

Gwen's Girls convenes an annual equity summit for Black girls to address the racial and gender biases that exist within the juvenile justice, health and wellness, child welfare, and education systems.

Dr. Elliott has also remained a constant leading force and convener of the Black Girls Equity Alliance—a collaboration of over 75 stakeholders committed to addressing systemic inequities in the juvenile justice, child welfare, education, and healthcare systems.

Dr. Elliott currently serves on the board of trustees at Chatham University. In December 2017, she was appointed by Mayor Bill Peduto to serve as a commissioner on the newly formed Gender Equity Commission for the City of Pittsburgh.

Our third honoree today, Dr. Ellyn Jo Waller, though she was born in Queens, NY, we are proud to call her a daughter of Pennsylvania. Many in Philadelphia know her as a member and a leader at Enon Tabernacle Baptist Church, as well as the partner, in both life and ministry, of Dr. Alyn Waller, senior pastor of Enon Tabernacle Baptist Church. Ellyn Jo Waller earned a bachelor of special education from Ohio University, a master of education in curriculum, instruction, and technology in education, and a doctor of education and curriculum, instruction, and technology in education, with an emphasis on literary education, from Temple University.

Dr. Waller has devoted her passion and her time to promoting women's education and empowerment. She has especially devoted much of her time to combating human trafficking, both here in the United States and internationally. She is an active member of the Philadelphia Anti-Human Trafficking Coalition and serves as cochair of the religion subcommittee.

In 2011, Dr. Waller founded She's My Sister, an anti-human trafficking ministry at Enon Tabernacle. She's My Sister works to ensure that the faith community in Greater Philadelphia is aware of the issue of human trafficking and also partners with the Greater Philadelphia Salvation Army on the issue of participating in street outreach, supporting and strengthening the drop-in centers, and advocating on behalf of victims of human trafficking and sexual exploitation.

In October of 2015, under Dr. Waller's leadership, the ministry hosted its Inaugural Human Trafficking Awareness 5K Walk/Run to raise funds for a transitional residential program for young women exiting the life and aging out of the child welfare system.

Internationally, Dr. Waller regularly participates in rescue and restoration efforts in Italy and South Africa. Dr. Waller also serves on a number of boards and provides community leadership in other ways. She is a member of the board of the City School in Philadelphia, on the advisory committee of the United Negro College Funds, Dela-

ware Valley Women of Faith for Education annual luncheon, and is president of the Charitas Foundation, which is the philanthropic Waller family foundation established to positively impact the lives of individuals by sowing financial seeds into organizations that change lives through their missions.

Dr. Waller has served on the Foundation Board of the Community College of Philadelphia since 2014 and currently serves as the president of the Foundation Board.

Each of our honorees today—these three remarkable women—have worked tirelessly to ensure that our children can flourish and can fulfill their potential. When others may look the other way or even wash their hands of the solemn duty to help our children, our honorees have instead volunteered for service over and over again.

To refer back to the first question I started with, "What are you doing for our children," each of us has an obligation to answer that question. Each of our three honorees today have answered that question by devoting their lives to the urgent work of helping our children. These three remarkable women—all Pennsylvanians—have provided pathways to hope. For that, we owe them our deepest gratitude.

I yield the floor.

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. CORNYN. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

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

ABORTION

Mr. CORNYN. Madam President, this week, the Senate will vote on two bills that will protect our most vulnerable citizens—literally, our babies. The first bill we will vote on is the Born-Alive Abortion Survivors Protection Act, which was introduced by our colleague from Nebraska, Senator SASSE.

This legislation is simple and straightforward. It requires physicians and healthcare providers to treat babies who survive an abortion with the same lifesaving care that other infants born at the same stage receive. While you might be forgiven for wondering, why would we need such a bill; surely, that standard must already exist in our law—unfortunately, no. There are no Federal laws requiring healthcare providers to care for abortion survivors, just as they would for any other infant in their care.

One of the most notorious reasons why we need this law sits in the Governor's mansion in Virginia. About this time last year, our country was shocked and outraged by comments made by Gov. Ralph Northam—a pediatrician, believe it or not—about what should happen when a baby is delivered and survives an abortion. He said:

The infant would be delivered. The infant would be kept comfortable. The infant would

be resuscitated if that's what the mother and family desired. And then a discussion would ensue between the physicians and the mother.

Rather than immediately doing everything possible to save the baby, to provide the same sort of care he would to any infant, he wants to sit around and decide whether the baby will live or die. That is not healthcare; that is infanticide. Voting for the Born-Alive Abortion Survivors Protection Act is how each Member of this Chamber can go on record to say they are against killing innocent babies.

While some are desperately trying to paint this as an anti-abortion bill, which would infringe on women's reproductive rights, those claims could not be further from the truth. There is nothing in this bill about limiting access to abortion, no mention of first, second, or third trimester abortions, nothing about overturning *Roe v. Wade*.

There is one goal with this legislation and one goal only: to give every baby a fighting chance. In a rational world, we wouldn't be having this discussion but would, rather, unanimously be condemning this practice for the evil that it is. I am proud to be an original cosponsor of the bill and, once again, vote to stop the practice of infanticide and protect babies who survive abortions alive.

We will be voting on a second bill, which will provide protections for unborn children that are practiced in almost all of the civilized world. This is the Pain-Capable Unborn Child Protection Act that would make it a crime for doctors to perform abortions on unborn babies at or beyond 20 weeks.

There is significant medical research that shows that unborn children at this stage experience pain. At 5 months into a pregnancy, these babies are beyond halfway to delivery.

One of President's Trump's guests at the State of the Union a few weeks ago was 2-year-old Ellie Schneider—one of the youngest babies to survive in the United States. Ellie was born at 21 weeks and 6 days—just 13 days beyond the point in time we are discussing. She weighed less than a pound at birth and is living proof of the medical achievements and advancements that have improved the chance of survival for extremely premature babies.

Ellie and her mother Robin are an example of the impact this legislation would have on the lives of many Americans families. Unfortunately, just as our Democratic colleagues have tried to deceive the American people about the purpose of the Born-Alive Abortion Survivors Protection Act, they are trying to mislead everyone about what this bill would do as well.

First, this bill would apply only to elective abortions, not those involving rape or incest or where the life of the mother could be in danger. It in no way places the mother in legal jeopardy for seeking an abortion. It clearly and solely places responsibility on healthcare providers.

Passing this legislation wouldn't make the United States an extreme outlier when it comes to abortion practices. In fact, it would put us in line with international norms. Currently, only seven countries in the world allow elective abortions after 20 weeks. One, of course, is the United States. The other countries on the list should make all of us second-guess allowing abortions beyond 20 weeks—China, Vietnam, North Korea. Countries with a history of human rights violations are hardly the model we should aspire to.

It is time to give every baby a chance to live and stop doctors from performing abortions on infants who feel pain. I am proud to be a cosponsor of both of these bills and stand with my colleagues in the fight for human life.

Our friend from Montana, Senator DAINES, established the first-ever Senate Pro-Life Caucus to fight for the lives of our most vulnerable citizens. A couple of weeks ago, he said: "These back-to-back votes will present an opportunity for Senate Democrats and all of us to show the American people whether there are any limits at all to radical abortion extremism." We will soon learn the answer.

I appreciate our colleagues—Senator SASSE, Senator GRAHAM, and Senator DAINES—for their leadership on this legislation and for consistently fighting for the most vulnerable among us. I will be a proud "yes" vote on both of these bills—yes to protecting newborn babies, yes to equal medical care for all infants, and yes to a fighting chance for all babies.

CORONAVIRUS

Madam President, we are returning to Washington, DC, from time spent in our States. I was happy, for one, to get time to spend in Texas with constituents. I traveled the State, as I am sure many of us did, traveling from Midland, to Ft. Worth, to Corpus Christi, and a number of spots in between. Texas is a pretty big place, so it takes a little time to move around, but it is really great to be able to hear from the folks I represent—the folks we all represent—about what they care about the most.

One of the most interesting things to me is how little they talk about what is talked about inside the bubble here known as Washington, DC. In San Antonio, for example, I met with State and local officials to discuss their growing concerns over coronavirus. Lackland Air Force Base is one of the designated locations where Americans evacuated from overseas with suspected exposure to coronavirus are being held under the first Federal quarantine in more than 50 years. Folks were naturally concerned about the fact that these evacuees were scheduled to be transported to local civilian hospitals for testing rather than remaining on the base where they are quarantined. In our meeting, we were able to speak with not only the mayor and two council persons, but we were able to speak with officials from the

Department of Health and Human Services and the Defense Department about these concerns, and I am glad we were able to come up with a better solution. The Department of Health and Human Services has now updated their protocol to ensure that testing for coronavirus will be conducted at Joint Base Lackland's quarantine housing, so evacuees will not be sent to hospitals in the area for their tests.

I appreciate my colleagues at the city who have been working overtime to keep their residents there safe. I am grateful to the administration for addressing our concerns and being responsive to those questions.

On the very day we met, 90 evacuees were released from quarantine, and I am happy they are finally headed home. I am sure I am not as happy as they are after being quarantined. We owe a huge thank-you to the medical professionals who have and will continue to care for those in quarantine and to the Bexar County and San Antonio officials who are working to safeguard public health.

PRESCRIPTION DRUG COSTS

Madam President, I traveled up I-35 and was in Ft. Worth at the Northside Community Health Center to hear about an entirely different healthcare challenge, which is high prescription drug costs.

I met with local healthcare professionals, advocates, and patients to hear about their experiences with these rising costs, and I have introduced legislation to address them. For example, we heard from Randall Barker and his daughter Emma, who both have diabetes. They need insulin. They told me that one bottle of insulin costs upwards of \$281. Randall continues to make sacrifices to afford the lifesaving drugs he and Emma need to lead healthy lives.

As I mentioned, to address the high costs of prescription drugs, I introduced a bipartisan bill with our colleague, Senator BLUMENTHAL from Connecticut, called the Affordable Prescriptions for Patients Act. The purpose of the bill is straight forward: to stop drug companies from gaming the patent system to keep their profits high.

Patents, of course, are granted for scientific innovations in order to encourage more of them. What happens under the period of a patent is that whatever the item is—in this case, a drug—that company reserves the right to sell it exclusively, without any competition, in order to recoup its costs and incentivize innovation when it comes to these drugs. But when companies game the system by establishing patent thickets—multiple patents used to unfairly block competition—this prevents new drugs, as well as competing drugs at a lower price, from entering the market.

For example, the most widely prescribed drug in America is called HUMIRA. It has more than 120 different patents, for no real purpose

other than extending that period of exclusivity as long as possible to continue to make money. In Europe, there are five competing products, but in America, there is only HUMIRA. That is a patent thicket. That is gaming the system, and it is hurting American consumers.

I appreciate the support from healthcare providers and advocates and patients I heard from in Ft. Worth. They encourage us to get our work done sooner rather than later.

I have come to the floor twice and asked unanimous consent to pass the bill. It was voted unanimously out of the Judiciary Committee. The Democratic leader blocked it both times. I hope he will reconsider his position. I am sure his constituents in New York would like a little bit of a break when it comes to prescription drug costs. I happen to think it has to do more with the upcoming election than it does the merits of the legislation.

E-CIGARETTES

Madam President, I traveled to a couple of other Texas cities, where I was able to talk to people about the rise of e-cigarette use, particularly among teens. In Corpus Christi along the gulf coast and in Odessa in deep West Texas, I met with a range of local officials, health professionals, and community advocates about the impact of teen vaping.

One study found that in the Permian Basin, in the middle of the Odessa area, about half of high school students used e-cigarettes and 25 percent of them had vaped in the past month. This study found that in schools, the average age of first-time e-cigarette users is just 13 years old. E-cigarettes—even the closed systems, where you can't add other ingredients, like the psychoactive ingredient in marijuana, THC—even in the closed systems that are designed to deliver only nicotine, nicotine is an addictive drug. When children get access to these addictive drugs, it may well end up being a gateway to other use—whether it is tobacco or other drug use—later in life. It certainly encourages them to remain a user of this nicotine delivery device.

I have introduced legislation called the Preventing Online Sales of E-Cigarettes to Children Act, which would make it difficult for children to get their hands on these devices, particularly when they buy them over the internet. All it does is apply the same safeguards already in place for online purchases of tobacco—it applies that to e-cigarettes. Customers would have to verify their age at the time of delivery—a practice which, shockingly, does not currently exist.

A recent survey published in the American Journal of Health Promotion found that 32 percent of underage e-cigarette users reported purchasing products online, making online sales the single largest source of purchases for underage users. We recently raised the age from 18 to 21 to get access to these e-cigarettes, but still, as these studies