[Rollcall Vote No. 196 Ex.]

YEAS—80

| | | |
|---|---|---|
| Alexander | Fischer | Peters |
| Baldwin | Gardner | Portman |
| Barrasso | Graham | Reed |
| Blackburn | Grassley | Risch |
| Blunt | Hassan | Roberts |
| Boozman | Hawley | Romney |
| Braun | Hoeven | Rosen |
| Brown | Hyde-Smith | Rounds |
| Burr | Inhofe | Rubio |
| Capito | Isakson | Sasse |
| Cardin | Johnson | Schatz |
| Carper | Jones | Schumer |
| Casey | Kaine | Scott (FL) |
| Cassidy | Kennedy | Scott (SC) |
| Collins | King | Shaheen |
| Coons | Lankford | Shelby |
| Cornyn | Leahy | Sinema |
| Cortez Masto | Lee | Sullivan |
| Cotton | Manchin | Tester |
| Cramer | McConnell | Thune |
| Crapo | McSally | Tillis |
| Cruz | Menendez | Toomey |
| Daines | Moran | Van Hollen |
| Durbin | Murkowski | Warner |
| Enzi | Murphy | Whitehouse |
| Ernst | Paul | Wicker |
| Feinstein | Perdue | |

NAYS—14

| | | |
|---|---|---|
| Bennet | Klobuchar | Stabenow |
| Blumenthal | Markey | Udall |
| Cantwell | Merkley | Warren |
| Harris | Murray | Wyden |
| Hirono | Smith | |

NOT VOTING—6

| | | |
|---|---|---|
| Booker | Gillibrand | Sanders |
| Duckworth | Heinrich | Young |

The nomination was confirmed.

## EXECUTIVE CALENDER

The PRESIDING OFFICER. The clerk will report the next nomination.

The bill clerk read the nomination of Damon Ray Leichty, of Indiana, to be United States District Judge for the Northern District of Indiana.

The PRESIDING OFFICER. The question is, Will the Senate advise and consent to the Leichty nomination?

Mr. WICKER. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The clerk called the roll.

Mr. DURBIN. I announce that the Senator from New Jersey (Mr. BOOKER), the Senator from Illinois (Ms. DUCKWORTH), the Senator from New York (Mrs. GILLIBRAND), the Senator from New Mexico (Mr. HEINRICH), and the Senator from Vermont (Mr. SANDERS) are necessarily absent.

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

The result was announced—yeas 85, nays 10, as follows:

[Rollcall Vote No. 197 Ex.]

YEAS—85

| | | |
|---|---|---|
| Alexander | Cantwell | Cotton |
| Baldwin | Capito | Cramer |
| Barrasso | Cardin | Crapo |
| Bennet | Carper | Cruz |
| Blackburn | Casey | Daines |
| Blunt | Cassidy | Enzi |
| Boozman | Collins | Ernst |
| Braun | Coons | Feinstein |
| Brown | Cornyn | Fischer |
| Burr | Cortez Masto | Gardner |
| Graham | McSally | Scott (FL) |
| Grassley | Menendez | Scott (SC) |
| Hassan | Merkley | Shaheen |
| Hawley | Moran | Shelby |
| Hirono | Murkowski | Sinema |
| Hoeven | Murphy | Sullivan |
| Hyde-Smith | Paul | Tester |
| Inhofe | Perdue | Thune |
| Isakson | Peters | Tillis |
| Johnson | Portman | Toomey |
| Jones | Reed | Udall |
| Kaine | Risch | Van Hollen |
| Kennedy | Roberts | Warner |
| King | Romney | Whitehouse |
| Lankford | Rosen | Wicker |
| Leahy | Rounds | Wyden |
| Lee | Rubio | Young |
| Manchin | Sasse | |
| McConnell | Schumer | |

NAYS—10

| | | |
|---|---|---|
| Blumenthal | Markey | Stabenow |
| Durbin | Murray | Warren |
| Harris | Schatz | |
| Klobuchar | Smith | |

NOT VOTING—5

| | | |
|---|---|---|
| Booker | Gillibrand | Sanders |
| Duckworth | Heinrich | |

The nomination was confirmed.

The PRESIDING OFFICER. Under the previous order, the motion to reconsider is considered made and laid upon the table, and the President will be immediately notified of the Senate's action.

The PRESIDING OFFICER. The Senator from Wyoming.

## EXECUTIVE CALENDAR

Mr. BARRASSO. Mr. President, I ask unanimous consent that the Senate resume consideration of the King nomination.

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

The clerk will report the nomination.

The senior assistant legislative clerk read the nomination of Robert L. King, of Kentucky, to be Assistant Secretary for Postsecondary Education, Department of Education.

### ORDER FOR RECESS

Mr. BARRASSO. Mr. President, I ask unanimous consent that the Senate recess from 3 p.m. to 4 p.m. today.

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

The Senator from Wyoming.

### HEALTHCARE

Mr. BARRASSO. Mr. President, I come to the floor because Democrats out on the campaign trail continue to spin their one-size-fits-all healthcare plan that they call Medicare for All. The name itself is misleading. I will state that as a doctor who has practiced medicine in Wyoming for 24 years.

Even many Democrats in the first Presidential debate sounded confused about their own proposal. The candidates were asked a simple question. They were asked to raise their hands if they supported eliminating private health insurance. That is the health insurance people get from work. ''Just four arms went up over the two nights,'' but ''five candidates who kept their hands at their sides,'' the New York Times has now reported, ''have signed onto bills in [this] Congress that do exactly that''—take health insurance away from people who get it from work.

On one point, though, they all raised their hands. That was on the question that was asked of all 10 Democrats in round 2 of the debate. They all endorsed taxpayer-funded healthcare for illegal immigrants. Every hand went up.

It seems Democrats have actually been hiding their real, radical agenda. ''Most Americans don't realize how dramatically Medicare-for-all would restructure the nation's health care system.'' That is not just me talking; that is according to the latest Kaiser Family Foundation poll. We need to set the record straight, and I am ready to do that right now.

The fact is, Democrats have taken a hard left turn, and they want to take away your health insurance if you get it from work. The proposal abolishes private health insurance, the insurance people get from work. In its place, they would have one expensive, new government-run system. Still, Democrats know most of us would rather keep our own coverage that we get from work. Even the people on Medicare Advantage—20 million people—would lose it under the Democrats' proposal. The Kaiser poll confirms Americans' top concern is, of course, lowering their costs or, as the Washington Post ''Health'' column put it, people simply want ''to pay less for their own health care.''

That is what we are committed to on this side of the aisle.

Many Democrats running for President continue to promote and support this radical scheme by Senator SANDERS. The Sanders legislation would take away healthcare insurance from 180 million people who get their insurance through work, through their jobs. In addition, 20 million people who buy their insurance would lose coverage as well.

You also need to know that the Democrats' proposal ends the current government healthcare programs. Medicare for seniors would be gone. Federal employees' health insurance would be gone. TRICARE for the military would be gone, and the children's health coverage also would be gone under this Democratic healthcare, one-size-fits-all plan. That is confirmed by the Congressional Research Service.

The Congressional Research Service recently sent me a formal legal opinion. I requested it from them. It is a formal, legal opinion, stating: Medicare for All ''would . . . largely displace these existing federally funded health programs'' that I just mentioned—Medicare, Federal employees' health insurance, TRICARE, children's health coverage. It would largely displace these existing Federal health programs as well as private health insurance, the insurance people get from work.

Mr. President, I ask unanimous consent to have printed in the RECORD the

Congressional Research Service memorandum, dated May 29, 2019.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

MEMORANDUM

To: Senator John Barrasso, Attention: Jay Eberle.

From: Wen S. Shen, Legislative Attorney.

Subject: Effect of S. 1129 on Certain Federally Funded Health Programs and Private Health Insurance.

Pursuant to your request, this memorandum discusses the legal effect of S. 1129, the Medicare for All Act of 2019 (MFAA or Act) on various public and private health care programs or plans. Specifically, the memorandum analyzes whether the MFAA would authorize the following programs or plans to continue in their current form:

Medicare (including Medicare Advantage and Part D);

Medicaid (including the Children's Health Insurance Program);

TRICARE;

Plans under the Employee Retirement Income Security Act; and

Individual, Small and Large Group Market Coverage.

For reasons discussed in greater detail below, the Program created by the MFAA would, following a phase-in period and with some limited exceptions, largely displace these existing federally funded health programs as well as private health insurance. This memorandum begins with a description of the key provisions of the MFAA before turning to its legal effect on the programs and plans that are the subject of your request.

MEDICARE FOR ALL ACT OF 2019

The MFAA aims to establish a national health insurance program (Program) that would ''provide comprehensive protection against the cost of health care and health-related services'' in accordance with the standards set forth under the Act. Specifically, under the Program, every resident of the United States, after a four-year phase-in period following the MFAA's enactment, would be entitled to have the Secretary of Health and Human Services (Secretary) make payments on their behalf to an eligible provider for services and items in 13 benefits categories, provided they are ''medically necessary or appropriate for the maintenance of health or diagnosis, treatment or rehabilitation of a health condition.'' Except for prescription drugs and biological products, for which the Secretary may set a cost-sharing schedule that would not exceed $200 annually per enrollee and meet other statutory criteria, no enrollee would be responsible for any cost-sharing for any other covered benefits under the Program. The bill would direct the Secretary to develop both a mechanism for enrolling existing eligible individuals by the end of the phase-in period and a mechanism for automatically enrolling newly eligible individuals at birth or upon establishing residency in the United States.

All state-licensed health care providers who meet the applicable state and federal provider standards may participate in the Program, provided they file a participation agreement with the Secretary that meets specified statutory requirements. The Secretary would pay participating providers pursuant to a fee schedule that would be set in a manner consistent with the processes for determining payments under the existing Medicare program. Participating providers would be prohibited from balance billing enrollees for any covered services paid under the Program, but providers would be free to enter into private contracts with enrollees to provide any item or service if no claims for payment are submitted to the Secretary and the contracts meet certain statutory requirements.

With respect to payment for covered pharmaceuticals, medical supplies, and medically necessary assistive equipment, the Secretary would negotiate their payment rate annually with the relevant manufacturers. The bill would further direct the Secretary to establish a prescription drug formulary system that would encourage best practices in prescribing; discourage the use of ineffective, dangerous, or excessively costly medications; and promote the use of generic medications to the greatest extent possible. Off-formulary medications would be permitted under the Program, but their use would be subject to further regulations the Secretary issues.

With respect to the Program's administration, the bill would authorize the Secretary to develop the relevant policies, procedures, guidelines, and requirements necessary to carry out the Program. The Secretary would also establish and maintain regional offices—by incorporating existing regional offices of the Centers for Medicare & Medicaid Services where possible—to assess annual state health care needs, recommend changes in provider reimbursement, and establish a quality assurance mechanism in the state aimed at optimizing utilization and maintaining certain standards of care.

To fund the Program, the bill would create a Universal Medicare Trust Fund. Funds currently appropriated to Medicare, Medicaid, the Federal Employees Health Benefits Program (FEHBP), TRICARE, and a number of other federally funded health programs would be appropriated to the new fund.

The MFAA also includes a number of other provisions related to the administration of the Program, including an enforcement provision aimed at preventing fraud and abuse, provisions relating to quality assessment, and provisions concerning budget and cost containment.

EFFECT OF THE MFAA ON CERTAIN FEDERALLY FUNDED HEALTH PROGRAMS AND PRIVATE HEALTH INSURANCE

*Federally Funded Health Programs*

The federal government currently funds a number of health programs, including (1) Medicare, which generally provides health insurance coverage to elderly and disabled enrollees, (2) Medicaid, which is a federal-state cooperative program wherein states receive federal funds to generally provide health benefits to low-income enrollees, (3) the Children's Health Insurance Program (CHIP), which is a federal-state cooperative program that provides health benefits to certain low-income children whose families earn too much to qualify for Medicaid but cannot afford private insurance; (4) the FEHBP, which generally provides health insurance coverage to civilian federal employees, and (5) TRICARE, which provides civilian health insurance coverage to dependents of active military personnel and retirees of the military (and their dependents). Following an initial phase-in period, the MFAA would prohibit benefits from being made available under Medicare, FEHBP, and TRICARE while also prohibiting payments to the states for CHIP. These payment prohibitions would effectively terminate these programs in their current form. This reading is confirmed by §701(b)(2) of the MFAA, which redirects funding for these programs to the national Program.

With respect to Medicaid, the MFAA would significantly limit its scope. After the MFAA's effective date, Medicaid would only continue to cover services that the new national Program would not otherwise cover. Thus, Medicaid benefits for institutional long-term care services (which are not among the 13 categories of covered services under the MFAA) and any other services furnished by a state that the Program would not cover, would continue to be administered by the states. The bill would direct the Secretary to coordinate with the relevant state agencies to identify the services for which Medicaid benefits would be preserved and to ensure their continued availability under the applicable state plans.

PRIVATE HEALTH INSURANCE

Currently, private health insurance in the United States consists of (1) private sector employer-sponsored group plans, which can be self-insured (i.e., funded directly by the employer) or fully insured (i.e., purchased from insurers), and (2) group or individual health plans sold directly by insurers to the insured (both inside and outside of health insurance exchanges established under Section 1311 of the Affordable Care Act). The MFAA would prohibit employers from providing, and insurers from selling, any health plans that would ''duplicate[]the benefits provided under [the MFAA].'' Given that the benefits offered under many existing private health plans would likely overlap with—i.e., be the same as—at least some of the benefits within the Program's 13 categories of covered benefits, those existing health plans would likely ''duplicate'' the benefits provided under the MFAA. Thus, this prohibition of duplicate coverage would effectively eliminate those existing private health plans. Employers and insurers, however, would be allowed to offer as benefits or for sale supplemental insurance coverage for any additional benefits not covered by the Program. As a result, employers and insurers could offer, for instance, coverage for institutional long-term care services, which are not among the 13 categories of covered services.

Mr. BARRASSO. Mr. President, this report details how the bills cut off funding.

The CRS memo concludes: These payment prohibitions would effectively terminate all of those programs I mentioned in their current form.

The Congressional Research Service finds that Medicare for All actually terminates Medicare in this country. So Democrats want to turn Medicare, currently for 60 million seniors, into Medicare for None. It will become Medicare for None, not Medicare for All. Plus, 22 million people would lose Medicare Advantage. I know many of my patients who signed up for Medicare Advantage because there are advantages to doing it—coordinated care, working on preventive medicine. There are reasons for signing up for Medicare Advantage. That would all be gone under the one-size-fits-all approach that the Democrats are proposing.

That is not all. This report says the Sanders bill ends Federal employee health insurance. There are more than 8 million Federal workers, families, and retirees who rely on this Federal Employee Health Benefits Program.

The Congressional Research Service says that this bill, sponsored by over 100 Members who are Democrats in the House of Representatives and sponsored by a number of Democrats in this body, will abolish TRICARE, the insurance for the military. More than 9 million military members, their families,

and retirees rely on TRICARE for their healthcare.

The report says the bill ends the Children's Health Insurance Program. Nine million of our Nation's children rely on the CHIP program.

Interestingly, ObamaCare would end as well, according to the CRS report. After less than a decade, Democrats want to repeal and replace their failed ObamaCare healthcare law with a one-size-fits-all system.

Again, the Congressional Research Service says the bill bans private health insurance. One hundred eighty million people get their insurance through work.

To sum up, hundreds of millions of American citizens—American citizens—stand to lose their insurance, and I believe that is just the start of the pain for American families. In the new system, we would all be at the mercy of Washington bureaucrats. That means we would be paying more to wait longer for worse care—pay more to wait longer for worse care. The Democrats' massive plan is expected to cost $32 trillion. That is trillion with a ''t.'' That is a 10-year pricetag.

Guess who is going to pay for that mind-boggling bill—of course, every American taxpayer. Senator SANDERS admitted in the Democratic debate the other night that his proposal would raise taxes on middle-class families. His proposal will raise taxes, he said, on middle-class families.

In fact, even doubling our taxes wouldn't cover the huge cost of what they are proposing. So Washington Democrats are planning to drastically cut payments to doctors, nurses, hospitals, and to people who are providing care. The bureaucrats would ration care, restrict care—the care you get that you need—and it would be restricted in terms of treatment as well as technology. People would lose the freedom to choose the hospital or doctor they want.

As a doctor, I am especially concerned about the impact on patient care. Patients could wait weeks, even months, for urgently needed treatment. Keep in mind care delayed is often care denied. So the Democrats' grand healthcare vision is to force you to pay more to wait longer for worse care.

As a Senator and a doctor, of course, I want to improve your care, make it less costly. You should get insurance that is appropriate for you and affordable. You should be free to make your own medical decisions. That is what it is like in America.

No question, healthcare needs to be more affordable, and Republicans are working to lower costs without lowering standards. To me, that is the big difference. Democrats are proposing the reverse. Their plan would lower your standard of care and raise your costs. Democrats can keep campaigning hard left on healthcare. That is where they are headed.

Republicans are going to stay focused on real reforms that promote more affordable healthcare, cheaper prescription drugs, protections for patients with preexisting conditions, and, of course, the end of surprise medical bills. President Trump recently took Executive action that increases price transparency to lower the costs that patients pay.

You just need to know the facts about the Democrats' one-size-fits-all healthcare. Don't let far-left Democrats fool you. Radical Democrats want to take away your current healthcare. There would be no more Medicare or private plans, just a one-size-fits-all Washington plan.

Why pay more to wait longer for worse care? Instead, let's give patients the care they need from a doctor they choose at lower costs. That is our goal. That is our objective, and that is what we are going to accomplish.

I yield the floor.

The PRESIDING OFFICER (Mr. ROMNEY). The Senator from Illinois.

Mr. DURBIN. Mr. President, I ask unanimous consent to speak as in morning business.

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

PRESCRIPTION DRUG COSTS

Mr. DURBIN. Mr. President, just a few minutes ago, four young people from the State of Illinois visited my office. They were a variety of different ages, from 10 years of age to the age of 17. They all came because they had a similar life experience, and they wanted to share it with me. Each one of them had been diagnosed with type 1 diabetes.

Ten-year-old Owen from Deerfield told a story—the cutest little kid; great reader; read me a presentation that he put together—and the young women who were with him all talked about how their lives changed when they learned at the age of 7 or 8 that they had type 1 diabetes. For each one of them, from that point forward, insulin became a lifeline. They had to have access to insulin, and they had to have it sometimes many times a day, in the middle of the night. It reached a point where, through technology, they had continuous glucose monitoring devices and pumps that were keeping them alive, but every minute of every day was a test to them as to whether they were going to get sick and need help.

It was a great presentation by these young people, whose lives were transformed, and their parents, who were hanging on every word as they told me their life stories.

They brought up two points that I want to share on the floor this afternoon. The first is the importance of medical research. As one young woman said—she is about 17 now. She has lived with this for 8 or 9 years. She said she is a twin, and her brother told her when she was diagnosed that he hated the thought that, as an old woman, she would still be worried about her insulin every single day. She said: I told my brother ''We are going to find a cure before I am an old woman.''

Well, I certainly hope that young girl is right, but she will be right only if we do our part here on the floor of the Senate and not just give speeches. What we have to do is appropriate money to the National Institutes of Health. It is the premier medical research agency in the world.

We have had good luck in the last 4 years. I want to salute two of my Republican colleagues and one of my Democratic colleagues for their special efforts. For the last 4 years, Senator ROY BLUNT, Republican of Missouri; Senator LAMAR ALEXANDER, Republican of Tennessee; and Senator PATTY MURRAY, Democrat of Washington, have joined forces—I have been part of that team too—to encourage an increase in medical research funding every single year, and we have done it.

The increase that Dr. Collins at NIH asked for was 5 percent real growth a year. That is 5 percent over inflation. Do you know what we have done in 4 years? NIH has gone up from $30 billion to $39 billion. Dramatic. A 30-percent increase in NIH research funding.

We are going to have a tough time with this coming budget, as we have in the past, but I hope we really reach a bottom line, as Democrats and Republicans, that we are committed to 5 percent real growth in medical research every single year so that we can answer these young people who come in dealing with diabetes, those who are suffering from cancer, heart disease, Alzheimer's, Parkinson's—the list goes on and on—that we are doing our part here in the Senate; that despite all the political battles and differences, there are things that bring us together, and that should be one.

The second point they raised—one of the young girls there, Morgan of Jerseyville, started telling me a story about the cost of insulin. As she was telling the story about the sacrifices being made by her family to keep her alive, she broke down and cried. What she was telling me—her personal experience, her family experience—was something that every family with diabetes knows: The cost of insulin—charged by the pharmaceutical companies—has gone up dramatically, without justification, over the last 20 years.

In 1999, one of the major insulin drugs—called Humalog, made by Eli Lilly—was selling for $21 a vial. That was 20 years ago. In 1999, it was $21 a vial. The price today is $329 a vial. What has caused this dramatic increase? There is nothing that has happened with this drug. It is the same drug. And, I might add, Eli Lilly of Indianapolis, IN, is selling the same insulin product—Humalog—in Canada for $39. So it costs $329 in the United States and $39 in Canada.

These families told me they were lucky to have health insurance that covered prescription drugs. That sounds good, except they each had large copays—$8,000 a year. And what it meant was that for this young girl, this beautiful little girl who was in my office and who has juvenile diabetes,

they would spend $8,000 a year at the beginning of the year for 3 months of insulin before the health insurance kicked in and started paying for it. Of course, there are families who aren't so lucky—they don't have health insurance to pay for their drugs.

So what are we going to do about it? It happens to be something the Senate is supposed to take up. We are supposed to debate these things and decide the policy for this country. We will see. Very soon, we will have a chance. A bill is coming out of the Health, Education, Labor, and Pensions Committee, and we will have a chance to amend it on the floor and to deal with the cost of prescription drugs. I will have an amendment ready if my colleagues want to join me—I hope they will—on the cost of insulin, and we will have a chance if Senator MCCONNELL, the Republican leader, will allow us—it is his decision. We will have a chance to decide whether these kids and their families are going to get ripped off by these pharmaceutical companies for years to come.

It isn't just insulin; it is so many other products. It is time for us to stand up for these families and their kids, to put money into medical research, and to tell pharma once and for all: Enough is enough. Insulin was discovered almost 100 years ago. What you are doing in terms of increasing the cost of it for these families is unacceptable and unconscionable.

BORDER SECURITY

Mr. President, in the last 2½ years of this administration, we have seen an incredible situation when it comes to immigration and our border. We have seen, unfortunately, some of the saddest and most heartbreaking scenes involving children at the border between the United States and Mexico.

The pattern started with the President's announcement shortly after he was sworn in that he was imposing a travel ban on Muslim countries. That created chaos at our airports and continues to separate thousands of American families.

Then the President stepped up and repealed DACA, the Executive order program created by President Obama that allowed more than 800,000 young immigrants to stay in this country without fear of deportation and to make a life in the only country many of them had ever known.

Then the President announced the termination of the Temporary Protected Status Program, a program we offer—and have throughout our modern history—for those who are facing oppression or natural disaster in their countries. President Trump announced that he was going to terminate it for several countries, affecting the lives of 300,000 immigrants.

Then came the disastrous separation of thousands of families at the border—2,880 infants, toddlers, and children separated from their parents by the Government of the United States. This zero-tolerance policy finally was reversed by President Trump after the public outcry against it.

Then what followed was the longest government shutdown in history over the President's demand that he was going to build a border wall, even at the cost of shutting down the Government of the United States for 5 weeks.

We've also seen the tragic deaths of 6 children apprehended at the border and 24 people in detention facilities in the United States.

The President then announced that he was going to block all assistance to the Northern Triangle countries—El Salvador, Guatemala, and Honduras, the source of most of the immigrants who come to our border—and that he would shut down the avenues for legal migration, driving even more refugees to our border.

Now, on President Trump's watch, we have an unprecedented humanitarian crisis. We have seen that crisis exemplified by the horrifying image of Oscar Alberto Martinez Ramirez and his 23-month-old daughter, Valeria, who fled El Salvador and drowned as they tried to cross the Rio Grande 2 weeks ago.

We have seen this crisis play out in the overcrowded and inhumane conditions at detention centers at the border.

In April, I visited El Paso, TX. What I saw in the Border Patrol's overcrowded facilities was heartbreaking.

In May, I led 24 Senators in calling for the International Committee of the Red Cross and the inspector general of the Department of Homeland Security to investigate our Border Patrol facilities. I never dreamed that I would be asking the International Red Cross to investigate detention facilities in the United States. They do that, but usually you are asking them to look into some Third World country where inhumane conditions are being alleged.

After being in El Paso, after seeing what is going at our border, I joined with 23 other Senators in asking the International Red Cross to investigate the U.S. detention facilities.

Later that same month, the inspector general of the Department of Homeland Security released a report detailing the inhumane and dangerous overcrowding of migrants at the El Paso port of entry. The Inspector General's Office found that overcrowding is ''an immediate risk to the health and safety'' of detainees and DHS employees.

One week ago, the Inspector General's Office issued another scathing report, this time about multiple Border Patrol facilities in the Rio Grande Valley. The Inspector General's Office asked the Department of Homeland Security to take immediate steps to alleviate the dangerous overcrowding and prolonged detention. They stated: ''We are concerned that overcrowding and prolonged detention represent an immediate risk to the health and safety of DHS agents and officers, and to those detained.''

Congress recently passed legislation 2 weeks ago that included $793 million in funding to alleviate overcrowding at these CBP facilities and other funding to provide food, supplies, and medical care to migrants. The bill also includes critical funding for the Office of Refugee Resettlement to care for migrant children.

We must now make sure that this money is spent effectively by the Trump administration. We gave them over $400 million in February, and they came back to us within 90 days and said: We are out of money. I would like to know how they are spending this money, and I want to make sure it is being spent where it is needed.

There is a gaping leadership vacuum at the Trump administration's Department of Homeland Security. Think of this: In 2½ years, there have already been four different people serving as head of that Department. Every position at the Department of Homeland Security with responsibility for immigration or border security is now being held by a temporary appointee, and the White House refuses to even submit nominations to fill these positions.

Two weeks ago, I met with Mark Morgan, one of those temporary appointees. In May, President Trump named him Acting Director of U.S. Immigration and Customs Enforcement. Mr. Morgan was asked at that time to carry out the mass arrests and mass deportations of millions of immigrants the President had threatened by his infamous tweets.

Shortly before I met with Mr. Morgan to ask him about the mass arrests and mass deportations, there was a change. They took him out of that position and named him Acting Director of U.S. Customs and Border Protection. He went from internal enforcement to border enforcement. Now he is in charge of solving the humanitarian crisis that President Trump has created at our border.

The Trump administration can shuffle the deck chairs on this Titanic, but we must acknowledge the obvious: President Trump's immigration and border security policies have failed. Tough talk isn't enough. We need to do better.

This morning, I met with Dr. Goza, the president of the American Academy of Pediatrics. She came to give me a report about her visit to several border facilities that has been well documented and reported in the press. She said that it was hard for her, as a doctor for children, to see these things and realize they were happening in the United States.

Yes, children are being held in caged facilities with wire fences and watchtowers around them, some of them very young children. As a pediatrician, she told me those things have an impact on a child—on how that child looks at the world and how that child looks at himself.

She said that she took a lot of notes as she went through these facilities, but it wasn't until she got on the airplane on the way home that she read