

these questions, and today's hearing in the Judiciary Committee was the first step in getting the answers to those questions and hopefully corrective action.

Chairman GRAHAM has been clear that we will look at this investigation from all angles—covering the FISA abuses, unmasking requests, and the origins of both Crossfire Hurricane, and the appointment of special counsel.

The trove of declassified transcripts that recently were released by the House Intelligence Committee—actually, declassified by the Director of National Intelligence—only underscores the important need for oversight by the Senate and by the Congress. In reading these transcripts, which were taken in secret, in a secure facility, and only recently made public, I have been shocked at some of the statements made by former Obama administration officials.

Based on the way Chairman SCHIFF repeatedly claimed to have direct evidence, you would think these officials would provide the smoking gun to the committee. But no—witness after witness confirmed they had no evidence of collusion, coordination, or conspiracy between anyone in the Trump campaign and Russia. What did they do? They walked outside of that secure facility, and they spoke to the TV cameras assembled there, and they lied. They misrepresented what was said during that classified testimony.

This really begs the question: Why did this investigation begin and how, without evidence, did it last for nearly 2 years?

Additionally, I have a lot of questions about the sloppy and incomplete investigative work surrounding Crossfire Hurricane when it came to the use of something called a confidential human source.

Christopher Steele, former intelligence officer from the United Kingdom, was hired by Fusion GPS to do opposition research against the Trump campaign for the Hillary Clinton campaign. Yet, at the same time, he was considered by the FBI as a confidential human source.

Inspector General Horowitz's report makes clear Mr. Steele and his FBI handler did not even agree on the terms of their arrangement. Steele said: I am a businessman collecting information. The FBI said: Well, this is just between us, and you can't talk to the public, which he clearly did, and he did so at the same time he was supposed to be a confidential human source.

The FBI background check into Christopher Steele was so sloppy, they didn't even understand that his loyalties were not with the FBI and the U.S. Government, they were with his paymaster—Fusion GPS, his employer. That is one reason there were such inaccuracies throughout this investigation, including in the FISA applications.

So we need answers, and we need accountability. Based on what I have

seen so far, one conclusion is that there was a coordinated effort to manipulate our intelligence community and justice system for vindictive and biased purposes against a Presidential candidate and elected President of the United States. I realize that this is a grave and serious charge, but I think it is one conclusion you could draw based on what we know.

It is high time we learned the truth. If this kind of misbehavior and deception becomes routine, it will jeopardize important legal authorities that we rely on to protect our national security. It is counter to our values and is a direct blow to the foundation of our democracy.

I appreciate Chairman GRAHAM's prioritizing these oversight hearings. I know we have a lot of work to do in order to restore public confidence in our justice system as well as in our intelligence community—the people charged with protecting the American people. We need to learn what really happened so we can make sure this never ever, ever happens again.

I yield the floor.

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

Mr. CORNYN. 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 senior assistant legislative clerk called the roll.

Mr. THUNE. The following Senator is necessarily absent: the Senator from North Carolina (Mr. BURR).

Mr. DURBIN. I announce that the Senator from Minnesota (Ms. KLOBUCHAR), the Senator from Massachusetts (Mr. MARKEY), the Senator from Vermont (Mr. SANDERS), the Senator from Hawaii (Mr. SCHATZ), the Senator from Minnesota (Ms. SMITH), and the Senator from Montana (Mr. TESTER) are necessarily absent.

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

The result was announced—yeas 52, nays 41, as follows:

[Rollcall Vote No. 111 Ex.]

YEAS—52

Alexander	Gardner	Portman
Barraso	Graham	Risch
Blackburn	Grassley	Roberts
Blunt	Hawley	Romney
Boozman	Hoeven	Rounds
Braun	Hyde-Smith	Rubio
Capito	Inhofe	Sasse
Cassidy	Johnson	Scott (FL)
Collins	Kennedy	Scott (SC)
Cornyn	Lankford	Shelby
Cotton	Lee	Sullivan
Cramer	Loeffler	Thune
Crapo	McConnell	Tillis
Cruz	McSally	Toomey
Daines	Moran	Wicker
Enzi	Murkowski	Young
Ernst	Paul	
Fischer	Perdue	

NAYS—41

Baldwin	Gillibrand	Peters
Bennet	Harris	Reed
Blumenthal	Hassan	Rosen
Booker	Heinrich	Schumer
Brown	Hirono	Shaheen
Cantwell	Jones	Sinema
Cardin	Kaine	Stabenow
Carper	King	Udall
Casey	Leahy	Van Hollen
Coons	Manchin	Warner
Cortez Masto	Menendez	Warren
Duckworth	Merkley	Whitehouse
Durbin	Murphy	Wyden
Feinstein	Murray	

NOT VOTING—7

Burr	Sanders	Tester
Klobuchar	Schatz	
Markey	Smith	

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 actions.

The PRESIDING OFFICER. The Democratic whip.

IMMIGRANT HEALTHCARE HEROES

Mr. DURBIN. Mr. President, Americans owe a great debt of gratitude to the healthcare heroes on the frontlines of the fight against the COVID-19 virus.

Today I would like to spend a minute talking about one special group of those healthcare workers: immigrants.

Consider this: One out of every six healthcare and social service workers in America is an immigrant—3 million out of 18 million immigrants. They are playing a critical role in the battle against the pandemic. Yet our broken immigration laws do not allow many of them to fulfill their dreams of actually becoming Americans.

I have come to the floor today to tell the story of one of our immigrant healthcare heroes. I will continue to highlight these stories in the coming weeks. There has been so much negative publicity about immigrants. Yet, when you follow what is happening in hospitals across America—large and small, rural and urban—and so many times you ask “Doctor, where were you born?” you find they weren't born in the United States, but they came here to practice medicine, and now their work is saving lives every day.

I invite my colleagues and others to share stories from their own communities and their own States and to use the social media hashtag “Immigrant Health Heroes.”

Thousands of immigrant health workers are suffering because of a serious problem in our immigration system. It is called the green card backlog. If you are not in immigrant status, you may not know anything about it, but trust me, they do.

This backlog puts them and their families at risk of losing their immigration status, and it hinders their ability to join in the fight against COVID-19. Under current law, there are not nearly enough immigrant visas—also known as green cards—available each year. As a result, many immigrants in the United States are stuck

in crippling backlogs, not just for years but for decades. Close to 5 million future Americans—close to 5 million—are in line waiting for green cards. Hundreds of thousands are working in the United States on a temporary visa while many more are waiting abroad, separated from their American families.

Only 226,000 family green cards and 140,000 employment green cards are available each year. The backlogs are a real hardship on these families caught in immigration limbo. For example, children in many of these families age out and face deportation. While their parents are waiting for the green card, the child reaches the age where they are deported, at age 21.

The green card backlog includes thousands of doctors currently working in the United States on temporary visas. These doctors face many restrictions due to their temporary status, such as not being able to take shifts at hospitals in COVID-19 hotspots where they may be desperately needed.

The solution to the green card backlog is very clear: Increase the number of green cards.

In 2013, I joined a group of four Republicans and four Democrats who authored bipartisan comprehensive immigration reform legislation. Our bill, which passed the Senate on a strong bipartisan 68-to-32 vote, would have eliminated this green card backlog.

Last year I introduced the RELIEF Act, legislation based on the 2013 comprehensive immigration reform bill, which would clear the backlogs for all immigrants waiting in line for green cards within 5 years. I will keep fighting to help these immigrants here in the United States who simply want a chance to continue to serve this Nation.

Last month I joined with my colleagues—Senators PERDUE of Georgia, YOUNG of Indiana, CORNYN of Texas, COONS of Delaware, and LEAHY of Vermont—to introduce legislation to quickly address the plight of immigrant doctors and nurses stuck in this green card backlog.

This backlog poses a significant risk to our ability to effectively respond to this pandemic. Our bill, the Healthcare Workforce Resilience Act, is a temporary stopgap effort that will strengthen our healthcare workforce and improve healthcare for Americans in the midst of this national emergency.

Our bill would reallocate 25,000 unused immigrant visas for nurses and 15,000 unused immigrant visas for doctors. These are visas that Congress has previously authorized but were not used.

It is important to note that our bill requires employers to attest to a very important fact. They have to attest that immigrants from overseas who receive these visas will not displace an American worker. We want to ensure that the beneficiaries of this bill help build our workforce but not at the ex-

pense of those already here in the United States.

Our bill now has 13 Republican and 13 Democratic cosponsors and broad support from the medical community. As Congress works on the next legislation to address the COVID-19 pandemic, I am going to join my Republican colleagues and push for the Healthcare Workforce Resilience Act to be included.

Today, let me tell you the story of one immigrant healthcare worker stuck in this green card backlog waiting indefinitely, for years, and he would benefit from the Healthcare Workforce Resilience Act: Dr. Parth Mehta, born in India.

As a child, he was inspired to pursue a career in medicine by his grandfather, who worked as an assistant to a physician, and by his older sister, who is a surgeon.

Dr. Mehta came to the United States in the year 2004. He has been here 16 years. He obtained a master's in public health at Saint Xavier University in the city of Chicago. He then completed his residency in internal medicine at St. Joseph's Hospital in Chicago.

In 2010, 10 years ago, Dr. Mehta began working as a hospitalist at UnityPoint Health Methodist Medical Center in downstate Peoria, IL.

He sent me a letter, and here is what he says about being a doctor:

I feel that it is a great privilege to help people, comforting them, healing them, and making them better when they are most vulnerable.

Dr. Mehta lives in Peoria with his wife and his 10-year-old son and 4-year-old daughter, and he writes, in addition:

We have called Peoria home for 10 years now and we love our community here. We have bought a home here, built a career here, and we plan to stay in this community as long as we can.

Now Dr. Mehta is on the frontlines of the pandemic, treating COVID-19 patients. He was also selected as the principal investigator for a COVID-19 trial for which the hospital has applied, but unfortunately, Dr. Mehta is one of thousands of doctors who are stuck in this green card backlog. He has been on a temporary work visa for 13 years. He has been forced to renew his visa four times since he became a doctor. His green card petition was filed in 2011, but he will have to wait years and years and years before he receives a green card.

In the midst of this pandemic, Dr. Mehta's immigration status puts him at great risk. If, God forbid, he contracts COVID-19 and becomes disabled or dies, his family would immediately lose their immigration status and be forced to leave the United States.

Dr. Mehta has written goodbye letters to his wife and kids and prepared an emergency binder with all the necessary information for his family if he dies. To keep his family safe, Dr. Mehta has isolated himself by living in the basement of his home. He is espe-

cially worried about his wife, who has asthma. In March, she was diagnosed with pneumonia and was hospitalized for 10 days, including a stay in the intensive care unit.

Here is what Dr. Mehta wrote to me about this:

Seeing COVID patients, treating them, taking care of them, and saving their lives is part of my job, and I will never shy away from doing my job. But how is it fair that my family gets no protection if I die doing my job?

Dr. Mehta's story makes it clear why Congress needs to pass the Healthcare and Workforce Resilience Act. Under our bill, Dr. Mehta and thousands of others like him could receive their green cards. They and their families would get the permanent immigration status they deserve and be able to use their skills to serve on the frontlines of the pandemic, where they are needed most.

Don't put a sign in the window saying that you love healthcare workers, don't come out at 7 at night and beat on a pan to show that you care for healthcare workers and ignore the reality that this man in Peoria, IL, is risking his life every day to treat those patients, and we have written a law that says you are basically not welcome in the United States.

How can we say this to him, to thousands just like him, doctors and nurses who are really caring for the people we love and risking their own lives in the process?

It would be great, in these times of political division, if we could come together in this Congress to quickly aid these immigrant healthcare heroes.

The bill that I have introduced with Senator PERDUE, Senator YOUNG, and others is a step toward reality, toward realizing that people just like these make us a better nation and a stronger nation.

Dr. Mehta and his family, with all their fears, should know that there are many here in Congress, particularly here in the Senate, who want to move as quickly as possible and make sure that their lives are better because they have done so much to make the lives of others better.

I yield the floor.

The PRESIDING OFFICER. The Senator from Utah is recognized.

LEGISLATIVE SESSION

MORNING BUSINESS

Mr. LEE. Mr. President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

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

HONORING NATE LYDAY

Mr. LEE. Mr. President, it is with a very heavy heart that I stand today in