

these men and women of good will and faith who labor still day in and day out, rejoicing in hope, patient in tribulation, working for that time when justice will be done.

I yield the floor.

The PRESIDING OFFICER. The Senator from Hawaii.

Ms. HIRONO. Mr. President, I would say that the views expressed by the good Senator from Missouri are not views widely shared by people in this country. And to compare the decisions in *Plessy v. Ferguson* and the *Dred Scott* decisions with the *Roe* decision dishonors the memory of Congressman John Lewis, who only today was buried, put to rest in Georgia.

CORONAVIRUS

Mr. President, the COVID-19 pandemic has laid bare the systemic racial inequities, inequalities in our healthcare system.

While the virus has touched Americans of every race and nationality, it disproportionately impacts people of color. We all know that. People of color make up just 40 percent of our country's population but account for over 60 percent of all coronavirus cases and 50 percent of deaths from coronavirus.

These inequities manifest themselves differently in each of our States. In Hawaii, for example, we are seeing pronounced disparities among our Pacific Islander community and particularly among citizens of the Freely Associated States of Micronesia, the Marshall Islands, and Palau. I am focusing my remarks on this vibrant community today because our country has rarely done right by them. Let me give you some background.

After liberating their territory in World War II, the United States administered the Trust Territory of the Pacific—which includes what are now the Freely Associated States—for nearly 40 years. Even in the most generous characterization, the United States failed to live up to its trust obligations to promote the political, social, and economic development of the region.

In addition to chronically underfunding social programs like healthcare and education, the United States used the Marshall Islands as a base for dozens of nuclear tests over a 12-year period, from 1946 to 1958, including the 15-megaton *Castle Bravo*—the largest thermonuclear device ever detonated by the United States. Decades later, the citizens of Micronesia and the Marshall Islands continued to suffer generational health consequences with substantially increased rates of cancer, birth defects, and miscarriages.

In 1986, the Federated States of Micronesia and the Republic of the Marshall Islands achieved independence and formally entered into Compacts of Free Association, COFA, with the United States. Palau followed in 1994. Under the terms of these compacts, these three countries provide the U.S. military with exclusive access to their strategically situated lands in ex-

change for security guarantees, economic and financial assistance, and the right of their citizens to travel, work, and live in the United States without having visas.

It is difficult to overstate the importance of the compacts to our strategic interests in the Indo-Pacific region. In a Senate Armed Services Committee hearing last year, U.S. INDOPACOM Commander ADM Philip Davidson succinctly noted how the compact nations “contribute way out of proportion to their population in our defense.” This is particularly true with respect to China, wherein our compacts with these island nations enable us to literally hold the line against aggressive Chinese economic and military expansion throughout Oceania.

If we are to ensure a free and open Indo-Pacific, we must treat the compact nations with the respect they deserve. First and foremost, this means keeping the promises we have made to these partners, especially on healthcare. Our initial compact agreements stipulated that COFA citizens were eligible for a range of Federal programs as “permanently residing under color of law,” including Medicaid coverage. The so-called welfare reform law of 1996, however, resulted in COFA citizens’ suddenly becoming ineligible for Medicaid and other Federal programs even as they may live in the United States legally and indefinitely.

I have done some research as to what happened in the welfare reform law, and there is absolutely nothing in the legislative history of that law to indicate why, suddenly, COFA citizens were not eligible for Medicaid coverage. According to a report from the University of Hawaii Economic Research Organization, the exclusion of COFA citizens from Medicaid increased the mortality rate of COFA citizens by 20 percent and contributed to significant public health issues in my home State of Hawaii.

I have led the fight to pass bipartisan legislation to restore Medicaid eligibility for COFA citizens throughout my time in the Senate, and we have come close to righting this wrong on several occasions, including in the bipartisan comprehensive immigration bill that the Senate passed in 2013.

The COVID-19 pandemic injects a new urgency into this effort. All across the country, COFA citizens work in essential industries like meat processing, food service, and custodial services. These jobs put COFA citizens at an increased risk, and they are suffering disproportionately from COVID-19 as a result.

In Hawaii, Pacific Islanders make up about 4 percent of our population but account for nearly a quarter of our COVID-19 cases. In northwest Arkansas, the Marshallese make up no more than 3 percent of the population but have suffered half the deaths. In DuBuque, IA, the Marshallese community accounts for more than a third of the city’s COVID-19 deaths despite their

making up only about 1 percent of the city’s population.

A number of factors drives these disparities, but reduced access to healthcare certainly isn’t helping. In fact, it is hurting a lot. The Government Accountability Office estimates that 14 percent of COFA citizens in Hawaii lack health insurance—nearly three times the State’s average. Nationwide, 22 percent of COFA citizens are uninsured.

In the absence of restored Medicaid eligibility, which would certainly lower the number of uninsured COFA citizens, our community health centers are, once again, stepping up. My conversations earlier this month with representatives from Kokuia Kalihi Valley Comprehensive Family Services and West Hawaii Community Health Center reinforced the crucial role these community health centers play in building reciprocal trust with the communities they serve. Both community health centers have been working closely with COFA citizens to combat stigma and fear by reaching out directly to the community to encourage them to seek care. This includes providing testing and outreach services in multiple languages. They have also been coordinating food deliveries to families, including to COFA citizens who are quarantining at home, and assisting some families with alternate housing arrangements so they can isolate away from healthy family members.

Our health centers are doing exceptional work with COFA citizens, and I strongly support providing them robust funding in the next COVID-19 relief bill.

Most importantly, we need to uphold our commitment to the compact nations and restore Medicaid eligibility for COFA citizens who are legally in our country. We can do that by including my *Covering our FAS Allies Act* to restore Medicaid eligibility for COFA citizens in the next COVID relief bill. In the *Heroes Act*, the House has already restored eligibility to this population, and it is time for the Senate to join them in righting an historic wrong.

I yield the floor.

The PRESIDING OFFICER. The majority leader.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. McCONNELL. Mr. President, I move to proceed to executive session to consider Calendar No. 711.

The PRESIDING OFFICER. The question is on agreeing to the motion. The motion was agreed to.

The PRESIDING OFFICER. The clerk will report the nomination.

The senior assistant legislative clerk read the nomination of Mark Wesley Menezes, of Virginia, to be Deputy Secretary of Energy.

CLOTURE MOTION

Mr. McCONNELL. Mr. President, I send a cloture motion to the desk.