9, 2018.

PN1794 ARMY nomination of Erik M. Bauer, which was received by the Senate and appeared in the Congressional Record of April 9, 2018.

PN1795 ARMY nomination of Lawrence W. Henry, which was received by the Senate and appeared in the Congressional Record of April 9, 2018.

PN1796 ARMY nomination of Kenneth A. Willeford, which was received by the Senate and appeared in the Congressional Record of April 9, 2018.

PN1797 ARMY nomination of D012941, which was received by the Senate and appeared in the Congressional Record of April 9, 2018.

PN1798 ARMY nomination of Roxanne T. Sickles, which was received by the Senate and appeared in the Congressional Record of April 9, 2018.

PN1814 ARMY nomination of James F. Huggins, II, which was received by the Senate and appeared in the Congressional Record of April 10, 2018.

PN1817 ARMY nomination of Denny L. Rozenberg, which was received by the Senate and appeared in the Congressional Record of April 10, 2018.

IN THE FOREIGN SERVICE

PN1436—2 FOREIGN SERVICE nomination of Robert F. Grech, which was received by

the Senate and appeared in the Congressional Record of January 8, 2018.

PN1634 FOREIGN SERVICE nominations (2) beginning Karen S. Sliter, and ending Elia P. Vanechanos, which nominations were received by the Senate and appeared in the Congressional Record of February 13, 2018.

PN1742 FOREIGN SERVICE nomination of Tuyvan Nguyen, which was received by the Senate and appeared in the Congressional Record of March 12, 2018.

PN1744—1 FOREIGN SERVICE nominations (106) beginning Benjamin Thomas Ardell, and ending Alexander Zvinakis, which nominations were received by the Senate and appeared in the Congressional Record of March 12, 2018.

PN1745 FOREIGN SERVICE nomination of Abigail Marie Nguema, which was received by the Senate and appeared in the Congressional Record of March 12, 2018.

IN THE MARINE CORPS

PN1590 MARINE CORPS nomination of Douglas R. Burian, which was received by the Senate and appeared in the Congressional Record of February 5, 2018.

PN1799 MARINE CORPS nomination of Chad R. Fitzgerald, which was received by the Senate and appeared in the Congressional Record of April 9, 2018.

IN THE NAVY

PN1276 NAVY nomination of Edward M. Crossman, which was received by the Senate and appeared in the Congressional Record of November 27, 2017.

PN1741 NAVY nominations (11) beginning NANA K. APPIAWIAH, and ending AUSTIN R. YOUNGER, which nominations were received by the Senate and appeared in the Congressional Record of March 12, 2018.

LEGISLATIVE SESSION

The PRESIDING OFFICER. The Senate will now resume legislative session.

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

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

TRIBUTE TO HOLLY CHRISTENSEN AND BREE HITCHCOCK

Mr. SULLIVAN. Mr. President, it is Thursday. As you know, I like to come to the floor, and a lot of the time, my colleague from Louisiana is actually in the Chair, so he gets to hear a lot about the great State of Alaska. I like to come to the floor to talk about someone in my State who has done an amazing job either for their community or the State or even the country. We call this person our Alaskan of the Week. I know, for the pages, it is their favorite time in the Senate because they get to learn all about what is going on in Alaska. A lot of people watching or watching on TV have found a lot of interest in this because, like every Senator here, I certainly think I come from the best State in the country. It is beautiful right now. I really want to invite everybody who is

in the Gallery or watching on TV to come up to Alaska and visit. It will be the trip of a lifetime. I promise.

Yet what makes my State truly great is the people, not just the majestic mountains and the beauty and the wildlife but the people—strong, kind, caring people who band together—let's face it—in a State with some extreme environment. Oftentimes, they band together in creative ways.

I would like to introduce today our Alaskans of the Week—Holly Christensen, from Palmer, AK, and Bree Hitchcock, who lives in Anchorage, AK. Both of these incredible women have spent countless hours helping thousands of children in Alaska and, really, across America—children who need help and care and love. They have been helping children who are suffering from cancer. This is a really incredible story. It is one of these stories that, I think, most people love to hear about because it starts with just an idea—a little movement, a spark—that turns into something big unexpectedly. It is a pebble in a pond that creates ripples that turn into waves.

This incredible story starts when Holly, an oncology nurse with three young children of her own, received news that Lilly, who was a child of one of her former classmates, was diagnosed with cancer. Lilly is young girl, and she is going through treatment—chemo. Holly knew this would be a difficult time for Lilly or for any kid who was working through the difficulties associated with cancer. Of course, a lot of times with chemo that means losing your hair. It is especially difficult for a young girl.

Holly had an idea. Why not crochet a wig for Lilly with soft yarn that made her look like a princess? So she did that. She found some soft yarn. She crocheted a whimsical wig with long, branded strands of yellow yarn, decorated with blue and red flowers, modeled after the hair of the Disney character Rapunzel. She gave this to Lilly, and this wig brightened this little girl's day during a very difficult, dark time. She was able to twirl around in a dress with her Rapunzel braid. She was able, in many ways, to be a kid again and get out of the darkness and difficulty and pain of the cancer treatments.

Then something really remarkable happened. Lilly and her parents were so happy with the wig that Holly got some friends together, and they began to make a few more wigs and then a few more—a dozen or so—for more children in Alaska who were suffering from cancer. They were wigs that were all modeled after Disney characters.

That is where Bree comes in. She is from Anchorage. She heard about Holly's project through Facebook, and she began to volunteer. Soon, they were making and distributing hundreds of wigs out of Holly's one-car garage in Palmer, AK. Eventually, they started a nonprofit organization called the

Magic Yarn Project. Out of this one little idea for this one beautiful, little girl, the Magic Yarn Project was born.

Soon, dozens of Alaskans began to volunteer their time, and they began to hold workshops in schools and in hospitals and in community centers. The magic started to spread throughout Alaska, and then it started to spread throughout the country and even around the world. Thousands of people began making princess hair and superhero hair out of yarn for children who were living in the darkness and suffering through the difficulty of cancer.

To date, this dynamic duo, Holly and Bree, have facilitated the distribution of over 7,000 wigs in 38 countries across the globe for children who are losing their hair due to cancer and chemotherapy treatments. Think about that—one idea, one wig. Now we are at 7,000. Holly and Bree have amassed an army of over 4,000 volunteers across the country to crochet wigs. This takes time and care and talent.

The old, young, and those from every walk of life have reached out to them to help brighten a child's life. A football player from the Seattle Seahawks went to the first out-of-State workshop they held in Seattle. Everybody has been getting involved here. There are even women who are incarcerated in Alaska who are making whimsical wigs for these kids. It is impacting everybody.

Out of this one-car garage in Palmer, AK, which is a small town with a big heart, literally, the production and love and care of making these wigs has overtaken not just Alaska, not just the country but the world. Because of the project's growing popularity and their desire to reach as many children and volunteers as possible, the two have opened up chapters in seven States and even in Mexico. It has been daunting and a lot of work, but they have discovered so much about themselves and their community.

First, they were struck with how generous Alaskans are, and it was only possible because Alaskans from all across the State rose to the occasion to help these young kids. Bree said the Magic Yarn Project has pushed her in ways she never knew were possible. It made her a better mom and a better person. Holly said one of the most rewarding things about the project is in watching her own children get involved and help and have deep compassion for children who are suffering and who are less fortunate, whether they are in Alaska or in the country or somewhere else in the world.

Holly said:

There have been times when a little voice inside me says, "These are just wigs. This isn't that big or that important."

Yet, when they get the pictures back of these young girls from all over the country who are wearing their beautiful wigs, they realize it is a big deal. It is a huge deal.

The parents of these kids have told Holly and Bree how grateful they are

to see their children, who often are living lives in pain and with needles and surgeries and in hospitals, smile again because of what they have done. "It gives them a glimpse of what it was like and hope for what it will be like when they get better," Holly said.

So, to Holly and Bree, we can't thank you enough for your extraordinary work and your great compassion that has touched, literally, thousands and thousands of lives across America and the world.

Congratulations for being our Alaskans of the Week.

CONFIRMATION OF MIKE POMPEO

Mr. President, I commend my colleagues who debated for the last week and then voted on the new Secretary of State, Mike Pompeo, who I believe is either en route or will be en route soon to the NATO Foreign Ministers summit.

As many of us said on the floor, Mike Pompeo is extremely well qualified to be the Secretary of State—extremely well qualified. He was a Congressman who focused on foreign affairs. He is the current Director of the CIA and was an Army officer who graduated No. 1 in his class from West Point. He was the Harvard Law Review editor when he went to Harvard Law School.

I particularly commend my colleagues on the other side of the aisle who did the right thing and voted for Mr. Pompeo.

I have come down to the floor a couple of times to talk about this issue of having a long tradition in the United States of this body typically coming together, particularly as it relates to the Secretary of State. If someone is qualified and is the President's pick, the tradition has been to vote for that person. If you look at the votes over the last 50 years for the Secretaries of State, whether Republicans or Democrats, there was usually a unanimous vote—100 Senators, 96 Senators, 97 Senators. What I am hopeful for is that we can get back to that issue with regard to foreign policy and national security choices for the President regardless of who the President is.

I commend my colleagues on both sides of the aisle but particularly my Democratic colleagues, who, I know, faced a lot of pressure to vote no. For those who knew it was important to make sure this was a bipartisan vote, I thank them. I think Mike Pompeo is going to do a good job.

I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. PORTMAN. Mr. President, I join my colleague from Alaska in commending the U.S. Senate for confirming Mike Pompeo as Secretary of State. I think he is the right person at the right time, and we need somebody there. There is too much going on around the world to have that job vacant, and there is an important meeting of Foreign Ministers of the major countries in the world that is going on tomorrow that he needs to attend.

Whether it is North Korea and what is happening there—where he has been very involved—or whether it is the continuing concerns we have with regard to the nuclear agreement with Iran or whether it is what is happening in Syria and certainly what is happening on the eastern border of Ukraine, where I was recently, there are lots of hot spots around the world right now, and there is the need to have somebody in place who understands the importance of addressing those issues and addressing some of the bigger and longer term challenges we have with countries like Russia and China to be sure we can have more constructive relationships. It is good to have somebody in that job.

When John Kerry came up for confirmation in the Senate, not everybody agreed with him on the policies. When Hillary Clinton came up for a vote, not everybody agreed with her on the policies. They agreed they were qualified, as Mike Pompeo clearly is, and they agreed that a President should have the ability to have his or her person in that job, particularly as the Secretary of State. Therefore, in both of those cases, the vote was 94 Senators in favor.

Again, I am just glad the Senate chose to confirm him, but I do wish we had had more of a bipartisan approach to it because I think it is important for us to show around the world that we, indeed, do have momentum behind this nominee and his ability to lead our country in the area of soft power diplomacy all around the world. I think he will do a good job, and I think he will earn the trust of those of us who voted for him today. I also think he will be able to change the views of, perhaps, some of my colleagues who voted no today.

Congratulations to Mike Pompeo, and I am happy for our country that he is in place.

OPIOID EPIDEMIC

Mr. President, I come to the floor to talk about an issue that has gripped my State and every State represented in this Chamber, and that is the opioid epidemic. This is prescription drugs and heroin and fentanyl-carfentanil. It is something we have talked about on this floor more in the last couple of years than we have at any time, really, in the history of this body. We have passed some good legislation, but, boy, there is so much more to do. Sadly, this crisis continues to unfold, and at least in my State and I believe in most States in this country it is getting worse, not better. So we started to take some important actions, but it is time to take more.

Just last week, a couple in Youngstown, OH, were cited for reckless homicide and endangering children after their 16-month-old daughter overdosed and died. She was exposed to carfentanil, one of these synthetic forms of opioids that unfortunately has come into so many communities in this

country and, in fact, is the biggest single concern we have right now in Ohio and many other States.

In fact, in Ohio we had an increase of overdoses last year, and 60 percent of those overdoses were from fentanyl or carfentanil—this synthetic form of opioids that was hardly present 5 years ago. So as we made progress on prescription drugs, heroin came in. As we made progress on heroin, fentanyl and carfentanil came in.

There is a need for us to push back and push back hard. Opioid deaths are now the No. 1 cause of accidental death in my State of Ohio and the No. 1 cause of accidental death in the United States of America. Think about how many people are being affected by this. It is across the board. It knows no ZIP Code. It is not just in urban areas, not just in rural areas or suburban areas, it is everywhere. It is something on which we can make a difference.

I have seen some programs that are actually working well to try to turn the tide and push back. One I will mention is funded, in part, from legislation we passed in this Chamber just 1½ years ago. It is the Maryhaven Addiction Stabilization Center in Columbus, OH. It is an attempt by Franklin County, which is largely Columbus, OH, to come together and say: We have to do something to get more people who have overdosed into treatment. One of the many challenges we face in the crisis is the gap, and one huge gap is the fact that people who overdose have their lives saved through this miracle drug called Narcan, which reverses the effects of an overdose, but after coming out of their overdose, getting conscious again, they simply go back into the community and the environment that created this potential overdose situation in the first place. Once again, a week later, perhaps, maybe days later, in some cases hours later, the person may overdose again. The answer is not just applying Narcan—as important as it is because we do need to save lives. The important thing is to get that person into a program where they can begin to deal with their addiction, where they can get longer term support through a recovery program to stay away from the old environment and the old gang that got them involved in this issue in the first place.

Addiction is a disease. Treatment is required just as it would be for other diseases. I am excited about what is happening at Maryhaven Addiction Stabilization Center because at this center, they are bringing people in who overdosed and then in the same facility there are about 50 beds for treatment. Instead of having the vast majority of people who overdose and come into an emergency room go home or go back to the old environment, 80 percent of the people at Maryhaven are going into treatment. That is a huge change. That is a sea change. That will have an enormous impact in dealing with the 200,000 people or so in my State of Ohio who are currently addicted. It will help

them get into a decent program, get through the detox, get into recovery, and have the opportunity to get their lives back together.

That program is funded, in large part, from Federal funding that came from this legislation we passed about 1½ years ago. Maybe \$1.2 million has been matched by private funding and State and local funding. We have this new project that I think can be emulated around the State because it seems to be working really well.

The CURES Act, which we passed, has provided to Ohio just recently \$26 million in new funding, and we need it badly. We need to put it to use in ways that work. This is an example of something that is actually well-thought-out that is going to help close the gap and make a difference.

In 2016, we were told we had the deadliest year on record in terms of overdoses. Unfortunately, it looks like, in 2017, the numbers are going to be worse. It certainly will be in Ohio.

In the Franklin County corridor, the Columbus, OH, area, the coroner recently came out with their numbers in 2017. They had an overdose death rate that was higher than 2016. We lost 520 of our citizens to overdoses in Franklin County in 2017. That was a 47-percent increase from 2016. So it is not just a little increase; it is a huge increase. A staggering two-thirds of those—66 percent of those deaths—were from this synthetic heroin we talked about, the synthetic opioids fentanyl and carfentanil.

That is really the issue now in so many communities around the country. Just last month, Franklin County experienced 18 overdoses in 1 week—1 county, 18 overdoses in 1 week. This was just last month. That is an average of over two deaths per day. Think about that when you are thinking about 1 county out of 88 and the impact this is having.

We need to do more at the Federal level to combat this epidemic, and I would like to talk about a couple of pieces of new legislation that would build on the success we had in this body in terms of legislation that would help direct this money in ways that will make a difference, toward evidence-based programs—not just throwing money at the problem but making sure the money is well spent.

One of the pieces of legislation is critical to this issue of fentanyl and carfentanil coming into our community. Unbelievably, this poison that we talked about today, two-thirds of the deaths in this county in Ohio last year were because of fentanyl. The 16-month-old baby we talked about was killed through carfentanil and another synthetic. Unbelievably, this stuff is coming in through our U.S. mail system, primarily. It is coming not over the border, primarily, or not in some other way like heroin might or even prescription drugs, but it is literally coming through the mail primarily from China. So evil chemists in China

are mixing up this poisonous brew that becomes fentanyl, and then it gets shipped through the mail system into our communities—sometimes to a P.O. Box, sometimes to someone's home, sometimes to a business. Unfortunately, we do not have the ability within the U.S. Postal Service to push back. To me, this is an obvious example where this body ought to come together and say: You know what, let's provide law enforcement with the tools they need to be able to stop some of this poison from coming in.

If you were to send this same fentanyl by FedEx, UPS, or DHL, a private carrier, they would have to provide data to law enforcement in advance: what is in the package, where it is coming from, where it is going. With that data, law enforcement can target those packages and pull them off the line and pull some of this poison out of our communities.

I have been to these distribution centers where the carriers do exactly that. They have Customs and Border Protection officials there. They have rooms that have the proper venting to be able to open these packages. This fentanyl and carfentanil is so dangerous, our first responders are putting their lives at risk every day just by dealing with it. What they are able to do is stop this poison from coming in, which helps, at a minimum, to raise the cost. Right now, one of the reasons it is expanding is because it is relatively inexpensive, but it is also deadly. It is something that is causing many more overdoses and deaths than ever before.

So our legislation is very simple. It is called the STOP Act. It is cosponsored by AMY KLOBUCHAR, a Democrat from Minnesota. The notion is to say to our U.S. Postal Service to provide that same information because law enforcement tells us that unless they have that information, it is like finding a needle in a haystack. With 900 billion packages a year, it is hard to imagine how they are going to be able to stop those packages without having at least the tools of knowing what is in those packages, where it is coming from, where it is going, so they can use their analytics, the big data, to be able to identify those packages and stop them.

Last month, a man from Cleveland, OH, was charged after undercover agents found he was selling fentanyl he had just bought online from China. According to the prosecutor, "The defendant ordered thousands of deadly doses of fentanyl from China, brought it to a residential neighborhood in Euclid and then mailed the dangerous drugs all over Ohio and across the country" using our own mail system.

The Permanent Subcommittee on Investigations in the U.S. Senate, which is a group I chair, did a yearlong investigation into this issue. We completed this several months ago. Unfortunately, what it showed is exactly what you would suspect. The traffickers, when asked: How should we ship these drugs if we are buying them from you

online—because we had an undercover person working for us. He was a member of the Homeland Security Department, someone who deals with these issues every day. He actually contacted websites around the country. Unfortunately, the websites all said the same thing: We will sell you this deadly drug, but you have to ship it through the U.S. mail system. We will guarantee delivery if you do that.

We were able to find five different websites that were openly selling fentanyl. They all told us where to send it. By using some of the information that we had based on the payment systems they were using, we were able to identify the people who had been shipped drugs through these sites. We found, incidentally, that just in a short period of time, seven people had died of overdoses after getting drugs from these particular websites. We also were able to refer to law enforcement some other people who apparently were dealing these drugs by taking large quantities.

Even with this person in Euclid, OH, we talked about, thousands of deadly doses of fentanyl were found. That could be in a package about this size. Three flakes of this stuff can kill you. So, at a minimum, we have to be sure our U.S. Postal Service is giving law enforcement the tools to be able to help stop this deadly poison.

The Postal Service has begun over the last year or so to make some progress in this area. Still, they tell us that only 36 percent of the packages transported into this country have any kind of advanced electronic data. As we dug deeper, having researched and gone to some of these sites where the U.S. Postal Service is providing information, we found out it was not 36 percent because 20 percent of the packages that had the required information still went into the community anyway because of lack of communication with law enforcement.

Finally, we are finding out that it may be 36 percent of the packages, but much of the information is not helpful. We need to have new rules in place to say to countries: If you want to do business with the United States and send packages here, you have to play ball with us and provide this digital information upfront so our law enforcement can deal with what is clearly a crisis in this country. It is a glaring loophole in the screening process. It undermines the safety and security of our country, not just for drugs but for other issues as well, and it is time we fix it.

After 9/11 and the terrible tragedy of that day, this Congress decided to require private carriers to require all of that information—the advanced electronic data—because of the risk of terrorism, frankly. At that time, we said the Post Office needed to do a study on this to give them time to get ready. That was over 15 years ago, and they still haven't done it. They need to provide law enforcement the tools they

need by requiring advanced electronic data on all packages entering the United States. Thirty-one of my Senate colleagues—19 Republicans, 12 Democrats, and 1 Independent—have signed on as cosponsors to this legislation. It already has support of one-third of the Senate. It has been endorsed by President Trump's opioid commission because it is a common-sense solution to a growing problem around the country. There is House companion legislation to do this. Stopping this influx of fentanyl is going to happen only if we stop how it is coming, which is through our Postal Service from countries overseas, primarily China.

We also need a more comprehensive approach, of course, to the drug issue. It is not just enough to stop the supply if there is a strong demand. Dealing with the demand includes prevention efforts that are included in legislation we passed in this body about 1½ years ago and still needs to be implemented. We have new legislation to help increase that comprehensive approach. The last bill was called the Comprehensive Addiction Recovery Act, signed into law at the end of 2016. We now have a new bill, CARA 2.0. It provides more resources for evidence-based prevention, treatment, and recovery programs. It will help people get into longer term treatment so they can truly overcome their addiction. It has helped to overcome the stigma by treating the addiction as a disease, and now it is time to ensure that we are looking at what works and building on it.

I introduced this legislation with my colleagues, Senator SHELDON WHITEHOUSE and six others: Senators SHELLEY MOORE CAPITO, AMY KLOBUCHAR, DAN SULLIVAN, MAGGIE HASSAN, BILL CASSIDY, who is the Presiding Officer today, and MARIA CANTWELL—four Republicans and four Democrats. We kept this bipartisan. Other Members have joined in as well. Again, it picks up where the Cures legislation and the CARA legislation left off, to provide a better framework, because now we can spend the extra resources this Congress has wisely determined to put up against this fight.

In the spending bill that was just passed, there was an additional \$6 billion over 2 years put against this issue. Let's be sure the money is well spent. Let's be sure we have a roadmap to build on the successes we have had and ensure that that money is going to things that actually can make a difference.

We talked about one earlier, the addiction stabilization center. We also know that one way we could spend our money better is to have a better prescription drug monitoring program nationally. So every State now has some sort of prescription drug monitoring program, but often they don't talk to each other. This is something that is required in my State of Ohio. West Virginia, Kentucky, Indiana, Michigan,

and Pennsylvania are all States where there is also an opioid crisis. We need to be sure that they are talking together, so that when someone goes to get a prescription, the information is logged. If the person goes out of the State to order a prescription across the border—maybe just right across the border—that information is provided just as it would be if it were within that State. That is in our legislation as well.

We also target addiction at its source. About 80 percent of the people who die of overdoses today probably started on prescription drugs. That is the latest data we have. Some of that was prescription drugs that were provided to that individual as the result of an accident or an injury, and they became physically addicted because they were prescribed an opioid for pain relief.

The stories are heartbreaking. The parents have come to me and say—and this has happened twice: My son or my daughter went to get a wisdom tooth extracted, and the dentist gave my son or my daughter opioids. In one case, it was 60 pills of Percocet or OxyContin. Sure enough, that young person had a physical addiction develop because of that. Then when the pills were harder to get or more expensive, they turned to something less expensive and more accessible, which was heroin or fentanyl or carfentanil, and then overdosed and died. These are 17-year-old children who were prescribed this medication.

There are other cases as well. I have met adults who are well into their thirties or forties and are leading successful lives, well established in their community, well connected in their loving families. They had an accident or injury. Maybe it was a car accident. They were given pain medication—opioids—and they became physically addicted.

This addiction is a tough one to climb out of. So many people then turn to another substance that is more available, more accessible, or maybe less expensive and then overdose and then the death.

People say how could this have happened? When you go back, it happened because of a prescription drug—something was overprescribed.

Others might buy prescription drugs on the street. This Saturday is National Prescription Drug Take Back Day in America, and I hope that everybody who is listening here will think about whether they could go into their own medicine cabinet or maybe their parents' or grandparents' and take out some of these opioids and then have those disposed of properly at a police station or someplace else. I know Kroger is doing this in Ohio and other States.

Find out where your drug take-back location is. Take these drugs in and get rid of them because I have just heard too many cases, unbelievably, of people stealing these drugs and using them and then, again, developing that addiction or selling them and someone else

develops the addiction. Again, the thought is that probably 8 out of 10 people dying of overdoses started with prescription drugs. So our legislation does deal with that.

Our legislation deals with overprescribing because it must be dealt with. It requires doctors and pharmacists to use drug monitoring programs to ensure that we are not overprescribing, and it sets a 3-day limit on prescriptions for acute pain.

We except chronic pain. We have exceptions for cancer. But for acute pain—the surgeries we have talked about—we are using the good science from the Centers for Disease Control, or CDC, and others that say two things: One, after the third day of using these opioids, on that fourth day, fifth day, and sixth day is when the opportunity for an addiction grows dramatically, and the chances of your falling into that addiction increases significantly.

Second, in terms of pain and dealing with pain, we have also learned that for acute pain for most kinds of procedures, there are other kinds of pain medications available.

I have talked to the dentists a lot on this. There is a dentist from Ohio who is a good man, Joe Crowley, who is now President of the American Dental Association. He is working with the dentists to try to ensure that we have new policies in place that discourage the use of opioids altogether for things like a wisdom tooth being removed. But to the extent it is used, after the first, second, and third day, it is much, much less necessary and much less useful, and other pain medication can take its place. So, as a result, we do have in our legislation something that is a dramatic difference from the unfortunate overprescribing that continues to go on in our country in too many instances, and that is a 3-day limit. After 3 days, if you continue to have the kind of pain that can only be dealt with opioids, if you are one of the few individuals for whom that is true, you go back to the doctor and get another prescription, but you have to go through a process to do that. The alternative is that we are going to continue to see more and more people become addicted through prescription drugs as a gateway and then again getting into this terrible cycle of overdoses and eventually overdose and dying in too many cases.

So CARA 2.0 has these policy changes, as well as the additional funding for prevention programs, treatment programs, and recovery programs. It also helps our first responders by saying: If you can't afford the cost of Narcan, we will help you out but also give you training in Narcan and also to deal with this gap between the immediate overdose reversal using Narcan and then going into detox—between detox and treatment, between treatment and longer term recovery—to try to ensure that you have continuity. This is something that just makes so much sense and can save so many lives.

These legislative efforts we are talking about here are important. So for those who are watching—and maybe some staff members are watching from some of the offices—please check it out. Check out the STOP Act, if you are not already a cosponsor. Check out CARA 2.0, if you are not already a cosponsor.

Let's be sure that we are doing everything we possibly can here to make a difference and begin to reverse this tide, begin to save lives again rather than having this discouraging increase in addiction.

It is not all about overdoses and deaths, as tragic as that is. It is about the millions of Americans whose lives are getting off track, who may not overdose and may not end up needing Narcan but who are pulling away from their family, who are not working, who are not engaged in their community, who are giving up on their friends and their loved ones.

A lot of people in this Chamber are concerned about the fact that so many Americans are out of work today and not showing up even on the unemployment rolls because they have left work altogether. They are not even looking for work. Economists say our labor force participation rate for men is historically low. It is probably the lowest it has ever been in the history of this country. When you combine men and women, you have to go back to the 1970s to see as many people who are out of work altogether. I agree that is a big problem, and I would urge my colleagues to look at the impact of opioids on that problem.

There are two recent studies, one by the Department of Labor and one by the Brookings Institution, which indicate in the strongest possible terms that opioids are driving much of this dysfunction in our workforce today. So to employers out there who are saying, "The economy is growing, the tax cuts are working, regulatory relief is working, but I can't find workers," 44 percent of those who are out of the workforce, according to a Department of Labor study from the Bureau of Labor Statistics, took a prescription pain medication the day before.

The Brookings study shows that 47 percent of able-bodied men between 22 and 55 are taking pain medication on a daily basis. These are frightening numbers. By the way, I can't imagine that is overreported. I imagine it is underreported because of the stigma attached to this issue of opioid addiction and because of the potential legal liability people could be in for admitting it. Even so, almost half of those surveyed say they are not working. They are not even looking for work, but they are taking pain medication on a daily basis. So this affects all of us.

Go to your firehouse in your community and ask them if they are doing more overdose runs or more fire runs? I will bet you that they will say the former. They are doing more drug overdose runs than they are fire runs. We

are all paying for that. Talk to your sheriff or your local police chief and ask them what the No. 1 driver of crime is in your community. I bet they will say it is opioids. Often it is people who are committing crimes like theft or shoplifting or fraud to be able to pay for the habit—\$300 to \$400 a day or more. Particularly if you are not working, there is a temptation to commit those crimes and there is a craving for this drug that puts people in positions they never would have imagined they would find themselves in.

Think of the families who are broken up. Think of the kids who have lost their parents to this epidemic. In Ohio, we have more kids in foster care or under the care of the State than ever in our history.

Go to your neonatal units at your hospital and ask them about this. They will say it is the No. 1 issue affecting them because so many kids are being born to a mother who was addicted, and these kids have to be taken through withdrawal themselves—little babies. You can hold them practically in the palm of your hand.

I have gone to these neonatal units in Ohio and have seen these babies, and it is heartbreaking because, just like adults, they have to go through this tough withdrawal process. No baby should have to do that.

So this issue is one when Congress has taken steps in the last year and a half, and I congratulate this body and the House for moving forward with some positive steps. There is so much more to be done, and these two bills are a start. These two bills will help. They will help to save lives. They will help to get people back on track and help to ensure that people can live out their God-given purpose rather than get distracted through this epidemic, rather than getting off track with regard to family, work, dignity, and self-respect.

These two bills will help, giving law enforcement in our communities the tools they need and helping our communities to be able to have a comprehensive approach here to turn back this assault of addiction in our country.

I hope we can move quickly in the Senate to pass this legislation so the President can sign it into law and we can begin to make a bigger difference.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

ANTI-SEMITISM IN THE UNITED STATES AND EUROPE

Mr. CARDIN. Mr. President, I rise today to discuss the recent rise of anti-