Whereas General Dynamics Electric Boat, its talented workforce, and its Connecticut-based and nationwide network of suppliers have delivered more than 200 submarines from its current location in Groton, Connecticut, including the first nuclear-powered submarine, the USS NAUTILUS (SSN 571), and nearly half of the nuclear submarines ever built by the United States;

Whereas the Submarine Force Library and Museum, located adjacent to Naval Submarine Base New London in Groton, Connecticut, is the only submarine museum operated by the United States Navy and today serves as the primary repository for artifacts, documents, and photographs relating to the bold and courageous history of the Submarine Force and highlights as its core exhibit the Historic Ship NAUTILUS (SSN 571) following her retirement from service;

Whereas reflecting the close ties between Connecticut and the Navy that began with the gift of land that established the base, the State of Connecticut has set aside $40,000,000 in funding for critical infrastructure investments to support the mission of the base, including construction of a new dive locker building, expansion of the Submarine Learning Center, and modernization of energy infrastructure;

Whereas, on September 29, 2015, Connecticut Governor Dannel Malloy designated October 2015 through October 2016 as Connecticut's Submarine Century, a year-long observance that celebrates 100 years of submarine activity in Connecticut, including the Town of Groton's distinction as the Submarine Capital of the World, to coincide with the centennial anniversary of the establishment of Naval Submarine Base New London and the Naval Submarine School;

Whereas Naval Submarine Base New London still proudly proclaims its motto of ''The First and Finest''; and

Whereas Congressman Higgins' statement before Congress in 1912 that ''Connecticut stands ready, as she always has, to bear her part of the burdens of the national defense'' remains true today: Now, therefore, be it

Resolved, That the Senate—

(1) commends the longstanding dedication and contribution to the Navy and submarine force by the people of Connecticut, both through the initial deed of gift that established what would become Naval Submarine Base New London and through their ongoing commitment to support the mission of the base and the Navy personnel assigned to it;

(2) honors the submariners who have trained and served at Naval Submarine Base New London throughout its history in support of the Nation's security and undersea superiority;

(3) recognizes the contribution of the industry and workforce of Connecticut in designing, building, and sustaining the Navy's submarine fleet; and

(4) encourages the recognition of Connecticut's Submarine Century by Congress, the Navy, and the American people by honoring the contribution of the people of Connecticut to the defense of the United States and the important role of the submarine force in safeguarding the security of the United States for more than a century.

ORDERS FOR FRIDAY, FEBRUARY 12, 2016

Mr. MCCONNELL. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 10 a.m. tomorrow, Friday, February 12; that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, and the time for the two leaders be reserved for their use later in the day; further, that following leader remarks, the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

ORDER FOR ADJOURNMENT

Mr. MCCONNELL. If there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order, following the remarks of Senator MARKEY.

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

The Senator from Massachusetts.

NOMINATION OF ROBERT CALIFF

Mr. MARKEY. Mr. President, I am here to speak in opposition to the nomination of Dr. Robert Califf to be the head of the Food and Drug Administration.

I understand that Leader MCCONNELL has asked that cloture be filed on Dr. Califf's nomination. I understand that. I appreciate it. But we need to have a debate in this country on opioids. While I am disappointed that the majority leader is taking this step, I am committed to continuing to work on this issue, and using Dr. Robert Califf's nomination is the means by which we can have a debate here on the floor of the Senate on these issues.

(Mr. MCCONNELL assumed the Chair.)

I am here to speak about a public health epidemic that every year kills more people in the United States than gun violence or motor vehicle accidents. What does this epidemic look like? Well, it looks like this: Last year 30,000 Americans died of an opioid overdose. More than 1,300 of those were from my home State of Massachusetts. In the city of Brockton, MA, last month, in January, in the span of 48 hours, 40 people overdosed on opioids. I will say that again. In Brockton, in 48 hours, 40 people overdosed on opioids.

Between 2000 and 2013, the rate of death from heroin overdoses nearly quadrupled. The United States is less than 5 percent of the world's population, but we consume 80 percent of the world's opioid pain killers. Drug overdoses are increasing the death rates of young adults in the United States to levels not experienced since the AIDS epidemic more than 20 years ago. These skyrocketing death rates make these young adults the first generation since the time of the Vietnam war to experience higher death rates in early adulthood than the generation that preceded it.

Let's compare what we did as a nation when we confronted other deadly epidemics. A bipartisan majority in Congress funded more than $5 billion to respond to Ebola. We dispatched the medical community and public health experts. We built entire facilities to ensure we stopped the spread of the deadly virus. Today, the Obama administration is asking Congress for $1.8 billion in emergency funding to fight the Zika virus. Imagine if we applied the same commitment, the same urgency, the same level of resources to the prescription drug and heroin epidemic.

Yet, despite this raging epidemic, one would think the Food and Drug Administration—the agency responsible for the safety of all prescription drugs in the United States—would welcome every bit of expert advice it can get from doctors and other public health professionals. In fact, the FDA's own rules call for it to establish an independent advisory committee of experts to assist the agency when it considers a question that is controversial or of great public interest, such as whether to allow a new addictive prescription painkiller to be marketed in the United States. Instead, the FDA has put a sign in its window: No Help Wanted. That is what this nomination of Dr. Robert Califf is all about.

The FDA began turning its back on advisory committees in 2013 when an advisory panel to review the powerful opioid painkiller Zohydro voted 11 to 2 against recommending its approval. But the agency approved the drug anyway, overruling the concerns voiced by experienced physicians on the panel. Those experts criticized the agency for ignoring the growing epidemic fueled by OxyContin—the heavily abused prescription painkiller the FDA first approved back in 1995. They warned about the growing dangers of addiction, of abuse and dependence associated with this entire class of opioid painkillers. Justifiably, the FDA was lambasted for its decision to approve Zohydro by public health experts, doctors, Governors, and Members of Congress. But despite those warnings of the real-world dangers of abuse and dependence on these new, supercharged opioid painkillers, the FDA willfully blinded itself to the warning signs.

In 2014, in the wake of the Zohydro decision, the FDA twice skipped the advisory committee process altogether when it approved the new prescription opioids Targiniq and Hysingla.

Then, in August of 2015, the FDA did it again, this time by bypassing an advisory committee on the question of a new use for OxyContin for children aged 11 to 16. This time the FDA even ignored its own rules that specifically call for advisory committee advice when a question of ''pediatric dosing'' is involved.

At this point, it became clear that the FDA was intentionally choosing to forgo an advisory committee in order to avoid another overwhelming vote recommending against approval of a prescription opioid. And why did they do it? Well, because the FDA would then have had to ignore yet another group of experts in order to continue

its relentless march to put more drugs on the market.

With the OxyContin-for-kids decision, the FDA's reckless attitude toward expert advice on drug safety went too far. Children whose brains are not yet fully developed are especially vulnerable to drug dependency and abuse. Yet the agency focused its so-called safety analysis only on concerns about proper dosing, saying that it needed to tell doctors the proper doses for children who needed the drug. That is just plain wrong. We use experts to determine if child car seats are safe, if toothpaste is safe, and if vaccines are safe. We should also use experts to determine if those opioid painkillers are safe for the children in the United States of America.

We need to immediately reform the Food and Drug Administration's opioid approval process if we want to stop this epidemic of prescription drug and heroin addiction in the United States.

When I placed a hold on the nomination of Dr. Califf to head the FDA, I called on the FDA to commit to convening an advisory panel of outside experts for every single opioid approval question it reviewed. Here is how the FDA responded: It responded by committing to convene outside experts but only for opioids that are not abuse-deterrent. Let's be clear. I want everyone in this Chamber to understand this: ''Abuse-deterrent opioid'' is an oxymoron, like ''jumbo shrimp'' or ''congressional expert.'' There is no such thing. When we hear the term ''abuse-deterrent,'' think of pills that are tamper-resistant. They are supposed to be difficult to crush or chew or cut open or tamper with. But nothing about abuse-deterrent opioid prevents addiction. There is no such thing as abuse deterrence if you are suffering from addiction and have access to the Internet, where you can find out just how easy these painkillers are to manipulate and abuse. Whether an opioid is abuse-deterrent or not hasn't prevented tens of thousands of people who have had their wisdom teeth extracted or experienced lower back pain from getting addicted to these painkillers.

By refusing to convene advisory committees to reform all of its opioid approval decisions, the FDA continues to ignore outside experts who could help stem the tide of tragic deaths and overdoses plaguing this country.

This all started back with the FDA's 1995 approval of the original OxyContin—the moment in history that is widely recognized as the starting point for the prescription opioid and heroin overdose epidemic in the United States. It started with the FDA. The FDA approved the original version of OxyContin—an extended-release opioid—believing that it ''would result in less abuse potential, since the drug would be absorbed slowly and there would not be an immediate 'rush' or high that would promote abuse.'' Since then, the claims that opioid is abuse-deterrent have time and again proven oxymoronic.

FDA's own guidelines recognize the inherent contradiction in the term ''abuse-deterrent,'' explaining:

> It should be noted that [abuse-deterrent] technologies have not yet been proven successful at deterring the most common form of abuse—swallowing a number of intact capsules or tablets to achieve a feeling of euphoria. Moreover, the fact that a product has abuse-deterrent properties does not mean there is no risk of abuse.

That is from the FDA's own guidelines.

In many cases, the FDA approved so-called abuse-deterrent opioids despite warnings from the medical community about the potential for abuse. And when it wasn't turning a blind eye to the warnings of experts, the FDA simply didn't engage them at all in approval of opioids with abuse-deterrent properties. With numerous approvals of so-called abuse-deterrent opioids since 2010, the agency convened advisory committees for less than half of them.

This issue of abuse deterrence is not a hypothetical concern. The new policy announced by the FDA would not have guaranteed an advisory panel for the OxyContin that is on the market today and being sold in tens of millions of doses or for the other recently approved opioids that have raised serious concerns from public health and medical experts from around our country. The FDA is attempting to set up a system where nothing really changes.

We will not solve the prescription drug crisis with an FDA that operates with business as usual and continues to turn its back to external experts. The FDA needs to welcome outside expert advice and must convene expert advisory panels for all opioid approval decisions, period. Until the FDA makes that commitment, I am going to continue to raise my voice in opposition to the nomination of Dr. Califf.

This is an issue that is central in our country. The terrorist phone call that families in America are afraid of getting is not one from overseas; it is that a member of their family has fallen victim to this prescription drug opioid crisis. It is in every city, every town in our country. We have seen a quadrupling of the number of heroin deaths in our country in the last 13 years, and 80 percent of them started with OxyContin, with Percocet, with one of these prescription drugs.

We need the FDA to do the right thing, and until they do, we need to debate out here on the floor what the responsibilities will be of this new FDA Commissioner, because they have been unwilling to change their policy. Until they do, these people and communities all across our country are going to be helpless. They are going to be helpless because families think that if a bottle is given to them by an expert, they can trust it. And when their children die—when their children die—they ask themselves the question: Could I have done more? It starts with the FDA. It starts with MEA, mandatory education for physicians. It starts there. If we don't do this, then those families are still going to be having the same result year after year after year.

I thank the majority leader for sitting and hearing my objections. The majority leader and I have had many conversations about this subject, and I know of his deep concern on this issue. I think this is something that can be corrected. I hope it can be corrected. It must be corrected.

I thank the majority leader for staying to hear my presentation.

I yield the floor.

ADJOURNMENT UNTIL 10 A.M. TOMORROW

The PRESIDING OFFICER. The Senate stands adjourned until 10 a.m. tomorrow.

Thereupon, the Senate, at 6:21 p.m., adjourned until Friday, February 12, 2016, at 10 a.m.

NOMINATIONS

Executive nominations received by the Senate:

THE JUDICIARY

ABDUL K. KALLON, OF ALABAMA, TO BE UNITED STATES CIRCUIT JUDGE FOR THE ELEVENTH CIRCUIT, VICE JOEL F. DUBINA, RETIRED.

DEPARTMENT OF EDUCATION

JOHN B. KING, OF NEW YORK, TO BE SECRETARY OF EDUCATION, VICE ARNE DUNCAN.

CONFIRMATIONS

Executive nominations confirmed by the Senate February 11, 2016:

THE JUDICIARY

LEONARD TERRY STRAND, OF SOUTH DAKOTA, TO BE UNITED STATES DISTRICT JUDGE FOR THE NORTHERN DISTRICT OF IOWA.

FOREIGN SERVICE

FOREIGN SERVICE NOMINATION OF CHRISTOPHER NAIRN STEEL.

FOREIGN SERVICE NOMINATIONS BEGINNING WITH CHRISTOPHER ALEXANDER AND ENDING WITH TIPTEN TROIDL, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON SEPTEMBER 10, 2015.

FOREIGN SERVICE NOMINATIONS BEGINNING WITH VIRGINIA LYNN BENNETT AND ENDING WITH SUSAN M. CLEARY, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON JANUARY 19, 2016.

MILLENNIUM CHALLENGE CORPORATION

MORTON H. HALPERIN, OF THE DISTRICT OF COLUMBIA, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE MILLENNIUM CHALLENGE CORPORATION FOR A TERM OF TWO YEARS.

MICHAEL O. JOHANNS, OF NEBRASKA, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE MILLENNIUM CHALLENGE CORPORATION FOR A TERM OF THREE YEARS.