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WASHINGTON, TUESDAY, APRIL 28, 2020

No. 80

Senate

The Senate was not in session today. Its next meeting will be held on Thursday, April 30, 2020, at 1 p.m.

House of Representatives

TUESDAY, APRIL 28, 2020

The House met at 9 a.m. and was called to order by the Speaker pro tempore (Mr. BROWN of Maryland).

DESIGNATION OF THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

HOUSE OF REPRESENTATIVES,
Washington, DC, April 28, 2020.

I hereby appoint the Honorable ANTHONY G. BROWN to act as Speaker pro tempore on this day.

NANCY PELOSI,
Speaker of the House of Representatives.

PRAYER

The Chaplain, the Reverend Patrick J. Conroy, offered the following prayer: Compassionate God, thank You for giving us another day.

As the House remains silent, we ask Your blessing on our Nation as the assistance provided by Congress begins to be distributed. Impel those charged with the management of these funds to proceed with the wisdom of Solomon.

In the weeks to come, please inspire those scientists and technicians whose years of training and skill development have now come to the test of trying times. The world hopes for a lifesaving medical breakthrough in the ongoing fight against the coronavirus. Help us to place our faith and trust that You are with these generous men and women.

Continue to bless those whose life's work is in service to public safety, be it

police, medical caregivers, and those producing and delivering our daily necessities.

May everything done this day be for Your greater honor and glory.
Amen.

THE JOURNAL

The SPEAKER pro tempore. Pursuant to section 7(a) of House Resolution 891, the Journal of the last day's proceedings is approved.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from Maryland (Mr. HARRIS) come forward and lead the House in the Pledge of Allegiance.

Mr. HARRIS led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

ADJOURNMENT

The SPEAKER pro tempore. Pursuant to section 7(b) of House Resolution 891, the House stands adjourned until noon on Friday, May 1, 2020.

Thereupon (at 9 o'clock and 3 minutes a.m.), under its previous order, the House adjourned until Friday, May 1, 2020, at noon.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

4262. A communication from the President of the United States, transmitting a designation of funding as an emergency requirement all funding so designated by the Congress, pursuant to Public Law 116-6, Sec. 7058(d)(5); (133 Stat. 374) (H. Doc. No. 116-118); to the Committee on Appropriations and ordered to be printed.

4263. A letter from the Director, Office of Legislative Affairs, Federal Deposit Insurance Corporation, transmitting the Corporation's Major interim final rule — Regulatory Capital Rule: Revised Transition of the Current Expected Credit Losses Methodology for Allowances (RIN: 3064-AF42) received April 22, 2020, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Financial Services.

4264. A letter from the Director, Office of Legislative Affairs, Federal Deposit Insurance Corporation, transmitting the Corporation's Major interim final rule — Regulatory Capital Rule: Money Market Mutual Fund Liquidity Facility (RIN: 3064-AF41) received April 22, 2020, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Financial Services.

4265. A letter from the Compliance Specialist, Wage and Hour Division, Department of Labor, transmitting the Department's Major temporary rule — Paid Leave Under the Families First Coronavirus Response Act; Correction (RIN: 1235-AA35) received April 23, 2020, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Education and Labor.

4266. A letter from the Director, Regulations Policy and Management Staff, Food and Drug Administration, Department of

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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Health and Human Services, transmitting the Department's Major final rule — Tobacco Products; Required Warnings for Cigarette Packages and Advertisements [Docket No.: FDA-2019-N-3065] (RIN: 0910-AI39) received April 23, 2020, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

4267. A letter from the Program Analyst, National Highway Traffic Safety Administration, Department of Transportation, Environmental Protection Agency, transmitting the Department's Major final rule — The Safer Affordable Fuel-Efficient (SAFE) Vehicles Rule for Model Years 2021-2026 Passenger Cars and Light Trucks [NHTSA-2018-0067; EPA-HQ-OAR-2018-0283; FRL 10000-45-OAR] (RIN: 2127-AL76) (RIN: 2060-AU09) received April 17, 2020, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

4268. A letter from the Chief Justice, Supreme Court of the United States, transmitting amendments to the Federal Rules of Appellate Procedure, pursuant to 2072 U.S.C. 28 (H. Doc. No. 116—119); to the Committee on the Judiciary and ordered to be printed.

4269. A letter from the United States Trade Representative, Executive Office of the President, transmitting notification to Congress that it has been determined that Canada and Mexico have taken measures necessary to comply with provisions in the Bipartisan Congressional Trade Priorities and Accountability Act of 2015, pursuant to 19 U.S.C. 4205(a)(1)(G); Public Law 114-26, Sec. 106(a)(1)(G); (129 Stat. 350); to the Committee on Ways and Means.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. YARMUTH (for himself, Mrs. LOWEY, and Mrs. CAROLYN B. MALONEY of New York):

H.R. 6628. A bill to amend the Congressional Budget and Impoundment Control Act of 1974 to strengthen congressional control and review, and for other purposes; to the Committee on the Budget, and in addition to the Committees on Oversight and Reform, Transportation and Infrastructure, Rules, Foreign Affairs, Ways and Means, and the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. HUIZENGA:

H.R. 6629. A bill to provide a payroll tax credit to employers for employee bonuses; to the Committee on Ways and Means.

By Mr. STAUBER (for himself, Mr. GOSAR, and Mr. YOUNG):

H.R. 6630. A bill to amend the Internal Revenue Code of 1986 to provide an additional deduction for the cost of certain materials purchased directly from a domestic smelter or processor; to the Committee on Ways and Means.

By Ms. STEVENS (for herself and Mr. PAPPAS):

H.R. 6631. A bill to direct the Secretary of Labor to establish an interagency task force on worker protection from COVID-19, and for other purposes; to the Committee on Education and Labor.

By Mr. SOTO (for himself, Mrs. HAYES, Ms. NORTON, Ms. WILSON of Florida, Ms. CASTOR of Florida, Mr. COHEN, Mr. CÁRDENAS, Mr. COURTNEY, Mr. BLUMENAUER, and Mrs. LURIA):

H.R. 6632. A bill to amend the CARES Act to provide for repayment terms for mortgages in forbearance, and for other purposes; to the Committee on Financial Services.

By Mr. WEXTON (for herself, Ms. WASSERMAN SCHULTZ, Mrs. HAYES, Mr. GRIJALVA, Mr. THOMPSON of Mississippi, Mr. HASTINGS, Mrs. CAROLYN B. MALONEY of New York, Ms. NORTON, Ms. ESCOBAR, Ms. MUCARSEL-POWELL, Mr. LYNCH, Ms. SEWELL of Alabama, Mr. LARSON of Connecticut, Mr. SOTO, Mr. COX of California, Mrs. BEATTY, Mr. BROWN of Maryland, Mr. MCGOVERN, Ms. PORTER, Ms. KUSTER of New Hampshire, Miss GONZÁLEZ-COLÓN of Puerto Rico, Ms. SPANBERGER, Mr. PRICE of North Carolina, Mr. CARSON of Indiana, Mr. DANNY K. DAVIS of Illinois, Mr. SMITH of Washington, and Mr. HECK):

H.R. 6633. A bill to require the Attorney General to issue guidance to law enforcement agencies as they respond to increased levels of domestic violence during the COVID-19 public health emergency, and for other purposes; to the Committee on the Judiciary.

By Mrs. AXNE:

H.R. 6634. A bill to amend title XI of the Social Security Act to ensure the extension of the telehealth waiver authority of the Secretary of Health and Human Services to physical therapists, occupational therapists, speech language-pathologists, and certain other providers; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. BIGGS (for himself and Mr. GALLAGHER):

H.R. 6635. A bill to require that each bill enacted by Congress be limited to only one subject and for other purposes; to the Committee on the Judiciary.

By Ms. BONAMICI (for herself, Mr. YOUNG, Mr. HUFFMAN, Miss GONZÁLEZ-COLÓN of Puerto Rico, Mr. NEGUSE, Mr. CASE, Mrs. DINGELL, and Mr. COX of California):

H.R. 6636. A bill to amend the National Defense Authorization Act for Fiscal Year 2017 to address sexual harassment involving National Oceanic and Atmospheric Administration personnel, and for other purposes; to the Committee on Natural Resources.

By Mr. GARCÍA of Illinois (for himself, Ms. PRESSLEY, Ms. JUDY CHU of California, Mr. RICHMOND, Mr. ESPAILLAT, Mr. VELA, Mr. VARGAS, Ms. BARRAGÁN, Ms. ROYBAL-ALLARD, Mr. SOTO, Ms. TLAIB, Mr. HIGGINS of New York, Mr. HUFFMAN, Mr. GREEN of Texas, Ms. NORTON, Ms. GARCIA of Texas, Mr. TAKANO, Mr. SERRANO, Ms. JACKSON LEE, Mrs. BEATTY, Mr. BISHOP of Georgia, Mr. THOMPSON of Mississippi, Mr. LEWIS, Ms. WILSON of Florida, Ms. SEWELL of Alabama, Mr. GOMEZ, Ms. MOORE, Mr. CARSON of Indiana, Ms. LEE of California, Mrs. DAVIS of California, Mr. SABLÁN, Mrs. HAYES, Mrs. NAPOLITANO, Ms. BONAMICI, Ms. CLARKE of New York, Ms. KELLY of Illinois, Mrs. WATSON COLEMAN, Mr. DOGGETT, Ms. OMAR, Ms. BLUNT ROCHESTER, Mrs. TRAHAN, Ms. OCASIO-CORTEZ, Ms. SÁNCHEZ, Ms. ESCOBAR, Mr. CARBAJAL, Mr. CASTRO of Texas, Mr. CÁRDENAS, Mr. GRIJALVA, Ms. CASTOR of Florida, Mr. MCNERNEY, Mr. CORREA, Ms. MENG, Mr. RUSH, Ms. VELAZQUEZ, Ms. JAYAPAL, Mr. EVANS, Mr. CASTEN of Illinois, Mr. GALLEGO, Mr. SARBANES,

Mr. MEEKS, Ms. JOHNSON of Texas, Mr. BROWN of Maryland, Ms. LOFGREN, Mr. BUTTERFIELD, Mr. NADLER, Mr. ENGEL, Mr. KENNEDY, Mr. MCGOVERN, Mr. HASTINGS, Mrs. CAROLYN B. MALONEY of New York, Mr. MCEACHIN, Mr. SIRES, Mr. PAYNE, Mr. SCHIFF, Mr. JOHNSON of Georgia, Mr. KHANNA, Mr. HORSFORD, Mr. SAN NICOLAS, Ms. BASS, and Mr. DANNY K. DAVIS of Illinois):

H.R. 6637. A bill to improve the health of minority individuals, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committees on Agriculture, Oversight and Reform, Ways and Means, Education and Labor, the Judiciary, the Budget, Veterans' Affairs, Natural Resources, Armed Services, and Homeland Security, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mrs. HAYES:

H.R. 6638. A bill to increase the annual funding for the Chronic Disease Prevention and Health Promotion Fund, the National Institute on Minority Health and Health Disparities, and the Offices of Minority Health within the Office of the Secretary of Health and Human Services, the Agency for Healthcare Research and Quality, the Centers for Disease Control and Prevention, the Centers for Medicare & Medicaid Services, the Food and Drug Administration, the Health Resources and Services Administration, and the Substance Abuse and Mental Health Services Administration to enable the United States and State departments of public health to better combat disparities that have emerged during the COVID-19 crisis and beyond, and for other purposes; to the Committee on Energy and Commerce.

By Mr. KHANNA:

H.R. 6639. A bill to prevent an unconstitutional war against North Korea; to the Committee on Foreign Affairs, and in addition to the Committee on Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. MUCARSEL-POWELL (for herself and Mr. KIND):

H.R. 6640. A bill to amend title XVIII of the Social Security Act to provide coverage for COVID-19 at no cost sharing under the Medicare advantage program, and for other purposes; to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. NEGUSE (for himself and Mr. TAYLOR):

H.R. 6641. A bill to establish the Commission on the Strategic National Stockpile, and for other purposes; to the Committee on Energy and Commerce.

By Mr. QUIGLEY (for himself, Ms. NORTON, and Ms. SCHAKOWSKY):

H.R. 6642. A bill to authorize video teleconferencing and telephone conferencing of proceedings during the COVID-19 emergency period, and for other purposes; to the Committee on the Judiciary.

By Mr. SCHNEIDER (for himself, Mr. KATKO, Mr. COX of California, Mr. KING of New York, Ms. DEGETTE, Mr. SUOZZI, Mr. FITZPATRICK, Mr. ROUDA, Ms. LEE of California, Mr. BLUMENAUER, Mr. PAPPAS, Ms. SÁNCHEZ, Mr. SMITH of Washington, Mrs. NAPOLITANO, Mr. HASTINGS, Ms. BROWNLEY of California, Mr. BEYER, Mr. DANNY K. DAVIS of Illinois, Ms.

NORTON, Mr. KILMER, Mr. KILDEE, Mr. DEUTCH, Mr. SEAN PATRICK MALONEY of New York, Ms. DELAURO, Mr. GRIMALVA, Ms. SCHRIER, Mr. WRIGHT, Mr. DAVID SCOTT of Georgia, Mr. DEFazio, Mr. POCAN, Mr. SOTO, Mr. CROW, Mr. PANETTA, Mrs. WATSON COLEMAN, Ms. DELBENE, Mr. YOHO, Ms. SLOTKIN, Mr. COSTA, Ms. SCHAKOWSKY, Mr. STIVERS, Mr. GOTTHEIMER, Ms. CASTOR of Florida, Mr. NEGUSE, Mr. BERA, Ms. KELLY of Illinois, Mr. CARBAJAL, Mr. RYAN, Ms. DEAN, Mr. LARSON of Connecticut, Mrs. MURPHY of Florida, Mr. TRONE, Mr. RASKIN, Ms. MCCOLLUM, Ms. ESHOO, Mr. SWALWELL of California, Ms. JUDY CHU of California, Ms. STEVENS, Mrs. LURIA, Mr. RODNEY DAVIS of Illinois, Mr. FOSTER, Mr. TED LIEU of California, Mr. KRISHNAMOORTHY, Ms. ESCOBAR, Ms. KAPTUR, Mr. VARGAS, Mr. RUSH, Mr. GONZALEZ of Texas, Mr. SIMPSON, Mr. MICHAEL F. DOYLE of Pennsylvania, Mr. MULLIN, Mr. WELCH, Ms. FRANKEL, Miss RICE of New York, Mrs. DINGELL, Ms. CRAIG, Ms. BONAMICI, Mr. PETERS, Ms. OMAR, Ms. PINGREE, Mrs. BEATTY, Ms. SPEIER, Mr. SIRES, Mr. PERLMUTTER, Mrs. HAYES, Ms. SHALALA, Ms. JAYAPAL, Ms. HERRERA BEUTLER, Mr. KING of Iowa, Mr. LOEBACK, Mr. CASTEN of Illinois, Mr. HECK, Mr. DELGADO, Mr. MCEACHIN, Mr. MARSHALL, Ms. DAVIDS of Kansas, Ms. MUCARSEL-POWELL, Mr. CLEAVER, Mrs. LAWRENCE, Ms. JOHNSON of Texas, Mr. HUFFMAN, Ms. SEWELL of Alabama, Mr. HIMES, Mr. LOWENTHAL, Ms. FUDGE, Mr. GARAMENDI, Mr. KHANNA, Mr. COHEN, Mr. JOHNSON of Georgia, and Mr. ALLRED):

H.R. 6643. A bill to allow tax credits to Federal, State, and local governments for required paid sick leave and required paid family and medical leave; to the Committee on Ways and Means.

By Ms. SCHRIER (for herself, Mr. DAVID P. ROE of Tennessee, Mr. MORELLE, and Mr. VAN DREW):

H.R. 6644. A bill to require group health plans and health insurance issuers offering group or individual health insurance coverage to provide coverage for services furnished via telehealth if such services would be covered if furnished in-person during the COVID-19 emergency; to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Education and Labor, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. TONKO:

H.R. 6645. A bill to direct the Secretary of Health and Human Services, acting through the Director of the National Institute of Mental Health, to conduct or support research on the mental health consequences of SARS-CoV-2 or COVID-19, and for other purposes; to the Committee on Energy and Commerce.

By Mr. CORREA (for himself, Mr. LOWENTHAL, Ms. LOFGREN, and Ms. LEE of California):

H. Res. 941. A resolution recognizing the historical significance and the heroic struggles and sacrifices of the Vietnamese people who fled their war-torn country by boat and other means in search of freedom and democracy; to the Committee on the Judiciary.

By Mr. FOSTER:

H. Res. 942. A resolution expressing support for designation of the third Friday of every March, as "National FIRST Robotics Day"; to the Committee on Science, Space, and

Technology, and in addition to the Committee on Education and Labor, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. LOWENTHAL (for himself, Ms. LEE of California, Mr. CISNEROS, Mr. ROUDA, Mr. CORREA, Mr. KHANNA, Mrs. DAVIS of California, Ms. LOFGREN, Mr. CONNOLLY, Ms. JACKSON LEE, Ms. SCHAKOWSKY, Mr. PETERS, and Mr. COSTA):

H. Res. 943. A resolution recognizing the 45th anniversary of the Fall of Saigon on April 30, 1975; to the Committee on Foreign Affairs, and in addition to the Committee on Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. MAST:

H. Res. 944. A resolution expressing the sense of the House of Representatives that the People's Republic of China should be held accountable for its handling of COVID-19; to the Committee on Foreign Affairs.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 7 of rule XII of the Rules of the House of Representatives, the following statements are submitted regarding the specific powers granted to Congress in the Constitution to enact the accompanying bill or joint resolution.

By Mr. YARMUTH:

H.R. 6628.
Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, clause 1; Article I, Section 8, clause 18; and Article I, Section 9, clause 7 of the United States Constitution.

By Mr. HUIZENGA:

H.R. 6629.
Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 1 of the Constitution of the United States:

By Mr. STAUBER:

H.R. 6630.
Congress has the power to enact this legislation pursuant to the following:

Article 4, Section 8, Clause 18: To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof.

By Ms. STEVENS:

H.R. 6631.
Congress has the power to enact this legislation pursuant to the following:

Article I, Section 1 of the Constitution.

By Mr. SOTO:

H.R. 6632.
Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, of the U.S. Constitution.

By Ms. WEXTON:

H.R. 6633.
Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8

By Mrs. AXNE:

H.R. 6634.
Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress under Article I, Section 8, Clause 18 of the United States Constitution.

By Mr. BIGGS:

H.R. 6635.
Congress has the power to enact this legislation pursuant to the following:

Article I of the U.S. Constitution

By Ms. BONAMICI:

H.R. 6636.
Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8

By Mr. GARCIA of Illinois:

H.R. 6637.
Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8

By Mrs. HAYES:

H.R. 6638.
Congress has the power to enact this legislation pursuant to the following:

Article One, Section Eight

By Mr. KHANNA:

H.R. 6639.
Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8 of the Constitution

By Ms. MUCARSEL-POWELL:

H.R. 6640.
Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8—To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof.

By Mr. NEGUSE:

H.R. 6641.
Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8

By Mr. QUIGLEY:

H.R. 6642.
Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 3 of the U.S. Constitution

By Mr. SCHNEIDER:

H.R. 6643.
Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8.

By Ms. SCHRIER:

H.R. 6644.
Congress has the power to enact this legislation pursuant to the following:

Article 1

By Mr. TONKO:

H.R. 6645.
Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 1

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions, as follows:

- H.R. 196: Ms. BONAMICI.
- H.R. 1035: Mr. THOMPSON of Pennsylvania.
- H.R. 1137: Mr. SEAN PATRICK MALONEY of New York.
- H.R. 1185: Mrs. LURIA and Ms. SPANBERGER.
- H.R. 1295: Ms. JACKSON LEE and Mr. RASKIN.
- H.R. 1368: Mr. THOMPSON of California.
- H.R. 1869: Ms. LEE of California.
- H.R. 1873: Mr. ALLRED.
- H.R. 2201: Mr. BERGMAN.
- H.R. 2767: Mr. ROUDA.
- H.R. 2859: Mr. ROY, Mr. GOHMERT, Mr. DAVIDSON of Ohio, and Mr. BUCK.
- H.R. 3456: Mr. GALLEGRO.
- H.R. 4348: Mr. MICHAEL F. DOYLE of Pennsylvania.
- H.R. 4710: Mr. BACON and Mr. GUEST.
- H.R. 5002: Mrs. HARTZLER.

- H.R. 5216: Mr. POCAN.
 H.R. 5259: Mr. MITCHELL.
 H.R. 5957: Mr. TAYLOR, Mr. GAETZ, Mr. MURPHY of North Carolina, Ms. CRAIG, Mr. OLSON, Mr. TRONE, Mr. SAN NICOLAS, Ms. DELBENE, Mr. STANTON, and Mr. WEBSTER of Florida.
 H.R. 6049: Mr. GROTHMAN and Mr. MARSHALL.
 H.R. 6390: Mr. CASE, Ms. JAYAPAL, Mr. ESPALLAT, Mr. KRISHNAMOORTHY, Mrs. LURIA, and Ms. BROWNLEY of California.
 H.R. 6393: Mr. POSEY.
 H.R. 6405: Mr. CRENSHAW.
 H.R. 6408: Mr. RASKIN, Mr. HUFFMAN, Mr. KENNEDY, Mr. HASTINGS, Mr. DEUTCH, Ms. BROWNLEY of California, and Mr. NORCROSS.
 H.R. 6414: Mrs. BEATTY, Ms. WILSON of Florida, Ms. OMAR, and Mrs. WATSON COLEMAN.
 H.R. 6417: Mrs. HAYES.
 H.R. 6420: Mr. SAN NICOLAS and Mr. HARDER of California.
 H.R. 6425: Mr. KRISHNAMOORTHY, Mrs. DEMINGS, and Mr. RUSH.
 H.R. 6437: Mrs. BEATTY.
 H.R. 6449: Mr. RASKIN and Ms. LEE of California.
 H.R. 6463: Mr. FOSTER.
 H.R. 6464: Mr. FOSTER.
 H.R. 6467: Mr. PAPPAS.
 H.R. 6482: Mr. VAN DREW.
 H.R. 6485: Mrs. LAWRENCE and Mr. POCAN.
 H.R. 6487: Mrs. HAYES, Mr. HARDER of California, and Ms. VELÁZQUEZ.
- H.R. 6495: Mrs. NAPOLITANO, Mr. COX of California, Mr. CLEAVER, Ms. LEE of California, and Ms. FUDGE.
 H.R. 6496: Ms. NORTON, Mrs. NAPOLITANO, Mrs. DAVIS of California, Mr. CICILLINE, Ms. ESCOBAR, Ms. JACKSON LEE, Ms. BARRAGÁN, Ms. WILSON of Florida, Ms. BONAMICI, and Mr. COHEN.
 H.R. 6501: Ms. JAYAPAL and Ms. OCASIO-CORTEZ.
 H.R. 6509: Miss RICE of New York.
 H.R. 6512: Ms. DAVIDS of Kansas.
 H.R. 6514: Mr. PERLMUTTER, Mr. SEAN PATRICK MALONEY of New York, Mr. SABLAN, Ms. NORTON, Mrs. NAPOLITANO, Mr. FOSTER, Mr. SMITH of Washington, Mr. SOTO, Mrs. DEMINGS, Mr. KILMER, and Ms. MOORE.
 H.R. 6515: Mrs. CAROLYN B. MALONEY of New York, Mr. GRIJALVA, Mr. LEVIN of Michigan, and Mr. KENNEDY.
 H.R. 6516: Mr. OLSON, Mr. GIANFORTE, and Mrs. WALORSKI.
 H.R. 6517: Mr. OLSON, Mr. GIANFORTE, Mrs. WALORSKI, and Mr. LATTA.
 H.R. 6519: Mr. JOHNSON of Louisiana, Mr. BUDD, Mr. KEVIN HERN of Oklahoma, and Mr. GAETZ.
 H.R. 6530: Mr. LYNCH, Ms. JACKSON LEE, and Mr. HUFFMAN.
 H.R. 6559: Ms. SCHAKOWSKY, Mr. SABLAN, Mr. RASKIN, Mr. NEGUSE, Mrs. NAPOLITANO, Mr. RYAN, Mr. TAKANO, Mr. VISCLOSKY, Ms. STEVENS, Mr. SMITH of Washington, Mr. SERRANO, Mr. MCGOVERN, Mr. KENNEDY, Ms. KAPTUR, Ms. JOHNSON of Texas, Ms. DELAURO, Mr. DEFAZIO, Ms. JUDY CHU of California, Mr. BISHOP of Georgia, Mr. CASE, and Mrs. DINGELL.
- H.R. 6563: Mrs. WATSON COLEMAN, Mr. POCAN, Mrs. NAPOLITANO, Mr. HUFFMAN, Mr. EVANS, and Mr. PANETTA.
 H.R. 6578: Ms. SEWELL of Alabama, Ms. NORTON, Mr. TRONE, Mr. NEGUSE, and Mr. GRIJALVA.
 H.R. 6581: Ms. JAYAPAL.
 H.R. 6592: Ms. LEE of California, Mr. CISNEROS, Mr. SARBANES, Mr. RUSH, Mr. LOEBSACK, Ms. SHALALA, Mr. TONKO, Mr. COURTNEY, Ms. PINGREE, Ms. BONAMICI, Mr. GARAMENDI, and Mr. TRONE.
 H.R. 6598: Mr. BURCHETT, Mr. HAGEDORN, Mr. KEVIN HERN of Oklahoma, Mr. MURPHY of North Carolina, Mr. RESCHENTHALER, Mr. WRIGHT, and Mr. BALDERSON.
 H.R. 6609: Mr. RICHMOND, Mr. MCGOVERN, and Mr. COX of California.
 H.R. 6614: Mr. MAST.
 H.R. 6618: Ms. JACKSON LEE and Mr. COLE.
 H.R. 6623: Ms. SPEIER, Ms. HAALAND, and Ms. BLUNT ROCHESTER.
 H. Con. Res. 98: Ms. GARCIA of Texas, Mr. NADLER, Ms. LOFGREN, and Ms. WEXTON.
 H. Res. 374: Mrs. BEATTY, Ms. DELAURO, and Mr. CLOUD.
 H. Res. 909: Mr. TIPTON.
 H. Res. 919: Mr. YOHO.
 H. Res. 940: Mr. KENNEDY.

EXTENSIONS OF REMARKS

CELEBRATING THE LIFE OF PHYLLIS LYON

HON. NANCY PELOSI

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 28, 2020

Ms. PELOSI. Madam Speaker, I rise today to pay tribute to the beautiful life and legacy of a dear friend, Phyllis Lyon, who passed away peacefully on April 9, 2020 at the age of 95. Phyllis Lyon was an icon of San Francisco and a trailblazer in the fight for civil rights, who dedicated her entire life to advancing equality for the LGBTQ community. Her passing is a profound official loss for the countless San Franciscans whose lives she touched and a deep personal loss for her many friends and loved ones.

Phyllis, along with her late wife Del Martin, was a pioneer in the fight for LGBTQ equality. In their kitchen, in 1955, they created the Daughters of Bilitis, the first national lesbian rights organization. Through their skillful advocacy and Phyllis's brilliant writing, they helped lesbians and all LGBTQ Americans unite in solidarity and, in the process, helped develop the foundation on which the entire LGBTQ equality movement was built.

Phyllis was a tireless force for progress. As a journalist and community organizer, she fought relentlessly to decriminalize homosexuality, promote women's health and end employment discrimination in San Francisco. In all her endeavors, Phyllis's voice and expertise were instrumental in bringing our nation closer to its founding promise of justice and equality for all.

In 1979, the Lyon-Martin Health Services, named in honor of Phyllis and Del, was created to provide LGBTQ women access to quality, comprehensive health care, free from fear, stigma or discrimination. In its four decades of service to the Bay Area community, the Lyon-Martin Health Services has become an essential lifeline for countless women and their families, regardless of who they are or whom they love. As a model for community-based care, it is a fitting tribute to Phyllis's legacy of service and commitment to lifting up all vulnerable communities.

Phyllis and Del's passion, dedication and vision were an inspiration to me and to generations of leaders, activists and public servants. In 1995, I was honored to appoint Phyllis to the White House Conference on Aging where she advocated powerfully to ensure that the needs of the most vulnerable were heard at the decision-making table. It was a privilege to speak of Phyllis and Del's beautiful commitment to each other on the Floor of the House during the debate of the so-called Defense of Marriage Act and, again, last year, as the House passed the landmark Equality Act to finally end LGBTQ discrimination once and for all.

All those who were blessed to know Phyllis and Del remember the extraordinary love that they had for each other and the great joy we

felt watching them becoming the first same-sex marriage recognized in San Francisco. As we mourn the loss of our dear Phyllis, we find peace in knowing that she and Del are together again. May it be a comfort to their daughter Kendra, Phyllis's sister Patricia, grandchildren Lorri and Kevin and her entire family that so many mourn their loss and pray for them at this sad time.

AMERICA'S GLOBAL LEADERSHIP DURING COVID-19

HON. CHRISSE HOULAHAN

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 28, 2020

Ms. HOULAHAN. Madam Speaker, Americans have a proud history of global leadership, of coalition building, and of pushing the boundaries of technological advancement. These values are now being put to the test as we face the novel coronavirus, an invisible threat that will not be overcome quickly.

There is no successful way through this crisis without a global effort, one in which we build a coalition of our allies, share information, work in tandem with the World Health Organization, and contribute to and benefit from international organizations who are on the frontlines of fighting this deadly disease. It goes without saying that cutting funding to the WHO at this time is not only naïve but also presents a threat to the American people down the road as we determine how to safely return to normalcy and avoid a second or third spike.

This is not to suggest we blindly trust other nations—it's been made clear the Chinese Government has misled the world about its cases and, early on, spread misinformation about the virus' transmission. China must be held accountable for its actions and taking a harsh isolationist stance at this current moment, when tens of thousands of Americans are dying, is irresponsible. A global pandemic requires a global solution, and we must act deliberately in convening our international allies and partners to develop a coherent testing strategy and mitigation plan as quickly as possible.

We have talked at length about the economic impact of this crisis. It's important to remember that our economy is a global one, and if we refuse to cooperate with the larger global community, our economy will continue to suffer.

Put plainly, I am urging the Administration and Congress to reach across oceans and re-enter the international conversation about the COVID-19 epidemic. As a Member of the Foreign Affairs Committee, I will be seeking the advice of medical, scientific, and development experts from around the world so that we can create a plan of action that stops the spread of this deadly virus.

We're in this together whether we like it or not. So, we may as well start acting like it.

AMERICA'S GLOBAL LEADERSHIP DURING COVID-19

HON. ED CASE

OF HAWAII

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 28, 2020

Mr. CASE. Madam Speaker, as our country and world confront the unprecedented challenge of the COVID-19 pandemic, some say, as a reason or excuse, that we should turn inward away from the rest of our world and to our own affairs.

But neither can nor should we disengage. Instead, I join many of my colleagues and our fellow citizens in stating clearly that there has never been a better time or greater need to embrace an across-the-board renewal of America's global leadership.

United Nations Secretary-General Antonio Guterres recently warned that COVID-19 poses the greatest challenge for our world since the Second World War. As this pandemic claims lives and cripples health care systems across the world, it also leaves in its wake the specter of a global recession without parallel in recent memory that will claim countless millions of jobs and livelihoods. The impacts of this pandemic will last years if not decades, and we will return to a world drastically changed.

This comparison of our present crisis to the Second World War reminds us of the extraordinary sacrifices Americans made then and must make now. Yet, just as the greatest generation fought to liberate Europe and the Pacific, so too must we commit to fighting this virus wherever it may emerge. The successors of American factories that assembled tanks and planes over 75 years ago must now build ventilators and medical supplies, not for ourselves alone but for any nation who shares our fight against this pandemic.

We are also reminded that the greatest generation, faced with a global economy ruined by war, chose not to celebrate victory in splendid isolation but did what no country had ever done before. That generation of Americans led the way in creating the United Nations and rebuilding the economies of friend and foe alike through the Marshall Plan, the World Bank and the International Monetary Fund. No one can deny the spirit of generosity and good will that motivated those actions, but it was also the practical self-interest of acknowledging that our own future lay in international engagement. Americans learned from the war that freedom, prosperity and peace go hand in hand and that, if we want to secure those blessings, we need to lead on the global stage.

Today, those lessons still ring true. We know that a virus from one part of the world can swiftly spread, that a fragile state poses security challenges beyond its borders and that a slowdown in one economy can affect the entire global supply chain. So long as this pandemic persists in one country, we all are at risk, from a public health, economic, social, environmental and every other perspective.

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.

That is why Congress appropriated almost two billion dollars for international assistance across two emergency relief measures. Our Department of State and USAID have pledged almost \$500 million, with more on the way. American businesses, philanthropies and non-governmental organizations are contributing their assistance as well wherever possible.

These are important first steps, but our country can and must do more to lead a global effort against this pandemic. We must coordinate pathways for assistance from developed to developing countries to enhance the capacity of their health care systems to combat future waves of this pandemic. We must lead the way in bringing together the best and brightest around the world in fully understanding this virus and developing a vaccine. We must forge a path towards global economic recovery, restoring old supply chains and creating new ones, and leading our world economy to be stronger, more resilient and more just than it was before this crisis. Above all, we must lead in repairing the frayed fabric of global order, restoring trust in and commitment to our shared institutions among all countries.

Seventy-five years after the Second World War, let us recall the courage and sacrifice of the greatest generation. Let us find the realities and opportunities in this crippling pandemic and recommit ourselves and the United States to global leadership and to the values of freedom, prosperity and peace at home and abroad. And as we do so and overcome this pandemic, let us, the Americans of this age, with our bravery, generosity and greatness of spirit, prove to be as celebrated an example as that greatest generation to Americans of future eras.

AMERICA'S GLOBAL LEADERSHIP
DURING COVID-19

HON. WILLIAM R. KEATING

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 28, 2020

Mr. KEATING. Madam Speaker, the COVID-19 pandemic we face today has made it abundantly clear how truly connected to one another we all are and how widely our connections span the globe. This pandemic is the greatest global challenge we have faced since World War II and cooperation has never been more important.

As Chairman of the House Foreign Affairs Subcommittee for Europe, Eurasia, Energy and the Environment, it has been one of my top priorities to strengthen and support our transatlantic alliance. Together, the United States and our friends and allies in Europe have worked side by side to tackle challenges while advancing democratic values. Through our NATO alliance and as members of multilateral institutions like the United Nations and the World Health Organization, we have consistently worked together to maximize our resources to address shared security threats.

Now as we face the COVID-19 pandemic, our cooperation today is more important than ever. Although it has caused many to look inward and focus on those in our own communities, it is critical to remember that the threat from COVID-19 will not end once we have flattened the curve here at home. If we fail to

rally support and resources for countries struggling with COVID-19 abroad, especially developing countries and countries marred by conflict, we risk this disease once again finding its way to our shores. Beyond the disease itself, we will face threats from the security and economic conditions COVID-19 is already leaving in its wake including famine, a global recession, and heightened instability and the extremism that often follows it.

However, we must also remember that we don't have to go it alone and that in fact we are stronger in meeting our shared challenges when we work together. We can learn from each other to better understand the pathology of COVID-19 and how we may ultimately begin safely reopening our economies. We can share resources to ensure all of our medical and health personnel have access to personal protective equipment, ventilators and other medical devices, and eventually to vaccines as well. We can work together to debunk myths and combat disinformation so our communities are not misled by malign actors. Our NATO alliance is already working to coordinate these kinds of assistance and we must build on these successes to be most effective in ending this pandemic for good.

We are capable of meeting this challenge if we do so together, and for that, American leadership is crucial. We have seen American leadership raise critical resources to fight pandemics in the past and improve the effectiveness of multilateral institutions like the World Health Organization. If we cede this leadership role, we relinquish our ability to shape a safer, more secure future for all Americans, their families and friends overseas, and the myriad business and educational opportunities they have created together to grow the global economy and connect so many communities all around the world. Only together with our friends and partners, can we rise to meet this unprecedented challenge so that we may soon reunite with our loved ones, safely reopen our economies, and return to the lives we once knew.

AMERICA'S GLOBAL LEADERSHIP
DURING COVID-19

HON. AMI BERA

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 28, 2020

Mr. BERA. Madam Speaker, as a doctor, I'm proud that the United States has been a leader in global health. Around the world, millions of people are healthier and more safe because of the efforts of the United States. Through smart and strategic investments in the State Department and USAID, we have led the international fight against diseases like HIV/AIDS, malaria, and tuberculosis. We should all be proud of the far-reaching impact of our global health, development and humanitarian assistance programs.

Several decades of leadership and investment in global health have not only saved the lives of people across the world, but have proved vital to protecting the health, security, and economic interests of Americans within our own borders. In our interconnected world, it can take 36 hours for a virus to travel from a remote village to all six continents. The sooner we act to contain a public health emer-

gency abroad, the safer our citizens are back home.

The urgent need to contain the COVID-19 pandemic and protect our constituents has reinforced the importance of contributing to global health challenges abroad. Since originating in China in December 2019, the virus has quickly spread to 170 countries and has now reached over 200,000 deaths worldwide.

The United States has been hit particularly hard. With over 50,000 reported deaths, the pandemic is putting significant strain on our first responders and health systems. States are beginning to make the difficult decision whether to lift stay-at-home orders in hopes of jumpstarting the economy.

But no matter how successful we are in fighting the pandemic here at home, we will never defeat it unless other parts of the world are equipped to prevent outbreaks from occurring in the first place and to contain them when they do occur. Left unaddressed globally, COVID-19 will find its way back to the U.S.

Before the virus hit the U.S., the Centers for Disease Control and Prevention (CDC) warned that a staggering 70 percent of countries were underprepared to prevent, detect, and respond to a public health emergency. Many nations, particularly in the developing world, aren't equipped to deal with COVID-19 or future pandemics. Far too many countries suffer from weak health systems, with challenges such as unsafe water and inadequate sanitation tools to lack of health centers altogether.

Other nations are reeling from years of conflict, natural disasters or other humanitarian conflicts, doing their best to support inadequate health systems already operating well below capacity. COVID-19 does not recognize borders. It doesn't know the difference between someone back in my district and one of the over 65 million forcibly displaced persons in the world.

The secondary economic and food shortages have hit us hard here in the U.S. and we in Congress are doing our best to address them. The predictions for the future around the world are bleak—the World Food Program recently estimated that by the end of 2020 the number of people around the world who are starving could double, reaching 265 million people.

All these risk factors around the world only increase the likelihood of this virus reemerging at our doorstep. They also leave us exposed to future public health threats. Now, more than ever, the U.S. must continue to lead on global health. As Congress works towards additional funding and response efforts to fight this global pandemic, it's critical that our actions include funding to fight COVID-19 around the world.

Decades of U.S. global leadership in foreign assistance has shown us that smart and strategic investments are critical to protecting the homeland. Our efforts have defended the safety of our nation and saved countless lives. I ask my colleagues to join me in calling for the prioritizing of a U.S.-led global response to combatting coronavirus. If we don't keep one eye abroad, we unnecessarily leave our families, friends, and neighbors at risk.

AMERICA'S GLOBAL LEADERSHIP
DURING COVID-19**HON. THEODORE E. DEUTCH**

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 28, 2020

Mr. DEUTCH. Madam Speaker, our best efforts to fight this virus at home cannot succeed if we are not also fighting it abroad.

The United States has led the world out of every major modern crisis, and that leadership now is critical to our ability to successfully rebound from the economic impact of COVID-19. We will not be able to fully restore economic stability in our country until the spread of the virus is under control globally.

In Congress, it's our imperative to act quickly for the American people. That certainly means protecting our courageous first responders, strengthening our health systems at home, and taking steps to safeguard American jobs and livelihoods. But it also means doing our part to eliminate threats before they reach our borders.

Right now, the majority of the world, especially developing nations, lack the resources to prevent or respond to a public health crisis like COVID-19. They suffer from weak health as well as large percentages of displaced and refugee populations, where social distancing is near impossible.

According to the CDC, 70 percent of the world is underprepared for a public health emergency. Robust U.S. funding for global health programs can help combat the continued spread of COVID-19. The United States must restore cuts to humanitarian funds, particularly in areas like water, sanitation, and hygiene, and increase funding for international organizations doing emergency response work.

The United States has the scientific and technical expertise to assist others with their pandemic responses. The CDC is experienced in helping other countries meet international health standards for global health security. We must lead the international community in the global public health response, while also asserting leadership to coordinate a global economic recovery.

If we do not recognize that challenges abroad are linked to challenges at home, we will not be able to fully overcome the impact of this virus. If we leave the world vulnerable to coronavirus, we leave our own country vulnerable as well.

AMERICA'S GLOBAL LEADERSHIP
DURING COVID-19**HON. STEVE CHABOT**

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 28, 2020

Mr. CHABOT. Madam Speaker, I want to thank Congressman BERA and Congressman YOHO, two of my colleagues on the House Foreign Affairs Committee, for hosting this virtual special order today on the importance of strong U.S. global leadership with regard to the coronavirus.

The coronavirus is reminding us that diseases and their impacts know no borders, making it critical that the United States show

leadership during the pandemic, and also afterwards to get the global economy back on track as well as prepare for the next outbreak. There is no reason to assume there will not be future outbreaks, and, as the world becomes more interconnected, we need to be prepared so that the next outbreak does not become a pandemic like the coronavirus.

This is where the Global Health Security Act, legislation that my friend GERRY CONNOLLY and I authored, can make an impact. And I want to thank him for his leadership in moving this legislation forward.

The Global Health Security Act would help the Federal Government prepare for the next pandemic both by codifying critical aspects of the interagency coordination process for global health security and also put the Congressional stamp of approval on the Global Health Security Agenda (GHSa).

The GHSa is an oddly-named multilateral initiative which seeks to strengthen health systems around the world. It focuses on public health issues of top international concern such as biosafety and biosecurity, immunization, health monitoring, zoonotic diseases, and healthcare worker training. Many of these priority areas are critical to fighting not only the coronavirus but also any infectious disease that emerges after we have contained the current outbreak.

The Obama Administration helped set up the GHSa in the face of sluggish implementation of international guidelines for health systems around the world and poor international leadership in response to the Ebola crisis in West Africa in 2014. The Trump Administration has enthusiastically carried on U.S. leadership through the GHSa, pledging substantial U.S. funding toward its implementation. The GHSa is something which both parties can be proud of.

Americans are rightly skeptical of the efficacy of multilateral organizations. Since an illness is one short plane ride away, however, investments in disease detection and public health capacity in other countries directly support our own health security right here in America. If we don't address and prepare for diseases abroad, we will have to address them at home.

That is why I am proud that the Global Health Security Act passed the Foreign Affairs Committee in February with unanimous support. By passing this legislation Congress will demonstrate a strong commitment to global health security leadership.

For better or worse, the United States does not have a choice on whether we step up and lead on the coronavirus and future pandemics. As we have seen, the Chinese Communist Party (CCP) has covered up, and still is covering up, critical information about the early stages of the disease and its origins. This allowed the virus to become a global pandemic. In China, everyone's health and wellbeing are subservient to the political goals of the CCP. We must ensure that the CCP does not take global health leadership. If it does, it will not just be the people of China whose health is subject to the political calculus of an authoritarian political system, it will be all people around the world, including here in America.

AMERICA'S GLOBAL LEADERSHIP
DURING COVID-19**HON. GILBERT RAY CISNEROS, JR.**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 28, 2020

Mr. CISNEROS. Madam Speaker, for the better part of the last century, U.S. leadership has been essential to addressing critical global challenges. From rebuilding Europe after World War II to building an international coalition to respond to the Ebola outbreak, the United States is unique in the world in its ability to build international coalitions and marshal resources and support around the world. The COVID-19 pandemic is a global crisis that necessarily requires a global response in order to solve it—and the United States must take up the leadership role it has fulfilled for decades to facilitate the response.

COVID-19 knows no borders—quickly spreading across the world in a matter of months, accelerated by our inter-connected world. As such, while we should extend every effort to arrest the spread in the United States, stopping the spread in the United States alone is not enough. If we are to truly be able to reopen our economy and engage in global trade and participate in the global supply chain, we risk greater exposure and transmission of the virus if it continues to spread unchecked around the world.

Fortunately, the United States possesses not only the requisite knowledge and expertise in its public health and medical officials, but also decades of experience in global health efforts necessary to lead a coordinated global response. The United States has done this before. Through the State Department, U.S. Agency for International Development, and the Centers for Disease Control and Prevention, the United States has led efforts to combat the spread of HIV, malaria, Ebola, and other infectious diseases. Doing so not only made the epicenters of those outbreaks safer, but it also made the United States and American citizens safer. As a result, we contributed to an environment that enabled the American and global economies to thrive. Today, amid the worst global pandemic in at least a century, the United States must step back into the leadership role it has held for decades and work with the international community to chart a pathway to defeat COVID-19.

We must commit the resources necessary across our global health, humanitarian, and economic toolkits to defeat the coronavirus. According to the CDC, 70 percent of the world remains underprepared to prevent, detect, and respond to a public health emergency. That means we must ensure our diplomats and development professionals on the frontlines receive the support they need to maintain operations, provide for emergency preparedness needs, and protect Americans. After committing trillions to relief at home and more than \$2 billion in emergency funding to support the global COVID-19 response, it is understandable that some may be reticent to spend more on the international effort. However, as the data suggests that an outbreak in a remote village can spread to major cities on all six continents in less than 36 hours, that funding is an investment in a safer and more prosperous America.

I thank the Frontline healthcare workers, first responders, military servicemembers, and

other essential personnel who are keeping our society going during an unprecedented crisis at home—and I thank the diplomats and development professionals around the world that are working to keep us safe. We must now honor their dedication and sacrifice by committing the resources to them that they will need to stop the spread of this virus and re-create an environment that will enable our communities to thrive.

AMERICA'S GLOBAL LEADERSHIP
DURING COVID-19

HON. ABIGAIL DAVIS SPANBERGER

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 28, 2020

Ms. SPANBERGER. Madam Speaker, as the world faces the unprecedented challenges posed by the COVID-19 pandemic, U.S. leadership in the global response is essential. Thank you to my colleague from California, Congressman BERA, and my colleague from Florida, Congressman YOHO, for leading a Congressional special order so that Members who represent communities across America can reiterate this point clearly.

I serve on the Asia Subcommittee of the House Foreign Affairs Committee, which Representatives BERA and YOHO lead as Chairman and Ranking Member. Our Subcommittee held our first hearing on the coronavirus outbreak in China in early February and our second one later that month. What we heard during these hearings from public health experts and administration officials reaffirmed something we already knew: The United States needed to demonstrate leadership in the international response in order to keep Americans safe.

Since these hearings, this horrible disease has ravaged families and communities in the United States and around the world, including in Central Virginia. The death toll, as well as the impact on our way of life, has been heart-breaking. Every day, I speak with Central Virginians who are experiencing this pain. As we do everything we can to halt the spread and impact of the virus in our local communities and across our nation, we must also recognize that U.S. leadership in the global fight against coronavirus is an essential part of ending the suffering at home.

The COVID-19 pandemic has demonstrated that infectious diseases know no borders. An outbreak in a remote village can spread to major cities across all populated continents on earth in less than 36 hours. Even once we have more thorough testing and U.S. towns begin to see dropping numbers of cases, the disease could easily return. No matter how successful we are in fighting the threat of COVID-19 at home, we will not end the suffering and fear created by the virus unless we also combat it around the world.

This is exactly why global health experts, as well as foreign policy and military leaders, are speaking out—calling on U.S. government officials to lead by example and demonstrate leadership on the global stage. If our nation cedes international leadership, we are demoting our international standing, creating a void that our adversaries will fill and exploit, and most critically, we are risking the safety and livelihoods of Americans.

In addition, the pandemic is an incredibly painful reminder that, at the end of the day, U.S. national security comes down to resilience at home. As we face international threats, including infectious disease, we are only as strong and prepared as our most vulnerable neighbors and our most susceptible systems. The coronavirus pandemic highlights that national security is much more than what typically comes to mind—it includes our medical supply chains, the safety of American workers, and so much more. It includes emerging, transnational threats such as climate change and the COVID-19 virus—a disease that at any moment now is expected to cause a death toll surpassing the number of Americans who died in nearly a decade of fighting in Vietnam. Going forward, we must be prepared for the full range of risks to American security. And to do this, we must think of national security in a more comprehensive and integrated fashion, recognizing it is rooted in our strength at home and that the United States must lead on the global stage to provide the sense of security that so many Americans lack as they face disease and job loss.

As we strengthen and implement our response to the COVID-19 pandemic and prepare for future threats, we must recognize that U.S. global leadership is essential to protecting the health, security, and economic interests of all Americans. We cannot step back from this challenge; we must step up.

AMERICA'S GLOBAL LEADERSHIP
DURING COVID-19

HON. TED S. YOHO

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 28, 2020

Mr. YOHO. Madam Speaker, the United States, along with the rest of the world, currently finds itself in the midst of a global emergency of epic proportions. Never in the modern era has every nation on Earth been brought to their knees so quickly by a pandemic that threatens our security, our economy, and the social fabric of our lives.

The United States, and the rest of the world, were woefully unprepared for the arrival of COVID-19. Our underestimation of infectious diseases goes back multiple administrations, when we had ample opportunity to secure our essential supply chains, ensure stockpiles of PPE, and dedicate the necessary resources to research and study emerging diseases.

If there is one bright side of our current crisis, it is that our nation will never again take for granted our health security. President George W. Bush and industry leaders like Bill Gates forewarned us that our country would need to take proactive measures to prepare for the next pandemic. We clearly failed in heeding their warnings. COVID-19 will not be the last health crisis we face, and we must use the lessons we have learned to aggressively build up our capacity to prevent future pandemics.

As a veterinarian, it's no secret that I have been vocal on the threat of zoonotic diseases and the dangers of animal to human transmission. Just recently, I introduced the Advancing Emergency Preparedness Through One Health Act of 2019, which would improve public health preparedness by helping federal

agencies implement a "One Health" approach, recognizing that the health of people is linked to the health of animals and the environment. Multiple studies by the CDC have found that 6 out of 10 infectious diseases were seen in animals before humans, including the virus we face now. Coordination between government agencies is essential in addressing and eliminating zoonotic outbreaks, which is why the One Health model would improve synchronization between veterinarians and doctors by requiring the Department of Homeland Security and United States Department of Agriculture to work together.

Historically, the United States has applied its health expertise to the global stage as well, in the form of direct support and contributions to multilateral health organizations. The U.S. has historically been one of the largest donors to organizations like the Global Alliance for Vaccines and Immunization (GAVI), which utilizes market forces and private sector partnerships to drive down medical costs and develop and deliver new and underused vaccines to developing nations. Similarly, the President's Emergency Plan for AIDS Relief (PEPFAR), established by President George W. Bush in 2003, has saved millions worldwide by providing essential resources for prevention, treatment, and vaccine research. It is through smart investments like these that the United States demonstrates leadership on global health security.

But we can, and must, do more. As we have seen, our current efforts were not enough to stop the spread of coronavirus from infecting millions and killing hundreds of thousands. We must prepare for the next pandemic by partnering with initiatives like the Coalition for Epidemic Preparedness Innovations (CEPI), an alliance aimed at coordinating the development of new vaccines to prevent and contain new infectious disease epidemics. CEPI works directly with industry, universities, and private research and development organizations to leverage a dedicated approach to advancing vaccine research. Currently, CEPI has reoriented its entire organizational structure to address COVID-19 and is advancing eight vaccine candidates at a rapid pace.

However, despite multiple multimillion-dollar contributions from Norway, Germany, Japan, the United Kingdom and the Gates Foundation, the United States has yet to donate a cent. CEPI represents the next frontier in health security preparedness, and the United States must take the initiative if we are to continue leading international efforts on health security.

If we abdicate our place as a leader in global health, there is another country eager to take the reins. China has not been subtle in asserting itself on global health issues, and often not for the benefit of other nations. China's recent coronavirus debacle should be evidence enough that their communist regime cannot be trusted to lead with accountability, transparency, or pragmatism, traits that are essential when fighting widespread disease.

As for how China would fare as a global health leader, look no further than the disastrous initial response by the WHO to coronavirus, one that was clearly influenced by Beijing. Information was slow-walked, warnings from nations like Taiwan were ignored at crucial turning points, and cooperation with outside health experts was spurned until it was too late. And it has resulted in the largest

public health disaster the world has seen in over a century.

The United States and the rest of the world cannot afford to relinquish authority over global health security, or to isolate ourselves from protecting the wellbeing of other nations. We must continue to think aggressively and plan for the long term while supporting international public-private partnerships like GAVI and CEPI. Let this be a watershed moment for our nation as a mistake to never repeat. With countless human lives and livelihoods at stake, the time for gambling with global health security is done.

AMERICA'S GLOBAL LEADERSHIP
DURING COVID-19

HON. LOIS FRANKEL

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 28, 2020

Ms. FRANKEL. Madam Speaker, in my travels around the world as a Member of Congress one thing has become abundantly clear. Advancing prosperity and stability internationally is not just a moral imperative, it's a national imperative—because instability anywhere is a threat to stability everywhere.

Human rights violations, terrorism, and infectious diseases don't stop at the border. We have seen that tragic reality reinforced through genocide, international terrorism, and global pandemics.

So what is the lesson as we fight COVID-19?

No matter how successful we are in combatting this pandemic here at home, we will never fully stop it unless we also combat it around the world. After all, we saw COVID-19 jump from Wuhan, to Westminster, to West Palm, in a matter of weeks. Outbreaks in remote villages don't stay in remote villages. According to the CDC, 70 percent of the world remains underprepared to prevent, detect, and respond to any public health emergency.

So while there is still so much more we need to do domestically to safeguard the lives and livelihoods of the American public, part of that effort needs to focus on U.S. global leadership to fight this disease and future pandemics.

America remains the world's most critical defender of human rights and prosperity around the globe. And that role is needed now more than ever.

Before this pandemic, millions were already fleeing war and persecution in countries around the world, including the devastating impacts in Syria. And COVID-19 is now a force multiplier, increasing the risk of violence, displacement, hunger, and suffering.

It is crucial that we support the State Department, USAID, the World Health Organization, and others on the frontlines responding to this pandemic and advancing American interests around the world every day.

More emergency funding is needed for the International Affairs Budget to support the global response to combat this pandemic.

AMERICA'S GLOBAL LEADERSHIP
DURING COVID-19

HON. BARBARA LEE

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 28, 2020

Ms. LEE of California. Madam Speaker, I rise to speak in support of Congress taking immediate action to help people and countries around the globe to fight the COVID-19 Pandemic. I wish to thank my colleagues Dr. BERA and Dr. YOHO for organizing this important Special Order. The need around the world to respond to the COVID-19 pandemic is immense. I and other Members are joining the call for Congress to provide twelve billion dollars for international efforts to fight the virus, with a specific focus on helping African countries and multilateral institutions who are on the front lines of this crisis. This is a small fraction of what we are spending at home, but it can make a huge difference in stopping the virus around the world.

Right now, America is hurting from COVID-19. Too many families are dealing with the suffering and death of loved ones from the virus. Many more are struggling to cope with an economic crisis unlike any we've seen in our lifetimes. And while this suffering is wide and deep, it's also deeply unequal. It's true that Coronavirus itself doesn't discriminate on who it infects. But the inequality that has built up in our health care system and our economy means that Black and Brown people are more likely to get sick, and more likely to get substandard care. And people already living on the edge of poverty are bearing the worst of the economic crisis, unable to telecommute, unable to make rent, and last in line to get help.

When so many are suffering at home, it's fair that some people might ask, "why should Congress be looking to help other countries? Why shouldn't we take care of our own first?"

Madam Speaker, that is a false choice. The bottom line is that we cannot defeat COVID unless the whole world works together. There are too many countries that simply lack the resources to tackle the pandemic on their own. There is a practical reason why we need to help these countries—because if we don't, we run the risk that both this virus and the economic shock will fester, creating more risks for us here at home. But more importantly, we need to help because of the moral imperative, the fact that an America that seeks to be just and moral needs to play a leading role in making sure that every country can weather this crisis. America serves both our interests and our values when we act in service of our common humanity. Regardless of what disagreements we might have with particular governments, it is our mission to make sure that people everywhere have basic public health protections, and a lifeline to whether the economic impact of this crisis.

The good news is, we have a road map for how this is done. When in the past, the world has faced pandemic challenges, America has taken action to contribute to the global effort. When HIV and AIDS threatened Africa with widespread suffering and demographic disaster, I and many of my colleagues on both sides of the aisle here in Congress worked with the Bush Administration to respond. I am proud to have helped author the legislation

creating both PEPFAR and the Global Fund, which have helped to turn the tide on the crisis, providing extensive bilateral and multilateral investment in strengthening health systems and expanding treatment, as well as funding the search for a vaccine. When Ebola threatened to overwhelm West Africa, the United States mobilized an array of resources to respond. In these past crises, America has sought to work collaboratively with the global community. There is no such thing as a one-size-fits-all solution, and it's important to support the global institutions, such as the World Health Organization and United Nations, that help coordinate our international response. These organizations don't just act in ways that protect us all, they also help advance our shared humanitarian values. They deserve our full moral and financial support.

Madam Speaker, the Coronavirus doesn't stop at the border, nor does its economic and moral impact. I urge my colleagues to resist the urge to score political points by pulling back from shared international efforts and join us here in our efforts to help mend the single garment of our destiny. I urge my colleagues to support a robust international investment in fighting COVID-19 and restoring the global economy so that it works for all people, here at home and around the world.

AMERICA'S GLOBAL LEADERSHIP
DURING COVID-19

HON. GRACE MENG

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 28, 2020

Ms. MENG. Madam Speaker, I rise in the midst of a global pandemic to emphasize importance and need of America's global leadership to combat COVID-19. I have seen firsthand in my district in Queens, NY—the epicenter of the epicenter—that those who were the most vulnerable before this crisis, such as individuals who were experiencing homelessness or housing instability, economic instability, or food insecure—are also the most likely to be affected by this pandemic.

There is a temptation, in this moment of extreme personal suffering, to buy into the dichotomy that we can either help Americans or we can help our allies. This is a false choice. By only focusing on "flattening the curve" in America, we not only risk the lives of allies and partners in other countries, but we risk a resurgence of cases as the global economy re-opens.

As a Member of the House State and Foreign Operations Appropriations Subcommittee, I believe it is more critical than ever to pass a robust international affairs budget that supports the healthcare systems of developing countries. Water, Sanitation, and Hygiene programs, for example, are more critical than ever. Vigorously washing our hands has become our new normal in the U.S., but that requires access to a safe, reliable water supply, which is not available in many communities around the world.

Americans leadership is not only needed to stop the physical spread of the virus, but also to deal with its serious, secondary consequences. For instance, crises and emergencies exacerbate cases of domestic violence; we have already seen this evidence

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

more culturally and linguistically appropriate care, and eliminate Medicaid funding limitations for the U.S. territories, among other priorities for the communities we represent.

For the past 17 years, the Congressional Tri-Caucus—comprised of the Congressional Asian Pacific American Caucus (CAPAC), the Congressional Black Caucus (CBC), and the Congressional Hispanic Caucus (CHC)—has led to the introduction of the Health Equity and Accountability Act (HEAA).

Since its initial introduction, HEAA has resulted in key legislative proposals that have been passed into law—such as the Affordable Health Care Act (ACA), the creation of the Office of Minority Health, the Children's Health Insurance Program (CHIP), and the Health Information Technology for Economic and Clinical Health Act.

I urge this body to swiftly pass this legislation.

HONORING NEAL SMITH AS IOWAN
OF THE WEEK

HON. CYNTHIA AXNE

OF IOWA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 28, 2020

Mrs. AXNE. Madam Speaker, I rise today to ask the House of Representatives to join me in recognizing Neal Edward Smith of Des Moines, Iowa—in recognition of his 100th birthday—as our Iowan of the Week.

Neal served our state as 'the gentleman from Iowa' in the United States House of Representatives from 1959 to 1995—the longest that any Iowan has ever served in the House. As the current representative of Iowa's 3rd Congressional District, which spans much of the same area Mr. Smith represented here in Washington, I was glad to have the example he set to look to when taking office last year.

As a fifth-generation Iowan, I've grown up with Mr. Smith's legacy across our state. Whether it's families using the Neal Smith Trail, employees working in the Neal Smith Federal Building, folks visiting the Neal Smith Wildlife Refuge, or even students studying to be a part of next generation of leaders at the Neal Smith Law Center at Drake University—all of us feel the presence of this Iowa legend and newly minted centenarian.

Mr. Smith honored our country by serving in the United States Army Air Forces during World War II as a bomber pilot. After his plane was shot down, Mr. Smith received a Purple Heart, Air Medal, four oak leafclusters and nine battle stars for his bravery and heroism.

After exiting military service, Neal graduated both college and law school before entering public service, serving as the assistant county attorney for Polk County. In 1958, he was first elected to the U.S. House of Representatives, and he was reelected 17 more times after that.

It is an honor to commemorate Neal's commitment to public service for his 100th birthday, and applaud this 'gentleman from Iowa' for his hundred years of hard work and dedication to making Iowa better for everyone. Happy birthday, Neal.

REMEMBERING CHARLES "CHUCK"
ALAN STRANGE

HON. DEBBIE LESKO

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 28, 2020

Mrs. LESKO. Madam Speaker, I rise today to celebrate the life of Charles "Chuck" Alan Strange from Surprise, Arizona.

He was loved by many including his wife, Rosie, his three children, Alan, Chris and Laura, his two sisters, Barbara and Carolyn, and grandchildren and great grandchildren.

Chuck served honorably in the Army for 21 years, including as an Army Ranger for 3½ years in combat in Vietnam.

During his service, he was awarded: 7 O/S Bars—(7) six month deployments overseas; Bronze Star Medal with 12t-3rd Oak Leaf Cluster; Republic of Vietnam Armed Forces Honor Medal; Republic of Vietnam Service Medal with one Silver Star and three Bronze Stars—5 Campaigns; Army Commendation Medal with Oak Leaf Cluster; Air Medal 1st and 2nd Awards; Meritorious Service Medal; Good Conduct Medal 1st–7th Award; National Defense Service Medal; Republic of Vietnam Campaign Ribbon with Device 1960; Vietnamese Cross of Gallantry with Palm and Bronze Star; Combat Infantry Badge; Vietnam Ranger Badge; and Expert Rifle Badge with M–14 Bar.

He was a member of the Peoria Chamber for more than 15 years and served on the Board of Directors as well and many other positions.

Chuck also served on the Peoria & Surprise Regional Chambers and was honored with the Lifetime Achievement Award in Surprise.

He was active in many charities and volunteer positions including Luke Air Force Base, Military Affairs and the Rio Vista Veterans Memorial Wall.

On this day, we as a community honor him and ask those who knew him to pray for his family during this time of mourning.

HONORING STEVEN M. DUBINETT,
M.D. 2019 WILLIAM S. MIDDLETON
AWARD WINNER

HON. TED LIEU

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 28, 2020

Mr. LIEU of California. Madam Speaker, on behalf of the United States House of Representatives, I would like to extend my heartfelt congratulations to Dr. Steven M. Dubinett—a pulmonologist, professor, and researcher at the VA Greater Los Angeles Healthcare System—in recognition of his life-saving contributions to the field of oncology and lung cancer research.

The William S. Middleton award is the VA Biomedical Laboratory Research and Development Service's (BLR&D) highest honor. Named for the VA's chief medical director between 1955 and 1963, it is reserved for individuals who have made exceptional contributions to biomedical and bio-behavioral research that is relevant to the lives of veterans.

As many people know, the VA Greater Los Angeles Healthcare System (VAGLAHS) is a

beacon in the community and indeed the country for high caliber researchers who dedicate their careers to improving the quality of life of those who have served. Dr. Dubinett is an exemplary representative for both VAGLAHS and his profession.

In addition to his admirable dedication to service, his work proves the valuable connection between basic research and real-world treatment applications. His research has directly led to a new treatment regimen and immunotherapy trials for lung cancer patients.

As a veteran, I have worked hard to ensure that our nation's service members are given the chance they deserve to succeed. I am always deeply moved by the work our partners do at the VA, in the non-profit sector, and at the state and local level to improve outcomes for our nation's veterans. That work—and all the headway we have made—is threatened by every new case of cancer, our progress undermined each time we fail to beat what has claimed the lives of too many veterans at home. Simply put, Dr. Dubinett is one of our most valuable allies in that fight.

From his work on in situ vaccination strategies and his research for the National Lung Screening Trial, to his membership on philanthropic boards and his mentorship of the next generation of scientists, the American people owe Dr. Dubinett a debt of gratitude. I am honored to count him among my constituents.

HONORING IOWA'S HEALTH CARE
WORKERS AS IOWANS OF THE
WEEK

HON. CYNTHIA AXNE

OF IOWA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 28, 2020

Mrs. AXNE. Madam Speaker, each week, I honor an Iowan who has done something outstanding that deserves to be recognized. I started my 'Iowan Of The Week' because I want to honor our unsung heroes, our everyday Iowans who leave a positive impact on their community not for reward, but because that is who they are. I've found parents, teachers, and farmers to celebrate each week.

This week, I ask the House of Representatives to join me in honoring Iowans a little differently. I ask you to join me in honoring all our health care workers. Our doctors, our nurses, our PAs, our RNs, our medical residents, our hospital administration staff and so many more have gone into work each day, working tirelessly as this outbreak of COVID-19 has spread across this country. They are working extra shifts and additional hours, leaving their families at home. They know they must work to contain this outbreak while taking extra precautions to keep themselves and their families safe.

As schools, small businesses, restaurants, and more close down to minimize the spread, our health care workers know that they will never be shut down. They are our first and last lines of defense against this outbreak, and I know they will see us through it. I've spoken with many in the health care field this week, and I've heard how they are being asked to cover longer shifts, to conserve medical supplies, and to care for and comfort patients. At a time when many Americans are working from home and engaging in social distancing,

our health care workers are doing even more with less.

We must remember that no one is born a superhero. Our health care workers are ordinary people called upon to do extraordinary things. The work they are doing reminds me of President Roosevelt's quote, which goes "Courage is not the absence of fear, but rather the assessment that something else is more important than fear." Our health care workforce is putting the health and wellbeing of their communities first.

Madam Speaker, lowans are humble and we rarely brag or boast, so please allow me

to boast on their behalf. Our health care workers across Iowa are among the best in the nation, and they are at work protecting the health of our communities. When I speak with our health care workers, they tell me they are "just doing their job," but that is exactly what makes them special.

I ask the House to join me in honoring Iowa's health care workers as my lowans of the Week. I couldn't be more proud of these men and women for their selfless service during this time.

PERSONAL EXPLANATION

HON. JAMES R. BAIRD

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 28, 2020

Mr. BAIRD. Madam Speaker, due to unforeseen circumstances related to COVID-19, I was unable to cast my votes on Thursday, April 23. I would like to reflect my intended NAY vote for H. Res. 938, and my intentions of voting YEA in support of H.R. 266.

Daily Digest

Senate

Chamber Action

The Senate was not in session and stands adjourned until 1 p.m., on Thursday, April 30, 2020.

Committee Meetings

No committee meetings were held.

House of Representatives

Chamber Action

Public Bills and Resolutions Introduced: 18 public bills, H.R. 6628–6645; and 4 resolutions, H. Res. 941–944, were introduced. **Pages H1964–65**

Additional Cosponsors: **Pages H1965–66**

Reports Filed: There were no reports filed today.

Speaker: Read a letter from the Speaker wherein she appointed Representative Brown (MD) to act as Speaker pro tempore for today. **Page H1963**

Quorum Calls—Votes: There were no Yea and Nay votes, and there were no Recorded votes. There were no quorum calls.

Adjournment: The House met at 9 a.m. and adjourned at 9:03 a.m.

Committee Meetings

No hearings were held.

Joint Meetings

No joint committee meetings were held.

COMMITTEE MEETINGS FOR THURSDAY, APRIL 30, 2020

(Committee meetings are open unless otherwise indicated)

Senate

No meetings/hearings scheduled.

House

No hearings are scheduled.

Next Meeting of the SENATE

1 p.m., Thursday, April 30

Senate Chamber

Program for Thursday: Senate will meet in a pro forma session.

Next Meeting of the HOUSE OF REPRESENTATIVES

12 noon, Friday, May 1

House Chamber

Program for Friday: House will meet in Pro Forma session at 12 noon.

Extensions of Remarks, as inserted in this issue

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 Yoho, Ted S., Fla., E400



Congressional Record

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