

schools, so antithetical to good public education—she is highly unpopular with the American people throughout the country, not just in the blue States. In some of the reddest States, public education is so important, that her kowtowing to private education hurts millions of rural American school children.

The Trump administration, once again, this time led again by Secretary DeVos, has concocted a plan to twist the law and cannibalize funding from high poverty schools to advance the NRA's dream policy. That is all it is. The Trump administration is giving the keys to the special interests, this time the NRA.

Until President Trump breaks the NRA's stranglehold on the Republican Party—he has occasionally talked about it, but then fearful, retreated from the things he said—meaningful gun safety reform in this country will continue to be subverted by radical and dangerous ideas from the NRA, like arming teachers.

This announcement occurs as we wrap up Labor-HHS, the appropriations bill. We have a bipartisan agreement to fund the title IV grant program at \$1.2 billion, the most since its inception. But this news about Secretary DeVos's plans chills our celebration.

I am calling on my colleagues to reaffirm that we do not believe more guns in schools will create safe, effective learning environments and that we certainly shouldn't use Federal dollars, take them away from instruction so we can arm teachers. Let's spike this hair-brained idea before it gets off the ground.

I yield the floor.

The PRESIDING OFFICER. The Senator from Missouri.

#### HEALTHCARE RESEARCH

Mr. BLUNT. Madam President, we will vote in a few minutes to move forward with the Defense, Labor, HHS, and Education appropriations bill.

That probably sounds like a pretty unusual combination, even though I think most voters, most taxpayers, understand that to get this work done in the timeframe we have to do it, we generally need to bring more than one topic together on the floor at the same time. But why Defense, Labor, Health and Human Services, and Education?

Well, first of all, that is 62 percent of all the spending. If we can get this bill passed today, get a conference with the House, get this single bill on the President's desk by the end of the fiscal year, we will have funded that much of the government in a timely way for the first time in a decade.

If we can add the other bills to it that the House and Senate have passed, we will have 90 percent of the spending on the President's desk and in place before the spending year starts.

It doesn't sound as if that would be a very big accomplishment, but by the standards of the last decade, it would be an incredible accomplishment to bring these bills to the floor, to allow

them to be debated, to allow them to be amended. We have a managers' package that would include a number of the 60 or so proposed amendments just on the Labor, Health and Human Services, Education part of the bill. I don't know how that is exactly going to work out today, but I do know we can take that managers' package to the conference and say: This is what we agreed to as a managers' package. Whether we officially are able to add it or not, every bit of it is germane to the bill, germane, in my view, to what could happen in conference.

I would also point out that, for decades, the priority of my side of the aisle, of our side of the aisle, has been that defending the country first is the No. 1 priority.

One of the top priorities on the other side of the aisle has been: Well, let's take the biggest of the nondefense bills and be sure we are equally prioritizing it.

So in my view, for perhaps the first time this has ever happened, the leaders have decided to bring these two top priorities to the floor together and let voters, Democrats and Republicans, voters on the Senate floor, decide how they want to move forward with those bills.

Let me just talk for a few minutes about one of the items in our bill—the Labor, Health and Human Services, and Education Subcommittee, which you and I serve on—and that would be healthcare research, specifically Alzheimer's and how it relates to that research.

First of all, for a dozen years, ending 4 years ago, there had not been a penny of increase in health research.

When I became chairman of this committee 4 years ago, Senator MURRAY and I began to work on reprioritizing healthcare research, with Democrats and Republicans getting together to figure out what we needed to do. For at least the first couple of years, what we needed to do was eliminate other programs and combine other programs and make tough choices to be sure that health research was a priority.

When we pass this bill today, we will have increased health research spending in a budget that for 2 years had no growth at all and has had some growth in the last 2, but by 30 percent—30 percent—from \$30 billion a year to \$39 billion a year at a time when we know more about the human genome, we know more about what makes each of us different from all the rest of us than we have before.

What are we beginning to see? We are seeing things in immunotherapy in cancer; we are seeing things in brain research. We are not seeing the kinds of results we want to see yet in Alzheimer's, but we are moving in that direction.

Every hour, Alzheimer's disease costs taxpayers at least \$21 million—every single hour. Someone in the United States is developing Alzheimer's every 65 seconds. We are spending somewhere

in the neighborhood of 277 billion tax dollars a year on Alzheimer's and dementia-related care.

I have just given three numbers. It is hard to talk about appropriating without giving numbers. Maybe numbers are not the most riveting thing, particularly when you start talking about millions or billions or even trillions. What does that really mean?

That means we are spending basically an amount equal to half of the defense budget on Alzheimer's and dementia-related care. That will have an overwhelming impact if we don't do something differently than we are doing right now, just because of the projected long life and demographics of the country. In 2050, which is 32 years from now, we will be spending, in today's dollars, \$1.1 trillion on Alzheimer's and dementia care—\$1.1 trillion. One point one anything—who knows? Let's go back to defense again. That is twice the defense budget of last year—twice the defense budget.

I don't really have a great grasp of what \$1.1 trillion is, but I do have a sense of what every military base everywhere in the world would be. Add to that every ship, every plane, every piece of equipment, and add to that every training dollar, and add to that every paycheck for every soldier, sailor, airman, marine, person in the National Guard, the Coast Guard, the Reserves, and you will begin to approach a pretty big number.

We would be spending more than twice that amount. If you add up all I have just talked about, taxpayer spending would be more than twice that just on Alzheimer's and dementia.

Obviously, there is a huge taxpayer need to find a solution here. There is an even bigger individual need. It is not only a devastating disease for people who have it, it is a devastating disease for the people who care about them. There is one generally used number out there that says for every tax dollar we are spending on Alzheimer's and dementia right now, we are spending two private dollars, almost never insured. These are caregivers. These are people who care about you, who give up part or all of their career and time to take care of you instead of doing what they otherwise would be doing. The person being taken care of may not have any real idea, at some point, as to what is going on, but the people taking care of them know. That is a big reason to find a solution.

If we could just delay the onset of Alzheimer's, if we could figure out how to come up with something that would slow down the onset of that disease, if we could delay the onset by an average of 5 years, we would cut that \$1.1 trillion by 42 percent—almost in half. If we could just have the average person who gets Alzheimer's get it 5 years later than they are getting Alzheimer's today, almost half, 42 percent, of that \$1.1 trillion would go away. So this is something we obviously need to prioritize.

Just 4 years ago, we were spending about \$600 million on Alzheimer's research. We were spending \$250 billion on taxpayer-related care. We were spending \$600 million—what is that? Is that one-quarter of 1 percent? We were spending \$600 million on research to try to help solve this problem that we are spending these billions of dollars on every year.

In 4 years, we have gotten that number beyond the disease goal a handful of years ago. We said: If we just could have \$2 billion for Alzheimer's research every year, we would have a better chance to find a solution.

Well, this year, we have passed the \$2 billion. We are at \$2.34 billion, but we are still spending less than 1 percent on trying to find a solution to the problem of what we are spending every year on the problem. It is an important 1 percent.

At Washington University in St. Louis—I didn't know when I started chairing this committee what great leaders they are in this research effort. I knew this was one of the top health research universities in the country. I didn't know where we were in terms of the cutting-edge on Alzheimer's, but Dr. Randy Bateman at Washington University in St. Louis is very close. He has unveiled the results of a blood test that hopefully will detect early on whether you individually are on the way to developing this problem.

Obviously that matters if we can find things that could be done to significantly slow down the advance of this disease. It is not particularly expensive to take a blood test. It is not very invasive. It gets a quick result. Now what you have to do—you have to have a CAT scan. Somebody, in an expensive process, looks at your brain and figures out if you have amyloids developing in your brain that are likely to cause this.

So early detection—Dr. Hodes at the National Institute on Aging at NIH says that one of the real reasons we can't find solutions is we cannot figure out how to get the right group to clinically test. A blood test would help with that. So we are working on that.

I see my friend Senator MARKEY is here. I would point out to him that because of the leader's time, I started talking only about 8 minutes ago and maybe have only 2 minutes right now.

If you want to use that 2 minutes before the vote—but we do have a vote—then we will figure out later, maybe, how to get back to your time. But thanks for your interest in health research. Certainly, Dr. Blumenthal, the Senator's wife, is a great advocate of this. Why don't I yield this last minute or so to Senator MARKEY; then maybe there will be other time later, but I know we have a vote scheduled in a minute.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. MARKEY. Madam President, I ask unanimous consent that I be allowed to speak for 4 minutes.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. MARKEY. Thank you, Madam President.

I thank the Senator from Missouri for his great leadership on this issue. As he was pointing out, this issue of whether we make a continued increase in the funding for research at NIH goes right to the long-term budgetary objectives of our country.

If we do not find the cure for Alzheimer's by the time we reach the year 2050, the budget at Medicare and Medicaid for taking care of Alzheimer's patients will be equal to the defense budget of our country. Obviously, that is not sustainable. So the only way we are going to be able to deal with this issue is to find a cure.

Research is medicine's field of dreams, from which we harvest findings that give hope to families that there could be a cure for the disease that runs through their family's history. It could be Alzheimer's, Parkinson's, diabetes, cancer. Whatever the disease, it is going to take funding from the NIH to match the magnitude of the challenge. That is what this bill is going to do.

Working with Chairman SHELBY and Senator LEAHY, along with Mr. BLUNT, what we are seeing is another dramatic increase. He and Senator MURRAY have worked with the chairs in order to accomplish this goal.

Ultimately, I know how important this issue is because my mother died from Alzheimer's. The funding level for Alzheimer's research has been woefully inadequate matched against the magnitude of the problem, so there has had to be a dramatic increase.

Unfortunately, from 2002 until 2007, we have just level funding at the National Institutes of Health, and that meant a cut by ultimately 20 percent in the spending capacity of NIH. So now we are making up for lost ground. The key is, it draws the most talented young people in America toward the goal of finding the cures and the breakthroughs that can ultimately give hope to families because NIH isn't just the National Institutes of Health, it is the "National Institutes of Hope"—the hope people have that the disease that runs through their family will, in fact, be cured.

That is why this budget is so important because it is going to increase the hope families have. It is going to draw more scientists toward these issues. It is going to lead to more breakthroughs because whether it be Alzheimer's or cancer or diabetes or ALS or whatever the disease is, failure is not an option. We must find the breakthroughs that are going to make a difference.

When it comes to Alzheimer's itself, when I was a boy, President Kennedy said the mission to the Moon was what we should all be focusing on. Well, in the 21st century, it is the mission to the mind. It is to try to find ways in these labyrinthian passageways of the

human brain that we can find the clues that make it possible for us to find the cure.

I thank the Senator from Missouri. I thank you, Madam President, for giving me an opportunity to extend. There is no more important issue than what we are going to be dealing with.

With that, I yield back.

Mr. BLUNT. I yield back my time as well.

## CLOTURE MOTION

The PRESIDING OFFICER. Pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will state.

The senior assistant legislative clerk read as follows:

### CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on Senate amendment No. 3695 to Calendar No. 500, H.R. 6157, an act making appropriations for the Department of Defense for the fiscal year ending September 30, 2019, and for other purposes.

Mitch McConnell, Orrin G. Hatch, Jerry Moran, Lindsey Graham, Mike Crapo, Richard C. Shelby, John Thune, John Cornyn, John Hoeven, Shelley Moore Capito, Johnny Isakson, Pat Roberts, Steve Daines, John Boozman, Richard Burr, Lisa Murkowski, Roy Blunt.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call has been waived.

The question is, Is it the sense of the Senate that debate on the amendment numbered 3695, as amended, offered by the Senator from Alabama, Mr. SHELBY, to H.R. 6157, an act making appropriations for the Department of Defense for the fiscal year ending September 30, 2019, and for other purposes, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The senior assistant legislative clerk called the roll.

Mr. CORNYN. The following Senator is necessarily absent: the Senator from Arizona (Mr. MCCAIN).

Mr. DURBIN. I announce that the Senator from Hawaii (Ms. HIRONO), the Senator from Washington (Mrs. MURRAY), and the Senator from Hawaii (Mr. SCHATZ) are necessarily absent.

The PRESIDING OFFICER (Mr. SULLIVAN). Are there any other Senators in the Chamber desiring to vote?

The yeas and nays resulted—yeas 90, nays 6, as follows:

[Rollcall Vote No. 190 Leg.]

### YEAS—90

Alexander	Capito	Crapo
Baldwin	Cardin	Cruz
Barrasso	Carper	Daines
Bennet	Casey	Donnelly
Blumenthal	Cassidy	Duckworth
Blunt	Collins	Durbin
Booker	Coons	Enzi
Boozman	Corker	Ernst
Brown	Cornyn	Feinstein
Burr	Cortez Masto	Fischer
Cantwell	Cotton	Gardner