

College. In 1934, she graduated from the University of Illinois College of Medicine, Chicago, as the only African-American woman in her class of 137 students. She was the university's first Black woman physician graduate.

Dr. Dickens became a specialist in obstetrics, eventually moving to Philadelphia to work in a birthing center, where she provided care for the poor. While there, she broke barriers by becoming the first African-American woman to be admitted into the American College of Surgeons, receive board certification in obstetrics and gynecology, and practice medicine in Philadelphia.

Her work to help heal and guide women of all ages was nothing short of inspiring and her efforts to shine light on the troubling issue of health disparities in the United States that continues to this day. Let me be specific.

America has a long history of medical inequality. Sadly, we know that history has not ended. From premature births to premature deaths, people of color disproportionately bear the brunt of America's troubled healthcare system. On average, they live sicker, die sooner, and go without needed medical care more often. Communities of color suffer disproportionately from HIV, heart disease, stroke, diabetes, kidney failure, prostate cancer, and other medical conditions.

President Obama signed the Affordable Care Act into law nearly 10 years ago. It is still one of my proudest votes. Thanks to that law, 20 million Americans gained health insurance—more than 1 million in my home State of Illinois.

I am proud to say that law has taken strong steps to address racial inequalities in healthcare across America. A report last month found that the Affordable Care Act helped narrow racial and ethnic disparities in healthcare access and coverage, especially in States like mine—Illinois—that expanded the reach of Medicaid. Yet we know that better is not nearly good enough when it comes to healthcare. Nearly half of Black Americans—46 percent—live in the 15 States that did not expand Medicaid coverage after the Affordable Care Act was passed.

Another area of racial disparity is maternal and infant health. I raise this issue because instead of these drive-by issue votes, which Senator McCONNELL insists on without debate and without amendment, we should be addressing an issue that should have bipartisan support. Let me be specific about what I mean.

The United States ranks 32nd out of the 35 wealthiest nations when it comes to infant death, infant mortality. Let me repeat that. Our Nation ranks 32nd out of the 35 wealthiest nations when it comes to infant mortality, and babies of color are the hardest hit.

If you are an African-American infant born in America today, you are twice as likely to die in the first year of birth compared to White infants.

And the mother giving birth? In the United States, African-American women are three to four times more likely to die giving birth than other women in this country. In Illinois, sadly, they are six times more likely to die.

The United States is one of only 13 countries in the world where the maternal mortality rate is worse now than it was 25 years ago. Instead of impaling ourselves politically on the issues that divide us, can we come together on an issue that could unite us: that we are going to do something in America to reduce the infant and maternal mortality, particularly among African Americans.

I have given a lot of thought to what we can do to try to bridge this racial divide to help women and babies of color. For the past two Congresses, I have introduced a bill with Illinois Congresswoman ROBIN KELLY called the MOMMA Act. The bill would expand Medicaid coverage for new moms from 60 days after birth to a full year postpartum to ensure adequate care after the child is delivered. The bill would also ensure implicit bias and cultural competency training for healthcare providers to help address health disparities in communities of color and increase access to doulas.

We are simply not doing enough to correct this injustice and save the lives of new moms and babies across the country. Instead, Senate Republicans are pushing two anti-choice bills this day that will do nothing—nothing—to help improve maternal and infant outcomes in America nor to help address racial disparities that currently exist. If they actually wanted to save and improve the lives of new moms and babies, they should consider passing legislation like the MOMMA Act, which I have just described. I am going to try to call this to the floor this afternoon. Wouldn't it be a breath of fresh air in the U.S. Senate if, on a bipartisan basis, we could agree to do something about this public health crisis affecting infants and mothers across America?

The fact that we rank so low in the world standings of safety when it comes to delivering a baby among African-American parents in this country is just unacceptable and unforgivable. Can we muster the courage to stop the political shootings here on the floor, this drive-by shooting of political issues, and instead address an issue which truly is a life-and-death matter that we all should agree on? The Republicans have a choice this afternoon to join me in this effort.

I am proud to stand here today and to honor Helen Dickens, the African-American doctor I described earlier who passed away in 2001. Her fierce advancement in the medical field helped pave the way for future doctors, particularly women of color, and led to important discoveries in women's health.

Today, much of what we know about the importance and effectiveness of an-

nual OB/GYN visits was influenced by Dr. Dickens' work. With a grant from the National Institutes of Health, she helped train general practitioners to give women the exams they need to note early detection of cervical and uterine cancer. In 1982, the University of Illinois honored Dr. Dickens with the Distinguished Alumni Award.

While the United States has a troubled past in addressing racial inequality, we need to learn from the mistakes of the past to ensure that all Americans receive the healthcare they deserve in the future.

Dr. Helen Dickens and many other African-American pioneers give me hope for a brighter future.

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. THUNE. 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. THUNE. Madam President, today we will vote on two pro-life bills: the Born-Alive Abortion Survivors Protection Act and the Pain-Capable Unborn Child Protection Act.

These bills should be completely uncontroversial. Every one of us in this Chamber ought to be able to agree that infants who are born alive during an abortion procedure should receive the same care that a baby born alive in a hospital would receive.

Every one of us ought to agree that, at the very least, we should not be aborting babies after the point that they can feel pain, but unfortunately the abortion extremism in the Democratic Party is such that it is unlikely that these two bills will even get a chance to be debated.

We shouldn't even need the Born-Alive Abortion Survivors Protection Act. It should be obvious that any baby born alive, wherever he or she is born, ought to receive care, but with more than one leading Democrat over the past year refusing to rule out infanticide, it has become clear that we need to underscore that being born alive in an abortion clinic instead of a hospital doesn't eliminate a baby's right to medical care.

Like the Born-Alive Abortion Survivors Protection Act, the Pain-Capable Unborn Child Protection Act should be a no-brainer. This legislation would ban abortions beginning in the sixth month of pregnancy, a point at which science has clearly demonstrated that the unborn child is able to feel pain—and not only able to feel pain. By this point in a pregnancy, approximately 20 weeks, babies are almost able to survive outside of their mothers. Babies have survived after being born at 25 weeks, at 24 weeks, at 23 weeks, and, like Ellie Schneider, who attended the State of the Union Address with her mom, at 21 weeks.

It is unthinkable that we are killing babies who are so far advanced that it is possible for them to survive outside of their mothers, but we are. In 2016, somewhere around 11,000 babies were aborted at or after the 21-week mark in pregnancy—11,000 in one year.

Democrats like to point to European countries to support their push for government-run healthcare and other socialist policies, but they never mention—they never mention—that almost every European country has more limits on abortion than we have here in the United States. In fact, the United States is one of just seven countries in the entire world that allow elective abortions after 20 weeks of pregnancy. Among the other countries are China and North Korea—not exactly the kind of company we want to be in when it comes to keeping and protecting human rights because—make no mistake—that is what we are talking about with abortion: human rights.

Abortion denies unique, individual human beings, with their own fingerprints and their own DNA, the most basic of human rights: the right to life. It is happening on a massive scale. Every year, in the United States alone, hundreds of thousands of irreplaceable human beings are killed by abortion. That is not some number that the pro-life movement has cooked up. That is straight. That is straight from the pro-abortion Guttmacher Institute, formerly affiliated with Planned Parenthood, which reports, “Approximately 862,320 abortions were performed in 2017”—862,320. Most of us can’t even fathom a number that big.

To put it in perspective, 862,000 is roughly equivalent to the population of the entire State of South Dakota, my home State. That is right. Think about that. In 2017 alone, the number of babies killed by abortion was roughly equivalent to the population of the entire State of South Dakota.

We can do better. Americans are better than this. Our country was founded to safeguard human rights, not to take them away. While we haven’t always lived up to that promise, we have never stopped trying. It is time for us, as a country, to stand up and to start protecting the rights of unborn human beings. The Born-Alive Abortion Survivors Protection Act and the Pain-Capable Unborn Child Protection Act will not stop all, or even most, abortions, but they are an important step, a chance for us, as Americans, to draw a line in the sand and to start standing up for the rights of babies who are able or nearly able to survive outside of their mothers. It is time for us to join the vast majority of the global community in prohibiting elective abortions past 20 weeks. It is time for us to make it clear that, no matter what some extreme Democrats may say, Americans believe that all children, whether born alive in a hospital or in an abortion clinic, deserve protection and basic medical care.

I hope my colleagues across the aisle will take a stand for human rights and

for human decency and allow debate to move forward on these two important pro-life bills.

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.

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

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

VOTE ON MOLLOY NOMINATION

The question is, Will the Senate advise and consent to the Molloy nomination?

Mrs. FISCHER. Madam President, 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 legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from Minnesota (Ms. KLOBUCHAR), the Senator from Vermont (Mr. SANDERS), and the Senator from Massachusetts (Ms. WARREN) are necessarily absent.

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

The result was announced—yeas 97, nays 0, as follows:

[Rollcall Vote No. 54 Ex.]

YEAS—97

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

NOT VOTING—3

Klobuchar Sanders Warren

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.

CLOTURE MOTION

The PRESIDING OFFICER. Pursuant to rule XXII, the Chair lays before the

Senate the pending cloture motion, which the clerk will state.

The legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Silvia Carreno-Coll, of Puerto Rico, to be United States District Judge for the District of Puerto Rico.

Mitch McConnell, Mike Crapo, Thom Tillis, Mike Rounds, Lamar Alexander, John Hoeven, Roger F. Wicker, Rob Portman, John Thune, Cindy Hyde-Smith, John Boozman, Tom Cotton, Chuck Grassley, Kevin Cramer, Steve Daines, Todd Young, John Cornyn.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call has been waived.

The question is, Is it the sense of the Senate that debate on the nomination of Silvia Carreno-Coll, of Puerto Rico, to be United States District Judge for the District of Puerto Rico, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The bill clerk called the roll.

Mr. DURBIN. I announce that the Senator from Minnesota (Ms. KLOBUCHAR), the Senator from Vermont (Mr. SANDERS), and the Senator from Massachusetts (Ms. WARREN) are necessarily absent.

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

The yeas and nays resulted—yeas 96, nays 1, as follows:

[Rollcall Vote No. 55 Ex.]

YEAS—96

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

NAYS—1

Hirono

NOT VOTING—3

Klobuchar Sanders Warren

The PRESIDING OFFICER. On this vote, the yeas are 96, the nays are 1.

The motion is agreed to.