exporter. And just last year, even in the shadow of the Biden administration's War on Energy, the United States was the world's largest LNG exporter.

But this year, Russia has overtaken the United States in gas exports to the European market, and it might have something to do with a ban one of our former Democratic colleagues, Mary Landrieu, described as ''throwing a match in a bale of hay.'' We might describe the President's ban as a tremendous missed opportunity, but that would undersell the predictably disastrous consequences.

In the face of a dangerous world, the administration's obsession with performative climate policy is taking meaningful levers of American power simply off the table. For 3½ years, the Biden administration has worked relentlessly to suffocate American energy production, both onshore and offshore. And when Senate Republicans offered amendments to restore some modicum of sanity to the system for permitting and leasing new energy development, every single Senate Democrat stood behind the administration and voted no.

The first and longest suffering victims of Washington Democrats' War on American Energy are the American people. Historic inflation has already made insuring a car or filling up the tank more than 50 percent more expensive on President Biden's watch. But his administration wants to compound the pain with regulations that would put entire sectors of our economy in an even more serious bind.

Back in March, the Biden administration finalized a rule on vehicle emissions that would give manufacturers of work trucks and commercial vehicles until 2032 to turn 40 percent of their new stock into zero—zero—emission vehicles. In the case of the biggest long-haul tractor-trailers, this would effectively mean replacing a quarter of these vehicles with zero-emission vehicles that are not yet on the road. It doesn't take an expert to imagine the sort of shock waves this would send across America. Our economy simply cannot function without reliable large vehicles to get products to market—or the hard-working men and women who make a living driving them. We are talking about a rule that would supercharge inflation on delivery costs and shelf prices alike and a penalty that would hit hardest for those least able to afford it.

Unsurprisingly, this zeal for redtape extends beyond heavy-duty vehicles to every passenger car, SUV, and pickup truck. In 8 years, if the administration has its way, two of every three vehicles manufactured for American consumers will have to be electric vehicles.

Now, consumers have already made it abundantly clear that they don't want Washington bureaucrats telling them what car to drive, and major engines of our economy have joined together to take the Biden administration to court over all of this nonsense.

Folks in my home State of Kentucky are following this progress closely. I spoke recently with a car dealer from Richmond. When it comes to his livelihood, he doesn't mince any words. Here is what he had to say:

I don't want to be in court fighting a governmental agency. I just want to sell and service the cars and trucks that my customers want. . . . [R]ight now and for as long as I can see, my customers don't want vehicles that our government requires them to buy. They don't want vehicles that are not affordable, can't be reliably re-charged, and can't be depended upon to make the drive from Richmond to Lexington on a below zero midnight in January.

He also said:

The history and civics classes that I dearly loved did not prepare me for a country where executive action and career bureaucrats can create ''law'' and regulations that will put me out of business.

Boy, I can't top that. American workers and job creators are struggling to keep up with persistent—persistent—high prices, and all the Biden administration seems to be offering as consolation is more redtape.

The ACTING PRESIDENT pro tempore. The majority whip.

UNANIMOUS CONSENT REQUEST—EXECUTIVE CALENDAR

Mr. DURBIN. Madam President, I ask unanimous consent that the Chair execute the order of June 4, 2024, with respect to the Sullivan nomination and that the confirmation vote occur at 11:40 a.m.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

GLIOBLASTOMA

Mr. DURBIN. Madam President, I ask unanimous consent to have printed in the RECORD an article that appeared in the Chicago Tribune a year ago on May 3, 2023, be printed in the RECORD.

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

POWERFUL CHEMOTHERAPY DRUG REACHES BRAIN TUMORS USING NOVEL ULTRASOUND TECHNOLOGY

A major impediment to treating the deadly brain cancer glioblastoma has been that the most potent chemotherapy can't permeate the blood-brain barrier to reach the aggressive brain tumor.

But now Northwestern Medicine scientists report results of the first in-human clinical trial in which they used a novel, skull-implantable ultrasound device to open the blood-brain barrier and repeatedly permeate large, critical regions of the human brain to deliver chemotherapy that was injected intravenously.

The four-minute procedure to open the blood-brain barrier is performed with the patient awake, and patients go home after a few hours. The results show the treatment is safe and well tolerated, with some patients getting up to six cycles of treatment.

This is the first study to successfully quantify the effect of ultrasound-based blood-brain barrier opening on the concentrations of chemotherapy in the human brain. Opening the blood-brain barrier led to an approximately four- to six-fold increase in drug concentrations in the human brain, the results showed.

Scientists observed this increase with two different powerful chemotherapy drugs, paclitaxel and carboplatin. The drugs are not used to treat these patients because they do not cross blood-brain barrier in normal circumstances.

In addition, this is the first study to describe how quickly the blood-brain barrier closes after sonication. Most of the blood-brain barrier restoration happens in the first 30 to 60 minutes after sonication, the scientists discovered. The findings will allow optimization of the sequence of drug delivery and ultrasound activation to maximize the drug penetration into the human brain, the authors said.

''This is potentially a huge advance for glioblastoma patients,'' said lead investigator Dr. Adam Sonabend, an associate professor of neurological surgery at Northwestern University Feinberg School of Medicine and a Northwestern Medicine neurosurgeon.

Temozolomide, the current chemotherapy used for glioblastoma, does cross the blood-brain barrier, but is a weak drug, Sonabend said.

The paper was published May 2 in The Lancet Oncology.

The blood-brain barrier is a microscopic structure that shields the brain from the vast majority of circulating drugs. As a result, the repertoire of drugs that can be used to treat brain diseases is very limited. Patients with brain cancer cannot be treated with most drugs that are otherwise effective for cancer elsewhere in the body, as these do not cross the blood-brain barrier. Effective repurposing of drugs to treat brain pathology and cancer require their delivery to the brain.

In the past, studies that injected paclitaxel directly into the brain of patients with these tumors observed promising signs of efficacy, but the direct injection was associated with toxicity such as brain irritation and meningitis, Sonabend said.

BLOOD-BRAIN BARRIER RECLOSES AFTER AN HOUR

The scientists discovered that the use of ultrasound and microbubble-based opening of the blood-brain barrier is transient, and most of the blood-brain barrier integrity is restored within one hour after this procedure in humans.

''There is a critical time window after sonification when the brain is permeable to drugs circulating in the bloodstream,'' said Sonabend, also a member of the Robert H. Lurie Comprehensive Cancer Center of Northwestern University.

Previous human studies showed that the blood-brain barrier is completely restored 24 hours after brain sonication, and based on some animal studies, the field assumed that the blood-brain barrier is open for the first six hours or so. The Northwestern study shows that this time window might be shorter.

In another first, the study reports that using a novel skullimplantable grid of nine ultrasound emitters designed by French biotech company Carthera opens the blood-brain barrier in a volume of brain that is nine times larger than the initial device (a small single-ultrasound emitter implant). This is important because to be effective, this approach requires coverage of a large region of the brain adjacent to the cavity that remains in the brain after removal of glioblastoma tumors.

CLINICAL TRIAL FOR PATIENTS WITH RECURRENT GLIOBLASTOMA

The findings of the study are the basis for an ongoing phase 2 clinical trial the scientists are conducting for patients with recurrent glioblastoma. The objective of the

trial—in which participants receive a combination of paclitaxel and carboplatin delivered to their brain with the ultrasound technique—is to investigate whether this treatment prolongs survival of these patients. A combination of these two drugs is used in other cancers, which is the basis for combining them in the phase 2 trial.

In the phase 1 clinical trial reported in this paper, patients underwent surgery for resection of their tumors and implantation of the ultrasound device. They started treatment within a few weeks after the implantation.

Scientists escalated the dose of paclitaxel delivered every three weeks with the accompanying ultrasound-based blood-brain barrier opening. In subsets of patients, studies were performed during surgery to investigate the effect of this ultrasound device on drug concentrations. The blood-brain barrier was visualized and mapped in the operating room using a fluorescent dye called fluorescein and by MRI obtained after ultrasound therapy.

''While we have focused on brain cancer (for which there are approximately 30,000 gliomas in the U.S.), this opens the door to investigate novel drug-based treatments for millions of patients who suffer from various brain diseases,'' Sonabend said.

Other Northwestern authors include: A. Gould, C. Amidei, R. Ward, K. A. Schmidt, D.Y. Zhang, C. Gomez, J.F. Bebawy, B.P. Liu, I.B. Helenowski, R. V. Lukas, K. Dixit, P. Kumthekar, V. A. Arrieta. Lesniak, H. Zhang and R. Stupp.

The work is funded by the National Cancer Institute of the National Institutes of Health, the Lou and Jean Malnati Brain Tumor Institute of the Lurie Cancer Center and SPORE support from the Moceri Family Foundation and the Panattoni family.

Mr. DURBIN. Madam President, I am a liberal arts lawyer. I am not a doctor, and I am not a researcher. So when I get into these fields, I want to say the words I use very carefully, not to misstate what is clearly the case.

But this was an amazing article, which is entitled ''Device uses microbubbles to open blood-brain barrier to treat glioblastoma in humans.''

It is the story of Northwestern Medicine scientist Adam Sonabend:

[R]eport results of the first in-human clinical trial using a skull-implantable ultrasound device to open the blood-brain barrier and repeatedly permeate large, critical regions of the human brain.

To try to translate this into simple words, the blood-brain barrier is something I don't understand. When we take two beers and drink them, we can feel it, so the alcohol has permeated the blood-brain barrier. But in the ordinary course of events, it is, in fact, a barrier for chemicals to enter the brain.

Dr. Sonabend is finding a way to get beyond that barrier, and it is for the treatment of what is known as glioblastoma, brain cancer. We know that very well on a personal basis here in the U.S. Senate. We have lost John McCain to glioblastoma; Ted Kennedy to glioblastoma; one of our Democratic cloakroom staffers, Tim Mitchell, to glioblastoma; and Hunter Biden's brother, Beau Biden, died from glioblastoma.

Why? I am going to try to say this in simple words, and I hope I don't misstate it. Because when we discover the tumor, the first reaction is surgery to remove the tumor. And so you will see, with each of the people I have just mentioned, that experience take place. The tumor is removed, but unfortunately the chemotherapy that is common to stop cancerous tumors from emerging in the same area can't be used because of the blood-brain barrier. This barrier stops the application of the medicine. So the researchers are finding a way to get beyond that barrier to bring chemotherapy to the brain of those suffering from glioblastoma.

We lost the individuals that I mentioned earlier because the followup was so difficult because of this barrier. Now, that is as far as I can go in layman's terms explaining the situation, but the reason I raise that issue is because it is timely.

DREAMERS

The reason it is timely is the doctor who is heading up this research at Northwestern University is a Mexican immigrant to the United States. He has been here almost 10 years. He has a team of nine other doctors. They are all doing this research—critical NIH research—at Northwestern, and I am proud of the fact that they are doing it and doing it successfully.

The point I want to make is, the discussion of immigration here in the United States often is a discussion about fear and hate; that immigrants are somehow a threat to this country. Donald Trump has gone so far as to say they poison the blood of America.

Now, those sorts of bigoted, hateful statements have been used throughout history to condemn immigrants who—we have to be honest with ourselves: Go to your favorite hospital, wherever it may be. Take a look at the roster of physicians and surgeons that are going to treat you and your family—and you pray to God they are successful—and notice how many names that appear to be immigrants of this country. They probably are. And we should be proud of the fact that this Nation of immigrants invites people to bring their talents to the United States and to succeed.

Dr. Sonabend, coming to the United States from Mexico, is certainly welcome. I want him to stay and be successful—and his team as well. We need his immigrant talent as others will throughout our Nation's history. They are going to make a difference in the lives of a lot of individuals.

So when President Biden decides that he is going to open up immigration in the United States and give people an opportunity to live in this country and be part of its future, I say, as long as they go through a background check and we know that they are making a positive contribution, paying their taxes, and following the law, they are welcome here in the United States.

I say this with some prejudice. My mother was an immigrant to this country. Her son is a Senator from the State of Illinois. And that, I think, is an indication of what can happen to the sons and daughters of immigrants, given a chance. That is what America is all about.

Madam President, it has been more than 20 years since I decided to introduce a bill called the DREAM Act. This bipartisan legislation provides a pathway to citizenship for young immigrants who were brought to the United States as children. These young people who are known now as Dreamers grew up in the United States, went to school with our kids, pledged allegiance to the only flag that they have ever known. And poll after poll shows a vast majority of Americans believe they deserve a chance.

They didn't make their family's decision to come here; their family made the decision, and they grew up here. We support, on a bipartisan basis, giving Dreamers an opportunity to become American citizens. I am sorry that they were not expressly included in the President's proposal, but in one aspect they were.

Time after time, the DREAM Act has earned bipartisan support in Congress, only to ultimately be blocked by Republicans. Without congressional action, every day, Dreamers live in fear of their lives being uprooted by deportation.

Now, Dr. Sonabend is not a Dreamer. I don't make the mistake of equating that situation. But he is an immigrant. And the point I am trying to make is, immigrants can make valuable contributions to our lives.

When I started off on the DREAM Act, I introduced the bill, and there was a battle between me and Orrin Hatch. Madam President, you didn't get a chance to serve with him, but he was a Republican from Utah and proud of it, and he believed the DREAM Act was his first idea. I thought it was mine. But the majority at the time was Republican, and I said to Senator Hatch: You be the lead. It will be a Hatch-Durbin bill.

Well, over time, he decided that he didn't like the idea any further and dropped his sponsorship of the legislation, but I continued pressing forward with it.

Lucky for me, there was a former Republican Senator from Indiana named Richard Lugar, an extraordinarily good man. I asked him to appeal to President Barack Obama because they were personal friends, to use the President's Executive authority to help Dreamers.

Twelve years ago, President Obama answered this bipartisan call from Senator Lugar and myself, establishing the Deferred Action for Childhood Arrivals Program, better known as DACA. DACA is a form of the DREAM Act that has protected more than 830,000 young people from deportation. Many have gone on to serve our Nation as doctors, nurses, teachers, engineers, and first responders.

President Biden faces a dilemma similar to President Obama's. He has tried to work with Congress to fix the