

individuals in need of rehabilitation, and the development of an accreditation system for rehabilitation counselors supports the continued education of rehabilitation counselors: Now, therefore, be it

Resolved, That the Senate—

(1) designates March 22, 2019, as “National Rehabilitation Counselors Appreciation Day”; and

(2) commends—

(A) rehabilitation counselors for their dedication and hard work in providing counseling to individuals with disabilities who are in need of rehabilitation; and

(B) professional organizations for their efforts in assisting individuals with disabilities who are in need of rehabilitation.

SENATE RESOLUTION 118—RECOGNIZING THE IMPORTANCE OF PAYING TRIBUTE TO THOSE INDIVIDUALS WHO HAVE FAITHFULLY SERVED AND RETIRED FROM THE ARMED FORCES OF THE UNITED STATES, DESIGNATING APRIL 18, 2019, AS “MILITARY RETIREE APPRECIATION DAY”, AND ENCOURAGING THE PEOPLE OF THE UNITED STATES TO HONOR THE PAST AND CONTINUED SERVICE OF MILITARY RETIREES TO THEIR LOCAL COMMUNITIES AND THE UNITED STATES

Ms. WARREN (for herself, Mr. CRUZ, Mr. JONES, Mr. DAINES, Mr. MURPHY, Mrs. CAPITO, Mr. VAN HOLLEN, Mr. TILLIS, Mr. BLUMENTHAL, Mr. PERDUE, Mr. KAINA, Mr. RUBIO, Ms. HIRONO, Mr. WICKER, Ms. HASSAN, Mr. SULLIVAN, Mr. PETERS, Mr. YOUNG, Mr. WARNER, Mr. HAWLEY, Mr. MARKEY, Mr. ROUNDS, and Ms. MURKOWSKI) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 118

Whereas there are approximately 2,000,000 retirees of the Armed Forces of the United States who have earned their retirement through career service, a service-connected disability, or both;

Whereas military retirees show an unrivaled dedication to service, having faithfully served their country and dedicated much of their lives knowing that at any moment they could be sent anywhere in the world and possibly asked to make the ultimate sacrifice to protect and defend the national security of the United States;

Whereas military retirees, through their perseverance and dedication—

(1) have proven to be leaders who are resilient, focused, disciplined, well-trained, and well-educated; and

(2) bring the best qualities of citizenship in the United States to lifelong service within their national and local communities as dependable, responsible citizens and neighbors;

Whereas the qualities of a military retiree often result in positive contributions to—

(1) the civilian workforce, as experienced and knowledgeable employees;

(2) local educational institutions, as teachers, counselors, and coaches;

(3) local government, as elected public servants; and

(4) communities, as dedicated and effective volunteers;

Whereas the dedication and focus of military retirees helps strengthen and stabilize local communities; and

Whereas the contributions of military retirees to their communities are the mani-

festation of the desire of the retirees to continue their selfless acts of volunteering and their lifelong service to the United States: Now, therefore, be it

Resolved, That the Senate—

(1) designates April 18, 2019, as “Military Retiree Appreciation Day”; and

(2) encourages the people of the United States to honor the past and continued service of military retirees to their local communities and the United States through appropriate ceremonies and other activities.

SENATE RESOLUTION 119—SUPPORTING THE GOALS OF WORLD TUBERCULOSIS DAY TO RAISE AWARENESS ABOUT TUBERCULOSIS

Mr. BROWN (for himself and Mr. SULLIVAN) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 119

Whereas ¼ of the population of the world is infected with the tuberculosis bacterium (commonly referred to as “TB”);

Whereas the World Health Organization (commonly referred to as the “WHO”) estimates that 10,000,000 people developed TB in 2017, nine percent of whom were also infected with the human immunodeficiency virus (commonly referred to as “HIV”);

Whereas, in 2017, TB killed an estimated 1,600,000 people, causing more deaths worldwide than any other single infectious agent;

Whereas ⅓ of new TB infections in 2017 occurred in India, China, Indonesia, the Philippines, Pakistan, Nigeria, Bangladesh, and South Africa;

Whereas TB is a leading killer of people infected with HIV, and 300,000 people with HIV died of TB in 2017;

Whereas additional vulnerable populations at high risk for developing TB include pregnant women and newborns;

Whereas TB is one of the six leading causes of death among adult women between the ages of 15 and 49 in low-income countries, and women with TB can face stigma, discrimination, and in some settings ostracization by their families and communities;

Whereas the global TB epidemic and the spread of drug-resistant TB present a persistent public health threat to the United States because the disease does not recognize borders;

Whereas antibiotic-resistant pathogens are a growing problem worldwide, and drug-resistant TB can occur when the drugs used to treat TB are misused or mismanaged;

Whereas studies have demonstrated direct person-to-person transmission of drug-resistant TB;

Whereas multi-drug resistant TB (commonly referred to as “MDR-TB”) is caused by bacteria with resistance to rifampin and isoniazid, the two most potent treatments for TB infection;

Whereas, according to the 2018 WHO Global Tuberculosis Report, in 2017 an estimated 3.5 percent of all new TB cases and 18 percent of previously treated cases were MDR-TB or rifampin-resistant TB;

Whereas, in 2017, an estimated 558,000 people around the world developed MDR-TB or rifampin-resistant TB, yet only approximately 25 percent of those individuals have been identified and treated;

Whereas extensively drug-resistant TB (commonly referred to as “XDR-TB”) is a rare type of TB that is resistant to nearly all medicines, and therefore can be very dif-

ficult and expensive to treat, especially among patients with HIV and acquired immune deficiency syndrome (commonly referred to as “AIDS”);

Whereas, according to the 2018 WHO Global Tuberculosis Report, in 2017, 127 countries reported at least one case of XDR-TB;

Whereas, in 2017, the Centers for Disease Control and Prevention estimated that the cost of treating a single patient with MDR-TB in the United States averaged \$164,000, and the average cost of treating a patient with XDR-TB was even higher at \$526,000, compared with \$19,000 to treat a patient with drug-susceptible TB;

Whereas MDR-TB and XDR-TB cases in the United States between 2005 and 2007 collectively cost the health care system an estimated \$53,000,000, according to an analysis by the Centers for Disease Control and Prevention;

Whereas the Centers for Disease Control and Prevention estimates that costs resulting from all forms of TB in the United States totaled more than \$460,000,000 in 2017;

Whereas, in a 2000 report, the Institute of Medicine found that a decrease in TB control funding and the spread of HIV and AIDS caused a resurgence of TB in the late 1980s and early 1990s;

Whereas a total of 9,105 TB cases were reported in the United States in 2017, representing all 50 States and the District of Columbia, and up to 13,000,000 people in the United States are estimated to be living with latent TB infection;

Whereas 75 percent of States have reported an increase in the proportion of complex cases of TB in recent years due to factors such as homelessness, HIV infection, drug resistance, substance abuse, refugee status, and other factors;

Whereas the rate of TB disease in African Americans is eight times higher than the rate in White non-Hispanic Americans, and significant disparities exist among other minorities in the United States, including Native Americans and Alaska Natives, Asian Americans, and Hispanic Americans, with 86 percent of all reported TB cases in the United States in 2016 occurring in racial or ethnic minorities;

Whereas, globally in 2017, an estimated 1,000,000 children developed TB and 230,000 children died of TB;

Whereas smoking greatly increases the risks of contracting TB and TB recurrence and impairs the response to treatment;

Whereas diabetes is a major risk factor for TB, and people with diabetes are more likely to develop TB and have a higher risk of death due to TB;

Whereas bedaquiline is an antibiotic that boosts an MDR-TB patient’s chance of survival from approximately 50 percent to as much as 80 percent, and through a public-private partnership, the United States Agency for International Development (commonly referred to as “USAID”) provided approximately 30,000 treatments in 110 countries from 2015 through the end of February 2018;

Whereas *Bacillus Calmette-Guerin*, a TB vaccine that is known as “BCG”, provides some protection to infants and young children but has had little epidemiologic impact on TB worldwide;

Whereas there is a critical need for new drugs, diagnostics, and vaccines for controlling the global TB epidemic;

Whereas, in September 2018, the United Nations held the first high-level meeting on TB in which 120 countries, including the United States, signed a political declaration committing to accelerating the TB response, including by increasing funding for TB control programs and research and development efforts, with the goal of reaching all affected people with TB prevention and care;

Whereas the enactment of the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 (Public Law 110-293; 122 Stat. 2918), and the Comprehensive Tuberculosis Elimination Act of 2008 (Public Law 110-392; 122 Stat. 4195) provided a historic United States commitment to the global eradication of TB, including a commitment to treat 4,500,000 TB patients and 90,000 MDR-TB patients between 2009 and 2013 and to provide additional treatment through coordinated multilateral efforts;

Whereas USAID—

(A) provides technical assistance to 22 countries highly burdened by TB to build self-reliance and support the adoption of state-of-the-art TB-related technologies;

(B) supports the development of new diagnostic and treatment tools; and

(C) supports research to develop new vaccines and other new methods to combat TB;

Whereas, in 2018, USAID launched—

(A) a new business model entitled “Global Accelerator to End Tuberculosis” to accelerate progress and build self-reliance with respect to TB prevention and treatment; and

(B) a new mechanism to directly support local organizations in priority countries;

Whereas TB incidence in the countries that receive bilateral TB funding from the United States through USAID has decreased by nearly $\frac{1}{4}$ since 2000;

Whereas, according the Copenhagen Consensus Center, TB prevention programs return \$56 for each dollar invested, which is one of the highest returns on investment of any health intervention;

Whereas the Centers for Disease Control and Prevention, partnering with other entities of the United States and individual States and territories, directs the national TB elimination program, coordinates TB surveillance, technical assistance, and prevention activities, and helps to support the development of new diagnostic, treatment, and prevention tools to combat TB;

Whereas the National Institutes of Health, through its many institutes and centers, plays the leading role in basic and clinical research on the identification, treatment, and prevention of TB;

Whereas the Global Fund to Fight AIDS, Tuberculosis, and Malaria (commonly referred to as the “Global Fund”), to which the United States is a top financial donor, provides more than 65 percent of all international financing for TB programs;

Whereas, to date, Global Fund-supported programs have detected and treated more than 17,400,000 cases of TB; and

Whereas March 24, 2019, is World Tuberculosis Day, a day that commemorates the date in 1882 on which Dr. Robert Koch announced his discovery of *Mycobacterium tuberculosis*, the bacteria that causes TB: Now, therefore, be it

Resolved, That the Senate—

(1) supports the goals of World Tuberculosis Day to raise awareness about tuberculosis;

(2) commends the progress of tuberculosis elimination efforts by entities that include the United States Agency for International Development, the Centers for Disease Control and Prevention, the National Institutes of Health, the World Health Organization, and the Global Fund to Fight AIDS, Tuberculosis, and Malaria; and

(3) reaffirms the commitment to strengthen the United States leadership and effectiveness of the global response to tuberculosis with the goal of ending the tuberculosis epidemic.

AMENDMENTS SUBMITTED AND PROPOSED

SA 200. Mr. TOOMEY (for himself and Mr. ALEXANDER) submitted an amendment intended to be proposed by him to the joint resolution H.J. Res. 46, relating to a national emergency declared by the President on February 15, 2019; which was ordered to lie on the table.

TEXT OF AMENDMENTS

SA 200. Mr. TOOMEY (for himself and Mr. ALEXANDER) submitted an amendment intended to be proposed by him to the joint resolution H.J. Res. 46, relating to a national emergency declared by the President on February 15, 2019; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. _____. FINDINGS.

Congress makes the following findings:

(1) Fentanyl and fentanyl analogues were responsible for more than 28,400 overdose deaths in the United States in 2017, according to the National Institute of Drug Abuse.

(2) According to the Department of Homeland Security, U.S. Customs and Border Protection has reported that fentanyl smuggling between ports of entry at the southern border of the United States more than doubled from fiscal year 2017 to fiscal year 2018.

(3) According to the Department of Homeland Security, in the past 5 years, U.S. Customs and Border Protection has seen a 620 percent increase in families—or those posing as families—apprehended at the border, with fiscal year 2018 being the highest on record for family apprehensions at the border.

(4) The journey to the southern border for women and children traveling from Central America is fraught with incredible danger, including increased risk of violence and sexual abuse from gangs and coyotes.

(5) The bipartisan Secure Fence Act of 2006 (Public Law 109-367; 120 Stat. 2638) was signed into law on October 26, 2006, and mandated that the Department of Homeland Security achieve and maintain operational control of the international land border, using physical infrastructure as well as other means, to ensure “the prevention of all unlawful entries into the United States, including entries by terrorists, other unlawful aliens, instruments of terrorism, narcotics, and other contraband”.

(6) Over the past 25 years, the United States Government has constructed 654 miles of physical barriers on the southern border.

(7) The Department of Homeland Security is only seeking to expand the physical barrier on the southern border in operationally necessary locations, not to build a physical barrier for all 1,954 miles of the southern border.

(8) U.S. Customs and Border Protection has identified 17 high priority locations on the southern border where there is a current operational need for physical barriers.

(9) On January 6, 2019, the President requested that Congress appropriate \$5,700,000,000 for the construction of approximately 234 miles of new physical barriers to fully fund the top 10 high priority locations identified by U.S. Customs and Border Protection.

(10) On February 15, 2019, the Consolidated Appropriations Act, 2019 (Public Law 116-6) was signed into law, providing the Department of Homeland Security with \$1,375,000,000 for “the construction of primary pedestrian fencing, including levee pedestrian fencing, in the Rio Grande Valley Sector”.

(11) On February 15, 2019, the President announced the Treasury Forfeiture Fund would provide to U.S. Customs and Border Protection \$601,000,000 for physical barriers along the southern border under the authority of section 9705 of title 31, United States Code, which established the Fund and allows the Secretary of the Treasury to provide monies from the Fund for use “in connection with the law enforcement activities of any Federal agency”.

(12) On February 15, 2019, the President announced that Department of Defense funds would be made available from the Department’s Drug Interdiction and Counter-Drug Activities account for physical barriers along the southern border under the authority of section 284 of title 10, United States Code, which authorizes the Secretary of Defense to “provide support for the counterdrug activities or activities to counter transnational organized crime of any other department or agency of the Federal Government”, including for the “[c]onstruction of roads and fences and installation of lighting to block drug smuggling corridors across international boundaries of the United States”.

(13) Section 8005 of division A of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 (Public Law 115-245) permits the Secretary of Defense to transfer up to \$4,000,000,000 of funds to other accounts, including the Department of Defense’s Drug Interdiction and Counter-Drug Activities account, provided that “such action is necessary in the national interest”.

(14) The sum of the amounts described in paragraphs (10) through (13) is \$5,976,000,000, an amount in excess of the \$5,700,000,000 sought by the President for 234 miles of physical barriers along the southern border in the request described in paragraph (9).

(15) On June 27, 2013, the Senate agreed to the Border Security, Economic Opportunity, and Immigration Modernization Act (S. 744, 113th Congress), which was introduced by Senator Charles E. Schumer (Democrat of New York), and included the following congressional finding: “As a Nation, we have the right and responsibility to make our borders safe, to establish clear and just rules for seeking citizenship, to control the flow of legal immigration, and to eliminate illegal immigration, which in some cases has become a threat to our national security.”

NOTICE OF INTENT TO OBJECT TO PROCEEDING

I, Senator MIKE BRAUN, intend to object to proceeding to H.R. 269, a bill to reauthorize certain programs under the Public Health Service Act and the Federal Food, Drug, and Cosmetic Act with respect to public health security and all-hazards preparedness and response, to clarify the regulatory framework with respect to certain non-prescription drugs that are marketed without an approved drug application, and for other purposes, dated March 14, 2019 for the following reasons as stated in the RECORD.

AUTHORITY FOR COMMITTEES TO MEET

Mr. CORNYN. Mr. President, I have 6 requests for committees to meet during today’s session of the Senate. They have the approval of the Majority and Minority leaders.