

for coming. You are the people who got this done. You are the people who made this happen more than any of us and more than anyone else. The heroes of 21st century America have names like Zadroga and Pfeifer and Alvarez, for whom this bill is named—three of the thousands who rushed to the towers bravely and lost their lives because of their bravery and selflessness.

I say to my friend from Kentucky: Throughout the history of America, when our young men and women or older men and women volunteered in the armed services and risked their lives for our freedom, we came back and gave them healthcare, and we are still working on making it better. Why are these people any different? They, too, risked their lives in a time of war and were hurt by it—by diseases they didn't even know they could get. How can we, for whatever reason, stop this bill from moving forward?

We are going to have a defense bill on the appropriations floor. We are not going to offset it. It has pay raises for our soldiers. It has new equipment. We are not going to ask for an offset. Why this bill—why is it different? It is not. This fund needs to be fully funded.

I say to Leader McConnell, the House leadership, hardly people who aren't careful with the dollar—sometimes too careful—when Kevin McCarthy and Scalise, the Freedom Caucus leader, Mark Meadows, all voted for it, why are we holding this bill up? If we put it on the floor today, we could pass it, and it would be on the President's desk this week, and those brave people here and the many more who came would not have to come again. They should not have to come again.

It is not that it will be a joyous day when this bill passes. They are going to have to return to nurturing their brothers and sisters who are sick and to worry if they might get sick from all the gunk that was in the air that poisoned their systems, their lungs, their digestive systems, their kidneys, and their livers.

The bottom line is very simple. You can come up with 10,000 reasons not to do something, but you shouldn't come up with any reason not to do something noble and right.

I urge my friend from Kentucky to withdraw his objection. I urge Senator McConnell, the leader, to put it on the floor now, and we can let these folks in the Gallery and so many others do what they need to do—help their families, help their friends, and make sure their health is given the best protection possible.

I yield the floor.

The PRESIDING OFFICER. The Senator from New York.

Mrs. GILLIBRAND. Mr. President, I thank Senator Schumer for being such an extraordinary advocate for the men and women who have served our Nation. This bill would never have gotten this far without his leadership, without his dedication, and without his absolute commitment to the men and

women in the Gallery, as well as the men and women in all 50 States throughout this country.

I thank Senator SCHUMER for never giving up on this bill and for always bringing it across the finish line when we need his skills and his leadership and his tenacity the most. I thank him, for the record, for his undying commitment to the men and women who serve this Nation.

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

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

GOVERNMENT WASTE

Mr. SCOTT of Florida. Mr. President, today is “Washington Waste Wednesday.” It is a new series I launched last week to highlight all of the ways Washington wastes taxpayer dollars. Unfortunately, there are a lot of ways.

My belief is that you, the American taxpayer, can spend your money better than Washington can. It is a novel concept here in DC. The way Washington spends your money is oftentimes an embarrassment.

As Governor of Florida, my focus on responsible spending meant more money in the pockets of Florida families and more funding available to pay down State debt and invest in what mattered most to our families. We paid down \$10 billion in State debt over my 8 years as Governor—nearly one-third of total State debt. We cut taxes 100 times, giving more than \$10 billion back to Florida families and job creators. And we have record funding for education, for the environment, and for transportation.

But right now, our national debt is impossible to fathom, much less sustain. It is \$22 trillion. Just let that sink in for a minute. We are already \$22 trillion in the hole, but that doesn't stop the far-left Democrats from proposing more debt for this country.

Medicare for All, which I like to call Medicare for None, would not only throw 150 million people off the private insurance they like, but it is projected to cost as much as \$32 trillion over a decade. That is \$32 trillion with a “t.”

The problem with our healthcare system is rising costs. It just costs too much. Prescription drugs cost too much. Hospital visits cost too much. ObamaCare drove up the cost of healthcare. That is obvious. Then the government tried to hide that cost by providing Federal subsidies to the tune of \$737 billion in 2019—\$737 billion in 2019 and \$1.3 trillion by 2029.

Instead of providing subsidies and proposing more wasteful ideas, we should be focused on bringing down the cost of healthcare, which solves two problems. First, it will result in more people having healthcare coverage, and, second, it would ensure that

health insurance results in actual healthcare.

Reduce costs and you solve both of these problems, but solving problems is a novel concept in Washington. The Democrats in Washington just want to spend more money to solve every problem. On top of Medicare for All, the Democrats want a Green New Deal. The Green New Deal—I call it the Green Job Killer—would cost as much as \$93 trillion. These two proposals alone will cost more than \$100 trillion. To put that in perspective, that is more than \$300,000 for every man, woman, and child in the United States—\$300,000. You wouldn't run a business like this, so why are Democrats proposing to run a country this way?

We are turning this Nation around. Our economy is booming, and wages are rising. We can't go along with this dangerous socialist playbook. Higher taxes, more debt, and more regulation will reverse our success and bankrupt our country. These ideas are the craziest examples of Washington waste we have seen in a long time.

Thankfully, the American people will not go along with socialism. We can cut the waste and cut the spending, but we have to be thoughtful. We have to propose real solutions, just as we did in Florida, to make Washington work for all American families.

I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

HEALTHCARE

Mr. BARRASSO. Mr. President, I come to the floor today to once again give the facts about the Democrats' one-size-fits-all healthcare proposal, the legislation that many Democrats are referring to as Medicare for All.

My focus today is what is going to happen to American patients if the government takes full control of our Nation's healthcare system. I speak as a doctor who practiced medicine for 24 years in Casper, WY. It is so interesting, as a doctor, to take a look at what is being proposed because I know the specifics of the impacts on the lives of patients, patients I have taken care of as part of my training and part of my practice in Wyoming, and as a doctor, I have personally studied what is happening to healthcare in other countries around the world.

You have no doubt heard about the worsening crisis of care in England. There are doctor shortages, and, of course, there is rationing of care. British rationing has actually become the focus of a recent article in the magazine, The Economist. The article is entitled, “The front line of England's NHS is being reinvented.” It says, “A shortage of family doctors leaves little choice but to try something new.”

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

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

[From The Economist]

THE FRONT LINE OF ENGLAND'S NHS IS BEING
REINVENTED

A SHORTAGE OF FAMILY DOCTORS LEAVES
LITTLE CHOICE BUT TO TRY SOMETHING NEW

The National Health Service is free, so it is also rationed. Family doctors, known as general practitioners (GPs), act as the first port of call for patients; friendly gatekeepers to the rest of the service who refer people to specialists only if needed. But in some parts of the country, including St Austell on the Cornish coast, access to the rationers is itself now rationed. "You can't book an appointment to see me here," explains Stewart Smith, a 39-year-old GP, one of a team in charge of an innovative new medical centre. "You go on a list and then we triage you."

It is an approach that will soon be familiar to more patients. Simon Stevens, chief executive of NHS England, has said that being a GP is arguably the most important job in the country. There is, however, a severe shortage of them. According to the Nuffield Trust, a think-tank, there are 58 GPs per 100,000 people, down from 66 in 2009—the first sustained fall since the 1960s. Only half of patients say they almost always see their preferred doctor, down from 65% six years ago. The average consultation lasts just nine minutes, among the quickest in the rich world.

Although the NHS hopes to train and recruit new family doctors, the gap won't be plugged any time soon. A new five-year contract to fund GP practices will eventually include £891m (\$1.1bn) a year for 20,000 extra clinical staff, such as pharmacists and physiotherapists, with the first cash for such roles arriving on July 1st. To access the money, practices will have to form networks which, it is hoped, will help them take advantage of economies of scale and do more to prevent illnesses rather than merely treating them.

When the four practices serving St Austell merged in 2015, it was an opportunity to reconsider how they did things. The GPs kept a diary, noting precisely what they got up to during the day. It turned out that lots could be done by others: administrators could take care of some communication with hospitals, physios could see people with bad backs and psychiatric nurses those with anxiety. So now they do. Only patients with the most complicated or urgent problems make it to a doctor. As a result, each GP is responsible for 3,800 locals, compared with an average of 2,000 in the rest of Cornwall.

Although few practices have made changes on the scale of St Austell Healthcare, across England the number of clinical staff other than GPs has grown by more than a third since 2015. The logic behind the introduction of these new roles is compelling, says Ben Gershlick of the Health Foundation, another think-tank. The NHS estimates that 30% of GPs' time is spent on musculoskeletal problems, for instance, which could often be handled by a physiotherapist. Another estimate suggests 11% of their day is taken up by paperwork. Doctors complain that they are overworked, and growing numbers retire early. They are also expensive: the starting salary for a GP is £57,655, whereas a physio costs around half as much.

NHS leaders hope the new workers will help practices play a more active role in their community, linking up with services provided by local authorities and charities. Each network will be responsible for a population of 30,000–50,000. The plan is that they will use data analysis to intervene early to prevent illness, and that practices will often share the new staff with others in their network.

Those that are further down the road sing the benefits of the new approach. Caroline

Taylor of the Beechwood Medical Centre in Halifax says that new roles quickly show their worth. Her practice took in a "work wellness adviser" employed by the council. The adviser's goal was to help ten people over the age of 50 with poor mental health back to work in a year—a task which she completed in just six weeks. In St Austell two pharmacists last year helped to cut more than £140,000 from prescribing costs. Far fewer staff now report that they are burnt out.

Working in a team will nevertheless require a big shift in mindset for many doctors, particularly those in surgeries that have never before employed anyone else aside from the odd nurse. One worry is that practices will end up doing what they must to get the extra funding, but little more. There are also more practical problems. Seven in ten GPs say their practices are too cramped to provide new services, and it is not clear where some of the extra staff will be hired from.

Perhaps the biggest problem is that patients have grown used to having a doctor on demand. Although those who no longer have to queue for an appointment may be happy, others might feel fobbed off if diverted to another clinician. A study published last year by Charlotte Paddison of the Nuffield Trust, and colleagues, in the *British Medical Journal* found that patients had less trust in the care provided by a nurse if they initially expected to see a doctor. Patients who have a close relationship with their GP tend to be more satisfied and enjoy better health outcomes than others.

But other evidence suggests that, for some conditions, nurses provide care that is as good as or better than that provided by GPs. The aim, says Nav Chana of the National Association of Primary Care, which helped develop the new approach, is therefore to use small teams of doctors and other clinical staff to replicate the sort of relationship with patients that used to be more common. Just parachuting in "a lot of people who look like doctors" will not raise standards, he warns.

The shortage of GPs leaves the NHS with little choice but to try something new. "A lot of the world has either copied or is trying to copy English primary care," in particular its openness to all and the continuity of care that it provides, says Dr. Chana. Keeping these strengths while changing how primary care works, is the task NHS officials are now facing up to. Even if they succeed, it will take time for the public to adjust. Having explained the benefits of the new way of doing things, one GP pauses, before adding: "I should say, though, patients don't love it."

Mr. BARRASSO. Mr. President, the story opens with a simple observation, and this is the first sentence: "The national health service is free, so it is also rationed."

That is what we are seeing, and that is what people are living with every day in Britain. Under the guise of healthcare being free, they live in a world where healthcare is rationed.

So how bad can that be? What would this mean with this one-size-fits-all Medicare for All, which the Democrats are proposing?

The Economist writes that in Britain today "[o]nly patients with the most complicated or urgent problems make it to a doctor." Actually, today you need a doctor's referral to see a specialist in England. But now, in some parts of the country, a British bureau-

crat must preapprove your visit to the family doctor, who will then make the referral to the specialist. I can't imagine people in our country tolerating that. So, ironically, "access to the rationers is itself now rationed." According to the article, "Only half of [British] patients say they almost always get to see their preferred doctor." So only half get to see the doctor they choose.

Remember that old line—"If you like your healthcare, you can keep it. If you like your doctor, you can keep your doctor." In Britain, only half get to see their doctor—if they get to see them, if they get to go through the rationer, who is a bureaucrat.

What happens after you wade through all of this, wade through the morass of the bureaucrat and the family doctor to get to the specialist? What does the article say about when you actually get to see a doctor? The average consultation time, it says, is only 9 minutes. It is 9 minutes on average. As a doctor, I can state that 9 minutes is one of the shortest consults I have ever heard of. I cannot imagine 9 minutes—after waiting all of this time to see the doctor, 9 minutes and then you are done, and they are on to the next patient, who has also been waiting and waiting and waiting to see the doctor.

What does this tell us about what would happen in the United States to patients trying to see doctors if we followed this one-size-fits-all, government-run healthcare program that Senator SANDERS and so many of the Democrats are supporting? If we adopt a government-run, one-size-fits-all healthcare system, which is what they are proposing, I would tell Americans to expect to pay more to wait longer for worse care. That is what we would see. To borrow the line from The Economist, bureaucrats will, as they say, reinvent what healthcare means for you.

You may have seen the stories about the thousands of elderly patients right now going blind in Britain—going blind. Why are they going blind? Well, because the British health service is rationing eye surgery. The president of the Royal College of Ophthalmologists has said that the rationing is part of the government's cost-cutting in England, and people are going blind as a result. Thousands of elderly patients are desperately in need of eye surgery, but the bureaucrats who must approve it are denying the treatment. The number of denials has doubled in the last 2 years.

According to the Royal College of Surgeons, a quarter of a million British patients have been waiting more than 6 months for planned medical treatment. That is happening in England today. The waiting times are getting longer.

Now let's look at Canada. According to the New York Times, Senator BERNIE SANDERS likes the Canadian healthcare system because he says it is "free." Of course, Senator SANDERS

knows it is anything but free. After all, the healthcare proposal that Senator SANDERS is proposing has a \$32 trillion price tag. The Senator admits the plan hikes taxes on middle-class families. He said it in the debate the other night. The truth is, even doubling our taxes couldn't cover this huge cost. Yet a majority of Democrats in the House of Representatives—a majority—have cosponsored what Senator SANDERS is proposing. A majority of the Democratic Senators running for President today have cosponsored Senator SANDERS' one-size-fits-all proposal. Apparently Senator SANDERS approves of the Canadian long wait times because he says wait times are not a problem. Well, maybe he should check with the Canadians to see if wait times are a problem, because patients in Canada typically wait 3 months for treatments and for certain treatments, much, much longer. In some ways, the Canadian healthcare system has been called trick-or-treat medicine because if you haven't gotten your care by the end of October, by Halloween, you will have to wait until next year because they will have run out of the money allotted for that procedure or that healthcare in that country in that year.

As a doctor practicing in Wyoming, I have actually operated on people from Canada who came to the United States for care. It is free up in Canada, but they couldn't afford to wait for the free care they were going to get in Canada, so they came to the United States to pay for the care here.

Still, that is what the Democrats are proposing—a one-size-fits-all approach. So people will pay more through their taxes to wait longer for care that will be worse care. Even the Congressional Budget Office people who looked at this in terms of funding, looked at what it would cost to do a Senator SANDERS' style approach, said it would be expensive, complicated, and the delays would be not just in treatment but also in technology.

Many Democratic candidates for President have also endorsed—amazingly so—free healthcare for illegal immigrants. You saw the question being asked on the debate stage. Every one of the Democrats running for President was standing there and was asked: Which one of you would have in your healthcare plan free health insurance, free healthcare, for people in this country illegally? And every hand on the stage went up.

When you take a look at what the proposal actually is—this Medicare for All, this one-size-fits-all approach—it actually takes health insurance away from 100 million people who get it through work and gives it to illegal immigrants. So 180 million American citizens will lose their on-the-job insurance while illegal immigrants will get it for free. That is the Democrats' Medicare for All proposal.

The Congressional Research Service recently reported that the Sanders bill ends Medicare as well as on-the-job

health insurance, and what we will be doing is entering into one expensive, new, government-run system.

Still, the Democratic Senators who are running for President and the 118 Democratic Members of the House support the Sanders' legislation. They have cosponsored it, saying: Let the Washington, DC, bureaucrats call the shots—unelected, unaccountable bureaucrats calling the shots as they ration your care. They will micromanage your care, and they will delay your care, delay your treatment—treatment that you urgently need. That is the difference. People will lose the freedom to see their own doctor. We have seen what has happened in England. Patients will wait months for treatment. Keep in mind—care delayed is often care denied, and if they finally get to see a physician, the amount of time in consultation will be incredibly short. That is why what is being proposed by the Democrats in this one-size-fits-all approach—a British plan, a Canadian plan—is completely unacceptable to American citizens.

You don't need Democrats' phony promises of free care; what you need is to have the freedom to get the care you want and need from a doctor whom you choose at lower cost. That is why Republicans are going to continue to work on real reforms that improve patient care, that increase transparency, that lower the cost of care, and that lower the cost of what people pay out of their own pockets, without adding these incredibly longer wait times and the loss of the ability to make choices on your own. Why should we pay more to wait longer for worse care, which is what we are seeing with a one-size-fits-all approach? Let's make sure patients can get the care they need from the doctor they choose at lower costs.

I yield the floor.

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

Mr. CORNYN. Mr. President, I would ask unanimous consent that Senators ALEXANDER and MENENDEZ be allowed to speak for 5 minutes each before the vote scheduled at 2 p.m. today.

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

50TH ANNIVERSARY OF "APOLLO 11"

Mr. CORNYN. Mr. President, 50 years ago, the world was transfixed by a grainy, black-and-white image of Neil Armstrong descending a ladder, preparing to take humankind's first steps on the Moon. I was one of more than half a billion people—the largest television audience in history—glued to the TV screen on that day. I was actually in high school, and, like so many Texans at the time, I was totally engrossed in what was going on.

Staring at the television, it was hard to imagine that hundreds of thousands of miles away, two brave Americans were sitting on the surface of the Moon while their comrade remained in lunar orbit up above. I didn't quite understand what this development would mean for the future; I just remember

thinking at that moment how proud I was to be an American. I looked up to these three men, and I still do, and I marvel at their courage, their intelligence, and their patriotism, as well as that of the tens of thousands of Americans involved in getting them to the Moon in the first place.

We now know that this lunar trio had quite a sense of humor. Michael Collins was once asked in an interview what he was thinking about in the moments leading up to the liftoff on July 16, 1969, and he joked, "I was thinking of per diem, you know, how many dollars per mile we'd be paid for this voyage." Upon the astronauts' return, we learned that when Buzz Aldrin stepped off the ladder, he told Armstrong he was being careful not to lock the door behind him. And when talking about the fact that most of the photos from the surface of the Moon were of Aldrin, Neil Armstrong joked, "I have always said that Buzz was the far more photogenic of the crew."

While the first lunar landing meant many different things to people around the world, there is one thing that was abundantly clear: That date—July 20, 1969—established the United States as the world leader in human space exploration. It also put my hometown, the place of my birth, Houston, on the map as a hub for spaceflight innovation in the United States.

We all remember the very first words uttered by Neil Armstrong after landing. He said, "Houston, Tranquility Base here. The Eagle has landed." Of course, he was talking to the greatest minds of the generation, who were working at Johnson Space Center in Houston, TX. The men and women at Mission Control Center exercised full control over *Apollo 11*, from the launch at Kennedy Space Center, to landing on the Moon, to the splashdown in the Pacific Ocean.

For more than 50 years now, the Johnson Space Center in Houston has been at the heart of America's space program. The success marked the turning point in space exploration, and folks across Texas are eager to celebrate this momentous anniversary. You can do like I have and visit Johnson Space Center yourself and see NASA's Mission Control from Apollo. It was redesigned to look exactly the way it did in 1969, down to the retro coffee cups and glass ashtrays. You can watch the Houston Astros take on Oakland while wearing *Apollo 11* caps. Across the State, you can see special movie screenings, space-themed menus, and "ask an astronaut" events to educate our next generation of space travelers.

To commemorate this historic mission in Washington, I introduced a bipartisan, bicameral resolution with my colleagues Senator BROWN, Congressman BABIN, and Congresswoman HORN last month. I thank my colleagues who supported this effort and urge my fellow Senators to join me in passing it this week. This resolution honors *Apollo 11*'s three crew members—Buzz

Aldrin, Neil Armstrong, and Michael Collins—whose bravery and skill made this feat possible. In addition, it commends the work of the brilliant men and women who supported this mission on Earth, including mathematicians like Katherine Johnson and the astronauts who lost their lives in previous spaceflight missions.

To ensure that America remains the leader in human spaceflight, this resolution also supports the continued leadership of the United States. With this in mind, earlier this year, I introduced a bill called Advancing Human Spaceflight Act with Senator PETERS from Michigan to provide greater certainty and stability for our space program.

This legislation will extend the authorization for the International Space Station through 2030 and launch the United States into a new era of space exploration.

Our future astronauts need spacesuits with advanced capabilities beyond what current technology can do, so this bill will also direct NASA to develop the next-generation spacesuit for future exploration to the Moon, to Mars, and beyond.

In order to make this dream a reality, this legislation will allow NASA to partner with private space innovators to ensure we have the best and brightest working to achieve these goals.

In addition, this bill will, for the first time, codify human space settlement as a national goal. I believe this legislation will help set the stage to launch the United States into a new era of space exploration, and there is no better time than this momentous anniversary to recommit ourselves to American leadership in space.

In the year since that first “small step,” we have watched goal after goal being set and then met. From the Viking 1 landing on Mars to the Voyager Program exploring the outer planets, to the International Space Station making human space habitation a reality, I have no doubt that the success of the *Apollo 11* mission made each of these victories possible and paved the way for the future.

For the 50th anniversary of the lunar landing, today we honor the brave and brilliant astronauts, physicists, engineers, mathematicians, and scientists of all kinds who made our Nation the first to touch down on lunar soil. We are grateful for their courage, their sacrifices, and their immeasurable contributions to our Nation’s space program.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

REMEMBERING JOHN PAUL STEVENS

Mr. DURBIN. Mr. President, yesterday marked the passing of a giant in American law. Justice John Paul Stevens passed away at the age of 99. I just bought his most recent book. The subtitle of it is “My First 94 Years.”

Justice Stevens was a favorite, born and raised in the city of Chicago. He was a lifelong Cubs fan. He was in the crowd of Wrigley Field as a very young man in 1932, on October 1, during a World Series game, when Babe Ruth made the famous called shot—hitting a home run over the fence.

He attended the University of Chicago and Northwestern School of Law. Naturally, he graduated at the top of his class. In between, he served as lieutenant commander of the U.S. Navy during World War II and was awarded the Bronze Star.

After law school and a clerkship with Supreme Court Justice Wiley Rutledge, John Paul Stevens became an accomplished attorney in Chicago, leading to his nomination to the Seventh Circuit in 1970. In 1975, he was nominated to the Supreme Court by President Gerald Ford and confirmed by the Senate 98 to 0. Judge Stevens served on the Supreme Court for nearly 35 years, bringing to the Court his midwestern blend of brilliance, courtesy, and humility.

He leaves behind an enormous legacy. He was committed to safeguarding the rights and liberties protected by the Constitution, and he cherished the importance of the Judiciary as an “impartial guardian of the rule of law.” Those were his words in his famous *Bush v. Gore* dissent, where he said that judging of the Court as an “impartial guardian of the rule of law” was at stake in that majority opinion.

He was respectful at all times and respected by his colleagues at all times, and by litigants, and by the American people.

When he retired in 2010, at the age of 90, he was the third longest tenured Justice in the history of the Supreme Court. He was the last living Justice to have served in World War II.

I want to extend my sympathy to Justice Stevens’ family, including his surviving daughters, Elizabeth and Susan, his 9 grandchildren and 13 great-grandchildren.

Today we bid farewell to a giant, and we thank Justice Stevens for his decades of service to this country and for his profound contribution to American law.

OPIOID EPIDEMIC

Mr. President, years ago, there was a Senator from Wisconsin named William Proxmire. He used to come to the floor every month and give what he called his “Golden Fleece Award” for the worst example of Federal Government waste. Earlier this year, I launched a new series dedicated to that tradition with floor speeches that built off the Proxmire work, with a focus on the most extreme cases of the pharmaceutical industry’s greed. It is known as the Pharma Fleece Award.

I have highlighted price-gouging for lifesaving insulin, the patent abuses that extend monopoly control over pricing of drugs, and the billions of dollars’ worth of medications that are thrown away each year deliberately due to the production of oversized, unnecessary drug vials.

This month, I want to focus on the pharmaceutical industry’s role in another national disgrace—the opioid epidemic. We are in the midst of the Nation’s worst drug overdose epidemic in our history. There is no town too small, no suburb too wealthy to be spared the suffering and the deaths that have been wrought by this problem.

Last year, 2,062 people in my home State of Illinois died from opioid overdose. There is culpability with nearly all the stakeholders, including the U.S. Government. There is no denying how this epidemic was ignited. For years, the pharmaceutical industry wildly mischaracterized the risk of opioids, falsely claiming they were less addictive and less harmful; that these painkillers should be prescribed for common aches and pains, even when the industry itself had information proving the dangers of such long-term use.

In 2007, the manufacturer of OxyContin, Purdue Pharma, pleaded guilty to a felony charge of misbranding the drug by misrepresenting OxyContin’s risks. This resulted in a modest fine as the company continued to flood the Nation with their deadly painkillers.

New reporting this morning from the Washington Post found that Big Pharma saturated the country with 76 billion oxycodone and hydrocodone pills between 2006 and 2012. During a 6-year period, 76 billion pills were produced by pharma. One subsidiary company, Mallinckrodt, put 28 billion opioid pills on the market during this time.

Downstate in Illinois is a small rural county, Hardin County. It has fewer than 10 doctors who can prescribe controlled substances. The total population of the county is 4,300 people. It is one of the smallest, least populated counties in my State. In the year 2010, approximately 6 million hydrocodone pills and 1 million oxycodone pills were shipped to Hardin County and its surrounding communities. For 4,300 people, they shipped 7 million pills. All of this data was actually captured and reported to a Federal agency, the Drug Enforcement Administration. They will come up again in my presentation. That means drug manufacturers knew about this obscene volume of pills being produced and sold; that drug distributors knew exactly where and how this was being transported, and law enforcement had its eyes on it all along.

Mr. President, I ask unanimous consent to have printed in the RECORD the list of the top opioid distributors and manufacturers from 2006 to 2012.

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