

If you are a public servant and you hear this, please accept my thank you. Well done. I am proud to be your neighbor.

EX-IM BANK

Mr. LANKFORD. Mr. President, we had three extremely well-qualified people come before this body this week who were nominated to the Board of the Ex-Im Bank, the Export-Import Bank. It is an entity that most individuals across the country don't even know about. They don't even know what the Ex-Im Bank does. But it gets caught up in a lot of politics here.

These extremely well-qualified people were confirmed, and they are now on their way to serve our Nation in that area. I had to vote against them, not because of who they are and their qualifications—they are clearly qualified—but because of my own frustration that this body has not been willing to take on the most basic element of reform of the Ex-Im Bank.

The charter of the Ex-Im Bank requires the Bank “to seek to reach international agreement to reduce government subsidized export financing.” That is in their charter. The problem is, that is not being fulfilled. There has been a push for a while to try to reform the Ex-Im Bank. That push to reform it has failed so far.

My encouragement to the new quorum that is in the leadership role at the Ex-Im Bank is to push to fulfill their requirements to reduce government-subsidized export financing, not expand it, and to take the actions necessary to do that—not only with our Ex-Im structure but working with other countries to reduce theirs. The common phrase is “We have an ex-im bank because other countries have an ex-im bank.” Well, you know what, other countries have a Communist structure—like China. We are not trying to model that either. Should we take on every single subsidy other governments do? Let's try to find a way for them to fulfill their charter.

In the meantime, I have proposed a set of reforms that can be done to the Ex-Im Bank to make it better. Some are fairly obvious.

One of them is reducing taxpayer exposure by prohibiting the Bank from issuing direct loans.

I have also pushed very hard to have this basic statement: a sense of the Senate that the Bank is a lender of last resort, not the first place to go to. That, again, should be a no-brainer for them.

Here is the clearest and easiest reform. Ex-Im Bank brags about how many small businesses use the Ex-Im Bank services, but the next question is not asked. How does Ex-Im Bank define a small business? With chagrin, they will say that their definition of a small business is any business with 1,500 employees or fewer. That is not a small business. So 1,500 employees or fewer is a small business, according to Ex-Im Bank. There are very few companies in America with 1,500 employees.

The most basic thing we can do is have Ex-Im Bank use the same definition the Small Business Administration uses for what a small business is and then put the same requirement on Ex-Im to also use small businesses and engage with them.

We should also prohibit the Bank from providing financing services to foreign and state-owned entities. Why are we financing another government in what they are doing? Why are we actually providing competition for our own companies, as Ex-Im does? They give loans and subsidies to countries and companies that compete against American companies.

All of these ideas are basic reforms.

My push is not to abolish Ex-Im; it is for Ex-Im to fulfill its charter and to do its basic responsibility and to have the most simple reforms that I think are needed.

This is not just talk for us; we have this legislation. We have pushed for this before, and we will continue to push for basic reforms at Ex-Im in the days ahead.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio.

OPIOID EPIDEMIC

Mr. PORTMAN. Mr. President, I come to the floor today again to talk about the drug epidemic that continues to be such a big issue in my home State of Ohio and around our country. I am here now for my 56th floor speech. I am told, on this topic, sometimes talking about the opioid crisis that has gripped my State the way it has so many others in this Chamber but also talking about other issues that relate to the drug epidemic. It is not just about the prescription drugs, the heroin, the fentanyl, and the carfentanil that have impacted so many women and children and families and devastated so many communities; there are also other issues. The one I want to talk about today is what is happening with regard to crystal meth.

Methamphetamine is back with a vengeance, and we need to have a more effective response to it. Congress has done quite a bit in the last several years to push back against this drug epidemic.

New policies have been put in place at the Federal level for the past few years that are promoting better prevention, treatment, and recovery and helping our law enforcement respond with Narcan—that miracle drug that reverses the effects of overdoses—and helping to ensure that we have a prevention message out there that is more effective.

Congress has now spent more than \$3 billion in additional funding—taxpayer dollars—to support treatment and recovery programs, and it has been needed. The Comprehensive Addiction and Recovery Act has provided a lot of that, and so has the 21st Century Cures Act. That goes directly to the States.

The good news is that these efforts are actually starting to pay off. Drug

overdose deaths are still way too high. In Ohio, we started with a high-water mark, but after 8 years of more people dying every single year, finally, last year, we saw in Ohio and around the country a reduction in overdose deaths. That is great news. We peaked in 2017 at 72,000 Americans losing their lives. It is the No. 1 cause of death in my home State of Ohio and the No. 1 cause of death for all Americans under the age of 50.

The progress has been particularly encouraging in places like Ohio. We saw a 21.4-percent drop in overdose deaths in the first half of last year, 2018. Those are the last numbers we have and the most recent data we have. That was the biggest drop in the Nation, actually, between July of 2017 and June of 2018. So in that 1-year period, according to the CDC's National Center for Health Statistics, Ohio had the biggest drop in the country. Again, that was partly because Ohio's numbers were so high. We were second in the Nation in overdose deaths, from that data.

Nationally, we are seeing a more promising, if more modest, downturn in overdose deaths. Between September of 2017 and March of 2018, overdose deaths fell from about 72,000 to about 71,000. Overall, the overdose rate dropped in 21 States and nearly a full percentage point nationally. So at least we are seeing some progress finally, after 8 years of increases every year and more and more heartbreak. This is progress.

I think we would have been doing even better, frankly, if we hadn't seen the big influx of fentanyl over the last 3 or 4 years. Again, Congress has passed important legislation, but we are pushing up against more and more fentanyl coming into our communities. That is an incredibly powerful synthetic opioid—50 times more powerful than heroin—inexpensive, and it is coming primarily from China and primarily through the U.S. mail system.

Our pushback on that more recently that is starting to be effective is called the STOP Act. We just passed it in this body last year. What the STOP Act says is that the post office has to start screening packages, particularly from countries like China, from which we know fentanyl is coming in. They haven't done exactly what we asked them to do yet, but they are doing a better job of stopping the poison from coming in from China, which is where the vast majority comes from.

Today, even as we see progress on opioids and as we see somewhat less fentanyl coming in and therefore higher prices for fentanyl on the street, which is important—as we see this progress, we are also seeing something that is very discouraging. What I have been hearing now for over a year from law enforcement, treatment providers, social service providers, and community leaders back home is that there is a resurgence of methamphetamine—pure, powerful crystal meth—coming primarily from Mexico.

I meet regularly with treatment providers and drug abuse task forces all over our State. Recently, I talked to community leaders in Knox County, at the Southeast Healthcare Services in Columbus, at the ADAMHS Board in Adams, Lawrence, and Scioto Counties, the Hamilton County Heroin Coalition, and community leaders and law enforcement in Butler County. Every single meeting ended up the same way: We are finally making progress on opioids. Thanks for your help—because all these communities are taking advantage of the legislation we passed here—but the new scourge is crystal meth. Help us with that.

Often they are saying that this crystal meth is being laced with something else, sometimes fentanyl. So this same deadly fentanyl we talked about earlier is sometimes now being laced with crystal meth, making for a devastating cocktail.

The October 2018 report from Ohio University said that psychostimulants—including methamphetamine—were found in just nine unintentional deaths in 2010. That number rose to 509 in 2017, the most recent data we have. That is an over 5,000-percent increase. Something is happening out there. Again, having finally gotten control of the opioid issue, even the fentanyl, synthetic opioids, which is the latest surge, now we are seeing methamphetamine deaths rising dramatically.

According to the Centers for Disease Control and Prevention, deaths involving cocaine and psychostimulants, including meth, have also increased nationwide in recent years. Among the more than 70,000 drug overdose deaths in 2017, nearly 23,000—nearly one-third—involved psychostimulants such as meth, cocaine, or both. From 2016 to 2017, deaths rates involving cocaine and psychostimulants like meth each increased by approximately 33 percent. This increase is across all demographic groups, all census regions, and in several States.

A July 2018 report from the Ohio Department of Mental Health and Addiction Services highlights the intertwined nature of rising meth usage rates and the ongoing opioid crisis. They said some meth users initially turned to this drug to manage the heavy crashes that followed prolonged use of heroin and other opioids, and then they became just as addicted to meth as they were addicted to opioids. So that is one reason I think we see this increase in methamphetamines in Ohio—because users are turning to meth to manage the crashes that follow prolonged use of heroin.

Meth is now stronger and cheaper than ever before. Again, it is coming almost exclusively to Ohio from Mexico. The days of home chemists and the one-pot meth labs are actually over. You probably heard about it in your community or other States where these meth labs were a big setup, and they created a huge environmental

problem, as well as the issue of producing meth, which was devastating communities.

Those meth labs are pretty much gone now. In Ohio, there is not a county that tells me there is a meth lab left. That may sound like good news, but it is actually bad news. The meth labs are gone because the meth coming in from Mexico is more powerful and it is cheaper. So why make meth in the basement when you can have crystal meth delivered to your doorstep from Mexico? It is being mass-produced by Mexican drug cartels who are smuggling it into the United States.

According to Dennis Lowe, who is the commander of the Major Crimes Unit in Athens, OH, “[Mexican drug cartels] almost single-handedly eliminated meth labs in the State of Ohio. . . . People are getting better quality product and it’s cheaper to buy from a cartel.”

So it is more powerful, more deadly, and cheaper.

By the way, one Columbus, OH, enforcement officer recently told me that crystal meth on the streets of Columbus is less expensive than marijuana now—another reason we see it increasing.

As I have heard from folks all over Ohio, we are also seeing meth laced with other drugs, including fentanyl, heroin, and cocaine. Many of these cartels splice these drugs into methamphetamine but don’t tell the customers, so users may be consuming dangerous opioids without realizing it. Any street drug can be deadly.

Much of the methamphetamine, as I said, enters from Mexico through the ports of entry. It comes in bulk through the ports of entry. It is often hidden in cars and trucks. Smugglers make it through the screening process, and they sell it to the distribution network.

So we need to do more at the ports of entry to have better screening. According to the U.S. Customs and Border Protection folks, the amount of methamphetamines seized at our ports of entry has soared from 14,000 pounds in 2012 to 56,000 pounds in 2018—a huge increase. In fact, just in the last year alone, we have seen a 38-percent increase in methamphetamines trafficking across the southern border.

According to the U.S. Attorney’s Office in the Northern District of Ohio, the number of crystal meth submissions to the Ohio Bureau of Criminal Investigations’ lab rose from 2,000 in 2015 to over 12,000 in 2018—in just a 3-year period, a 500-percent increase.

What’s happening with crystal meth is one reason we need more resources to secure our southern border. It is not just my opinion. The experts at Customs and Border Protection tell us they need more physical barriers; they need more border patrol agents; they need more technology; they need more surveillance; they need more cameras; they need more screening to stop this illegal flow of drugs.

I think we are beginning now to make some progress here since we are deploying more sophisticated technology at the ports of entry, and that is smart. But the traffickers are smarter, and they are also learning ways to avoid those ports of entry, to go around them, to cross wherever they can continue this evil and prosperous trade.

A story originating in Galion, OH, last year caught the Nation’s attention. A 5-year-old was out trick-or-treating for Halloween last year, and he was exposed to meth and began suffering from seizures and other symptoms of meth exposure.

Law enforcement checked his Halloween candy, thinking that was the problem, and it was not. It wasn’t laced with the drug as they feared. But then they found the meth. It was in his own home—his own family home. His father eventually was charged with possession of drugs and tampering with evidence. But here is a 5-year-old kid suffering from a meth exposure.

Two weeks ago, I was in Knox County, OH, Central Ohio, where I participated in a roundtable discussion with local elected leaders and law enforcement officials, mental health recovery folks. This board is focused on the crystal meth problem. Why? Because it is overwhelming them. Opioids used to be their No. 1 issue. Now it is crystal meth.

I was told that methamphetamines are now involved in 89 percent of the drug cases in Knox County, and in many cases there is polysubstance abuse or overlap with any combination of meth, heroin, and marijuana.

Last August the Knox County Sheriff’s Department arrested three individuals who were involved in trafficking, distribution of meth, moving from Columbus into Knox County. By the way, what law enforcement tells me about methamphetamines is that they are causing a new state of crimes, somewhat closer to the cocaine crimes that would have been back in the 1990s when cocaine was the primary concern.

Heroin is a drug that does not create the same stimulant effect; it is not a psychostimulant. So the crimes primarily are crimes to pay for the drugs—property crimes—whereas the meth crimes often tend to be crimes of violence because it is a stimulant like cocaine.

So law enforcement tells me they are very concerned. Their jails are being crowded now with meth users who are there for serious crimes. The big issue they are looking at is this: How do you get people through successful recovery?

Here is the other bad news: We do not know much about how to help people in recovery with methamphetamines. We know that with regard to opioids, there are medication-assisted treatments that can be used, and, in general, recovery practices that work for opioids can work for meth—taking people through a therapy process—but there are not the drugs to be able to help you

through it, as there are with opioids. So it is an even tougher problem in some respects.

We talked about the Federal funding that had been awarded to Knox County when I was there, and they are really happy about it. They are getting money through the 21st Century Cures funding that came from here, then went to the State of Ohio, and went down to them. They are getting money from my CARA legislation, the Comprehensive Addiction and Recovery Act. They are also getting funding from the Drug-Free Communities Act—legislation that I authored when I was in the House of Representatives many years ago, and it is being used for prevention very effectively in some of these counties.

The one thing they said about the funding was that they want to be sure that there is more flexibility, particularly in the 21st Century Cures fund. So it can be used not just for opioids but also for dealing with this meth issue, which is their big problem now.

So my hope is that we will begin to see some flexibility in those funding streams to be able to help places like Knox County.

We need to build a sustainable infrastructure for prevention, treatment, and longer term recovery from all drugs. For these communities, having that flexibility gives them the ability to respond to whatever the latest problem is that is facing their community.

The U.S. Attorney's Office based in Cleveland, OH, which is led by Justin Herdman, has been deeply involved in this effort to combat the spread and distribution of meth. Last August his office indicted eight people in Federal Court for their efforts to create a methamphetamine and cocaine trafficking supply network—a supply chain from Mexico all the way to Ohio.

In connection to these arrests, DEA agents seized more than 144 pounds of meth from a warehouse outside of Cleveland. It is believed to be the largest seizure of methamphetamine in Ohio history. Again, it demonstrates just how serious this threat is and how these criminal organizations pose such a threat to our State and our country.

Back in 2005, Congress passed a bill on meth. It was called the Combat Methamphetamine Epidemic Act. It regulated the over-the-counter sale of certain drugs, like epinephrine, because of their use in the manufacture of methamphetamines. This helped to combat the ability of the meth producers to manufacture cheap methamphetamine from over-the-counter medicines that were easy to get. It dropped the price and reduced its availability. However, Mexican cartels have now again supplanted these domestic labs so that legislation is no longer effective because here we are laden with these cheap, high quality, crystal meth supplies from Mexico.

As the public learns more about the dangers of opioids and works to wean themselves off those drugs, meth-

amphetamine, if left unchecked, is primed now to become the new drug of choice, perpetuating the cycle of abuse. We cannot let that happen.

As we begin to make progress again on the opioid epidemic, which is the worst drug crisis in the history of our country—and remains so—we can't take our eye off the ball. What we are doing is actually helping in the fight against opioids. We need to keep it up. We are actually making progress, finally. We have to keep the pressure on. But my question is, What do we do about the next wave coming? What do we do about the methamphetamine that is coming into my State and your State?

First, we need to continue awareness about the issue of addiction generally. This is not about one drug or just opioids or just meth or just cocaine. It is about the overall addiction—treating addiction like a disease, which it is; providing better treatment so that people can get back on their feet; providing longer term recovery. So raising that awareness generally is important, not just as to opioids but as to addiction, which is really the issue.

Second, we have to do more on our southwest borders to stop the flow of this crystal meth coming in. It is not the ultimate solution because there is enough demand in America for this drug. It will find its way in, but we can stop some of it. We are beginning to do that. At a minimum, we can raise the price on the street, which is one of the problems right now. As I said, it is incredibly inexpensive. As one law enforcement person told me, it is less expensive than marijuana in some cities of America.

Next, we need to do more to support Federal prevention programs that can address this issue—prevention, education, awareness. This is ultimately the most effective way to stop this epidemic from growing. One tool to do that is called the Drug-Free Communities Act. It has established more than 2,000 coalitions now around the country. Let's continue to support those coalitions.

Very little Federal money has gone in compared to the private-sector money, the State and local money, the foundation money, but it leverages some of that other money. We need to continue to support these community foundations.

Next, let's start a new prevention program focused on this meth challenge. One place we could find that funding, by the way, is in the Comprehensive Addiction and Recovery Act. We authorized and then actually appropriated \$10 million for a national prevention program. We allowed HSS to set that up. They haven't done it yet. I think it is important that we do it. I would take that \$10 million and multiply it manyfold by using it as leverage to go out to the private sector, to encourage foundations, companies, pharma companies, and others to help in this effort. I believe there is an in-

terest in that. I know there is. Let's do a massive prevention program because that may be, in the end, the most effective way to keep people from getting into the funnel of addiction in the first place.

Next, we need to continue to expand and support these high intensity drug trafficking areas. They really work. I will tell you, in Ohio, when you have Federal resources, combined with State and local resources, when they are coordinated together, focused on this drug issue, they make a lot of sense. They have stopped a lot of the meth distribution, as I said, in Ohio. I talked about what happened in Northeast Ohio. There was the largest meth seizure ever. That was through the HIDTA Program.

Next, we need a more effective treatment for meth. NIDA—the National Institute on Drug Abuse—and the NIH—the National Institutes of Health—are working on answers. But we need new medications so we can assist with quality treatment to help those suffering from addiction get into recovery. This is a major challenge.

I spoke to Scott Gottlieb today, who is a former FDA Commissioner, about this issue, and I have talked to others. We need to do everything we can to support efforts to try to come up with medication that can assist with regard to the treatment for these psychostimulant drugs.

Finally, we have to be sure that the communities have more flexibility to use the Federal funding they are already getting through Cures, through the State Opioid Response grants, to address issues like meth. I am exploring whether legislation is necessary to provide that flexibility, but I believe a lot of it could be provided through the administration of these grants and through the States.

I will continue to ensure that the Federal Government is a better partner for those working on the frontlines on this drug epidemic. Opioids—yes, we need to keep up the fight. We are finally making progress. After 8 years of increases in opioid deaths, finally last year, for the first time in 8 years, we are seeing a reduction of those deaths—the worst drug epidemic in the history of our country. It is not a time for us to pull back. It is time to focus on what is working and do more of it. But, also, we have these new challenges, particularly crystal meth. We need to do a better job of addressing that, as we talked about today.

Working together, I believe we can make a difference. I believe we can turn the tide on addiction in this country.

Thank you.

I yield back.

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

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

ORDER OF BUSINESS

Mr. PORTMAN. Mr. President, I ask unanimous consent that all postcloture time on the Park nomination expire at 1:45 p.m., Thursday, May 9. I further ask that if confirmed, the motion to reconsider be considered made and laid upon the table and the President be immediately notified of the Senate's action.

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

LEGISLATIVE SESSION

MORNING BUSINESS

Mr. PORTMAN. Mr. President, I ask unanimous consent that the Senate proceed to 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.

ADDITIONAL STATEMENTS

RECOGNIZING BURGERS' SMOKEHOUSE

• Mr. HAWLEY. Mr. President, as a member of the Senate Committee on Small Business and Entrepreneurship, it is my privilege to recognize a family-owned small business that is dedicated to its customers, employees, and community. In honor of the U.S. Small Business Administration's National Small Business Week, it is my pleasure to name Burgers' Smokehouse of California, MO, as the Senate Small Business of the Day.

Burgers' Smokehouse began in 1927 with E.M. Burger, a man who decided to use his mother's recipe to start curing hams for himself. Though this was a time with limited potential for a meat business, Burger sold six hams in his first year and then doubled to 12 hams in his second year. From there, E.M. Burger started employing the help of his family to grow his business to its official launch in 1952 when they opened their first "Ham House" in California, MO. This opening would lead them to become the first country cured meat company in the United States to receive Federal inspection just 4 years later in 1956 which allowed them to ship meat between State borders.

Today, Burgers' Smokehouse is now operated by the third and fourth generation of the Burger family and has become one of the Nation's leading provider of cured meats. Burgers' Smokehouse now employs over 200 people and operates two locations, the original "Ham House" in California, and a newly opened second facility in Springfield, MO. The company distributes over 12 million pounds of products each year and supplies restaurants such as

Bob Evans, Cracker Barrel, and Waffle House. This success was not only due to the quality of their product, but also to the utilization of the latest technology. Burgers' Smokehouse has been recognized in several magazines and newspapers for the cutting-edge innovations used in their production and food safety processes.

In addition to the excellence within Burgers' Smokehouse's walls, the Burger family is intentional about being excellent to those outside of their walls. Employees participate yearly in the Moniteau County Relay for Life. Burgers' Smokehouse has raised over \$100,000 to help fight cancer through this effort. In 2006, Burgers' Smokehouse also sent care packages, which included some of their sandwiches, to U.S. soldiers overseas. Today, they still offer free shipping to anyone who will place an order to a military post. Aside from Burgers' Smokehouse's direct charity, the Burger family also set up a foundation under E.M. Burger's name, the founder of Burgers' Smokehouse. This foundation specializes in gifts to the arts and education and frequently gives grants to the Moniteau County school system.

Burgers' Smokehouse embodies the traits of a true family-owned business. Armed only with his mother's recipe, E.M. Burger sold just six hams in his first year. Ninety-two years later, the third and fourth generations of the Burger family operate his legacy selling over 600,000 hams a year to people all over the country. As a result of the hard work this family and their employees have put in, Burgers' Smokehouse has been the recipient of numerous awards and visited by President Eisenhower, Hank Williams, Jr., and Johnny Carson. It is my distinct pleasure to honor Burgers' Smokehouse as the Senate Small Business of the Day. You make Missouri proud, and I look forward to watching your continued growth and success. •

MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to the Senate by Mr. Pate, one of his secretaries.

PRESIDENTIAL MESSAGE

REPORT ON THE CONTINUATION OF THE NATIONAL EMERGENCY THAT WAS ORIGINALLY DECLARED IN EXECUTIVE ORDER 13338 OF MAY 11, 2004, WITH RESPECT TO THE BLOCKING OF PROPERTY OF CERTAIN PERSONS AND PROHIBITION OF EXPORTATION AND RE-EXPORTATION OF CERTAIN GOODS TO SYRIA—PM 12

The PRESIDING OFFICER laid before the Senate the following message from the President of the United States, together with an accompanying

report; which was referred to the Committee on Banking, Housing, and Urban Affairs:

To the Congress of the United States:

Section 202(d) of the National Emergencies Act, 50 U.S.C. 1622(d), provides for the automatic termination of a national emergency unless, within 90 days before the anniversary date of its declaration, the President publishes in the *Federal Register* and transmits to the Congress a notice stating that the emergency is to continue in effect beyond the anniversary date. In accordance with this provision, I have sent to the *Federal Register* for publication the enclosed notice stating that the national emergency with respect to the actions of the Government of Syria declared in Executive Order 13338 of May 11, 2004—as modified in scope and relied upon for additional steps taken in Executive Order 13399 of April 25, 2006, Executive Order 13460 of February 13, 2008, Executive Order 13572 of April 29, 2011, Executive Order 13573 of May 18, 2011, Executive Order 13582 of August 17, 2011, Executive Order 13606 of April 22, 2012, and Executive Order 13608 of May 1, 2012—is to continue in effect beyond May 11, 2019.

The regime's brutal war on the Syrian people, who have been calling for freedom and a representative government, not only endangers the Syrian people themselves, but also generates instability throughout the region. The Syrian regime's actions and policies, including pursuing and using chemical weapons, supporting terrorist organizations, and obstructing the Lebanese government's ability to function effectively continue to foster the rise of extremism and sectarianism and pose an unusual and extraordinary threat to the national security, foreign policy, and economy of the United States. For these reasons, I have determined that it is necessary to continue in effect the national emergency declared with respect to this threat and to maintain in force the sanctions to address this national emergency.

In addition, the United States condemns the Assad regime's use of brutal violence and human rights abuses and calls on the Assad regime to stop its violent war, uphold existing ceasefires, enable the delivery of humanitarian assistance, and negotiate a political transition in Syria that will forge a credible path to a future of greater freedom, democracy, opportunity, and justice. The United States will consider changes in the composition, policies, and actions of the Government of Syria in determining whether to continue or terminate this national emergency in the future.

DONALD J. TRUMP.
THE WHITE HOUSE, May 8, 2019.