

here at home during this pandemic. Humanitarian programs, like the Safe from the Start program which I have strongly advocated for, supports surges in rapid deployment of senior gender advisors to at-risk communities during humanitarian emergencies. This type of programming seeks to mitigate gender-based violence and develop ways to include women in decision-making processes. With that, I am proud to have spearheaded my bipartisan legislation Safe from the Start Act (H.R. 4092)—to codify this critical program.

Madam Speaker, American leadership is critical in the global fight against COVID-19; without it, this global health crisis will continue to devastate countries around the world and rebound back to our shores.

AMERICA'S GLOBAL LEADERSHIP
DURING COVID-19

HON. ILHAN OMAR

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 28, 2020

Ms. OMAR. Madam Speaker, I rise today to join my colleagues from both sides of the aisle in recognizing the need for the United States to take clear, decisive leadership in a genuinely global collaboration to confront the threat COVID-19.

The threat of COVID-19 is truly global—the virus does not understand borders or nationalities. Until and unless the virus is contained everywhere on Earth, it is not truly contained anywhere. The United States leads whether through action or inaction. We have a responsibility both morally and to our own national security to coordinate an international response to COVID-19 that meets the enormous challenge it presents. It is a sad state of affairs that this White House has preferred transparently political international squabbles to the type of American leadership the world is counting on.

In Congress, we have been understandably focused on our districts and our constituents, who are facing job losses, evictions, and the closing of their small businesses. We have needed to ensure that our health care professionals have access to the equipment that they need, and that our constituents abroad could be safely returned home.

And as we know today that there is still much to do on the homefront, the threat of COVID-19 in the rest of the world is incredibly grave. The Central African Republic has three ventilators in the entire country. In Somalia, there are 15 ICU beds total. Millions of refugees who have already fled unspeakable brutality and violence now live in camps where social distancing is impossible, and there isn't clean water to wash their hands every time they've touched a potentially contaminated surface. In Yemen, where conflict has already decimated infrastructure and public health, the confirmed cases of COVID-19 cast yet another long shadow on a long-suffering population. From Gaza to Guatemala, and from Lagos to Lahore, the toll of this disease could reach levels still unthinkable.

It is also important that we remember that it is women who are on the front lines, making up 70% of global health workers. The United States must stand in solidarity with these women and other healthcare workers and be

a global leader in ensuring there is funding so that they have supplies and infrastructure to do their jobs and the long-term support to address mental and physical health issues as a result of their response to the COVID-19 pandemic.

Not only are women impacted as health workers by health systems being overwhelmed by the pandemic, but women and girls are also facing new and exacerbated barriers in access to services, particularly sexual and reproductive health and gender-based violence prevention and response services, services that are essential. Pre-existing barriers to essential health services are exacerbated as overwhelmed health systems shift their attention solely to COVID-19 response. Experience has shown us that access to sexual and reproductive health care is critical in a pandemic. During the Ebola crisis in Sierra Leone, reduced access to reproductive healthcare is estimated to have caused at least as many deaths as Ebola itself.

We must not turn our back on the world. We must put aside our grievances and work toward the common good, to find a common solution. This pandemic is clear, tragic evidence that the outlook that favors international cooperation over isolationism, institutions over improvisation, is not just more moral but safer. Just as the ravages of this terrible disease know no borders, neither must the cure. Our national interest and our moral duty are one and the same. Now is the time. It is clearer now than ever that our destinies are linked, and that we are all in this together.

AMERICA'S GLOBAL LEADERSHIP
DURING COVID-19

HON. ROSA L. DeLAURO

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 28, 2020

Ms. DELAURO. Madam Speaker, I am honored to add my voice to this important special order. Let me commend my colleagues, Congressmen AMI BERA and TED YOHO for their leadership on global health.

As a global leader in the international community, the United States has a duty to support global health. No one can match our resources, our talent, our infrastructure.

As chair of the Labor, Health and Human Services, and Education Appropriations Subcommittee, I am proud to fight for global health. And, I am proud that in the congressional relief packages we have passed to help support the health and economic wellbeing of our families and working people, we secured vital dollars for global health. In total, at least \$800 million. This funding is critical because if we stop outbreaks abroad, we prevent outbreaks in the United States.

But, our work for global health cannot stop once we stop this pandemic.

Let us not lapse in complacency. Instead, let us honor the sacrifice of those frontline workers fighting to save our humanity, the courage of those overcoming this illness, and the grief of those who have said goodbye too soon.

Let us invest in global health. Otherwise, we risk American health.

So, once again, I want to thank my colleagues for their leadership in raising this im-

portant issue. Let us keep fighting this virus. Let us win this battle. And let us make sure investing in global health is always an American priority.

AMERICA'S GLOBAL LEADERSHIP
DURING COVID-19

HON. JASON CROW

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 28, 2020

Mr. CROW. Madam Speaker, I would like to thank Representatives YOHO and BERA for their leadership in hosting this special order during a particularly difficult period not only for the United States, but the whole world.

With more than 3 million confirmed cases across 185 countries, the COVID-19 pandemic has demonstrated that infectious diseases know no borders. They thrive on inequality and exacerbate societal schisms. The only proven way to avert an unchecked humanitarian disaster is through a united, global response.

During times of crisis, it has been the United States that has stepped into the void to provide a path forward. This is a global moment that requires the mantle of bold leadership that our nation has assumed in the past. The path toward overcoming the specter of COVID-19 lies not in xenophobia and isolationism, but rather an embrace of a coordinated international response.

It demands we chart a course for global health that extends beyond the urgency of this moment into the future; so that we are prepared for whatever challenges lie beyond the horizon. This effort requires a multipronged approach to global health programs that the United States has the capacity and the scientific expertise to lead.

First, we must help developing countries to improve their ability to more effectively combat disease. This pandemic has proven once again that our health security is only as strong as the international community.

Second, we must recommit to helping the tens of millions of people fleeing war, persecution, and hardship around the world. Refugees already suffer from food insecurity and are uniquely vulnerable to the devastation of a virus like COVID-19.

And third, we must empower Americans serving on the frontlines as we grapple with the pandemic. That means providing our diplomats, aid personnel, and servicemembers with the resources they need to maintain their global operations and provide emergency relief for millions of people around the world.

We are strongest when we are united with our allies against a common foe, and there is no more ubiquitous enemy than the scourge of a pandemic. This is a moment when the world needs American leadership. That is why I call on my colleagues to support increased funding for the Department of State, USAID, and other federal agencies providing essential international COVID-19 relief. I am also calling on the Administration to work closely with our international partners and organizations to develop a comprehensive path forward to respond to COVID-19 and provide for our health security in the future.

AMERICA'S GLOBAL LEADERSHIP
DURING COVID-19**HON. MICHAEL T. MCCAUL**

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 28, 2020

Mr. MCCAUL. Madam Speaker, while we must continue to focus on flattening the curve and supporting struggling Americans here at home, we must also help combat the spread of COVID-19 abroad. The pandemic is just beginning in many developing countries in the Middle East, Africa, and Latin America. It is not hard to imagine a worst-case scenario as COVID-19 ravages these fragile nations, particularly in areas already plagued by conflict and extremism. The destabilizing impact that the virus will have on economies, government institutions, and communities is deeply concerning.

This is a global pandemic, and the work that we do overseas makes us safer here at home, too, as this virus continues to spread. Since the outbreak began, the U.S. has provided \$775 million to over 100 countries around the world to combat the spread of COVID-19. This commitment builds on over two decades of sustained U.S. leadership and investment to strengthen health systems and respond to infectious disease outbreaks. In addition, according to the State Department, the American people, NGOs, faith groups, and the private sector have also stepped up to provide an estimated \$3 billion in donations and assistance to save lives around the world.

However, we must ensure that these vital resources are used as effectively and efficiently, as possible. Unfortunately, the Chinese Communist Party continues to cover up their culpability—withholding test samples, lying about mortality rates, and suppressing doctors and journalists from covering the facts and ultimately undermining the global response. I support the Trump administration's efforts to insist on transparency and accountability. This includes accountability at the World Health Organization, which failed to immediately and effectively respond to this global pandemic. We cannot allow taxpayer resources to go toward organizations that were complicit in this cover up until there is accountability.

Our assistance must not only consider the short-term needs of vulnerable populations and our partners overseas, but also longer-term recovery efforts to generate economic growth and opportunity. In this unpredictable time, authoritarian regimes, terrorist groups, and hostile nation states will try to take advantage of the chaos for strategic gains. The Chinese Communist Party, acting as both the arsonist and the firefighter, is leveraging this pandemic to project their power and influence through economic dependencies created by their Belt and Road Initiative (BRI). As African nations cry out for much-needed debt relief from China's predatory BRI lending, reports are already emerging that China is seeking to condition relief on the handover of strategic assets, such as copper mining assets in Zambia.

We must consider the follow-on shocks of COVID-19—on nascent democracies, counterterrorism operations, refugee camps, vaccination campaigns, education systems, food security, and nutrition interventions—as

existing humanitarian crises, security threats, and development challenges are compounded and exacerbated. The U.S. must be strategic in our investments and adapt and prioritize our assistance to prevent further destabilization and conflict in the wake of COVID-19. Otherwise, the cost, in both lives and foreign assistance dollars will be exponential in the long run.

I applaud Representative YOHO and Representative BERA for organizing this special order and for working across the aisle to address this crucial issue. I would also like to thank the frontline healthcare workers, both in my district and around the world, for their life-saving work. Finally, I would like to thank the NGO community and the U.S. Global Leadership Coalition for their leadership and advocacy.

COVID-19 LANGUAGE ACCESS ACT

HON. GRACE MENG

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 28, 2020

Ms. MENG. Madam Speaker, I rise to highlight the critical need for translated COVID-19 outreach materials during this pandemic response. We must ensure that language barriers do not prevent individuals from accessing vital and potentially life-saving information.

No one must be left in the dark. Each of us must do our part to overcome this unprecedented public health crisis. And yet, there are over 25 million people across our nation who have limited English proficiency.

That is why I introduced the COVID-19 Language Access Act, which would require any federal agency that receives coronavirus-related funding to provide COVID-19 written resources to the public in 19 languages: Spanish, Arabic, Cambodian, Chinese, Haitian Creole, French, Hindi, Italian, Japanese, Korean, Laotian, Russian, Tagalog, Urdu, Vietnamese, Greek, Polish, Thai, and Portuguese. These selected languages are based on the languages required in the Federal Emergency Management Agency's Language Access Plan for Disaster Assistance.

The CDC already provides language accessibility telephone services in 16 languages and some COVID-19-related material in up to 14 languages. Additionally, the CARES Act requires the SBA to provide resources in 10 languages.

Madam Speaker, fighting this pandemic requires the collaboration of everyone. But to do so, we must eliminate any language barrier for our constituents, so that they are best prepared, informed, and ready to fight against this pandemic. I urge my colleagues to support this legislation.

RECOGNIZING THE OUTSTANDING
ACCOMPLISHMENTS OF MR.
PETER KLEIN**HON. TOM MALINOWSKI**

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 28, 2020

Mr. MALINOWSKI. Madam Speaker, I rise today to recognize the Peter Klein, a World

War II veteran and beloved member of the VFW Post No. 335 in Cranford, NJ.

Mr. Klein is typical of his war time generation. He is soft-spoken, and self-effacing, never bringing up his wartime experiences unless you broach the subject first. Even then, his humility is an obstacle you must overcome to get him to truly discuss his history, and history is what he does indeed possess.

In World War Two, Peter Klein was a military trained medic. He was armed in battle with only his modest medical kit and the knowledge he was taught on how to give first aid and comfort to those down on the battlefield of war. His very first opportunity to put his expertise to use was a significant one. Mr. Klein was in the third wave of the D-Day invasion at Omaha Beach, on June 6, 1944. Rushing off the landing craft, he soon found himself knee deep in sand tending to those boys who had fallen while machine gun bursts flew above his head.

As if D-Day wasn't enough, he went on to see action during the frigid Battle of the Bulge and Hurtgen Forest, in Germany as well. These were two of most significant events of the latter stages of the war. Mr. Klein undoubtedly did his part in fulfilling his obligations to the country he loves.

Coming home after the war, Mr. Klein found work as a mason and building inspector, raising a fine family in the town of Cranford, NJ. His wife passed a few years ago and he will tell you his life will never be the same. He still visits the VFW Post in Cranford on a weekly basis, "shooting the breeze" with his veteran buddies and enjoying his 97th year of life. To the men and women of the VFW post No. 335, he has always been and will always be their "Pete," a very special veteran.

Madam Speaker, please join me today in recognizing the extraordinary accomplishments of Peter Klein.

INTRODUCTION OF THE HEALTH
EQUITY AND ACCOUNTABILITY
ACT OF 2020**HON. JESÚS G. "CHUY" GARCÍA**

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 28, 2020

Mr. GARCÍA of Illinois. Madam Speaker, I rise to introduce the Health Equity and Accountability Act of 2020.

The coronavirus (COVID-19) pandemic is disproportionately affecting communities of color—including Latino, African American, and Asian American communities—who already face exacerbated risk factors for health inequities. This unprecedented public health crisis underscores the health disparities and racial inequities that have existed in the U.S. health care system for many years. Most importantly, it points to the need to implement a comprehensive and strategic plan to improve the health and well-being of communities of color through a health equity perspective, which the Health Equity Accountability Act (HEAA) puts forth.

HEAA 2020 provides critical federal resources and establishes policies and infrastructure to eliminate long-standing health inequities. It would improve data collection and reporting, expand access to health care, build more robust telehealth systems, implement