

SUPPORTING ALTHEA MARGARET DAILY MILLS POST OFFICE BUILDING

(Mr. SOTO asked and was given permission to address the House for 1 minute.)

Mr. SOTO. Mr. Speaker, I rise today in support of our bill, H.R. 2969, which passed the House today.

This bill names the Florence Villa United States Post Office located at 1401 1st Street North in Winter Haven, Florida, as the Althea Margaret Daily Mills Post Office Building.

Ms. Althea Margaret Daily Mills is an unsung hero in the fight for desegregation in Florida.

Ms. Mills began her education in Pughsville, Winter Haven's first Black community. When she was 13, she moved to Pennsylvania to live with an aunt. There, she was able to attend integrated schools.

In 1963, Mills filed a lawsuit against Polk County Board of Public Instruction to end the dual school system and allow her son to attend the then-all-White Winter Haven High School. This lawsuit eventually led to integration of all Polk County public schools.

When asked about her motivation to challenge the system, Mills would later say: "Our instructors were just as good, but some of my son's textbooks would go to page 3 and then skip to page 35. You can't learn like that."

Ms. Mills was also the first Black career employee of the United States Postal Service in Winter Haven and eventually became a manager of the Florence Villa Post Office, which will bear her name.

Mr. Speaker, although she passed in 2008, her legacy lives on, and I thank my colleagues for the support of this bill.

#### COVID-19 PANDEMIC TIMELINE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2019, the gentleman from Tennessee (Mr. DAVID P. ROE) is recognized for 60 minutes as the designee of the minority leader.

Mr. DAVID P. ROE of Tennessee. Mr. Speaker, we are here today with the GOP Doctors Caucus for the next hour to discuss the COVID epidemic.

It is my distinct honor and privilege to be down here with my colleagues for the first time in some time since the House has not been in session for quite a few weeks.

Collectively on the floor tonight, there are over 200 years of clinical experience with the GOP Doctors Caucus. I myself practiced 37 years before I retired and ran for Congress in 2008.

Tonight, I want to go over the timeline just briefly of the pandemic that we currently are experiencing.

Remember, about 8½ months ago, we knew that there was a virus that had spread from China, from Wuhan, China, to the U.S.

In that timeline, on January 9, the World Health Organization announced

that there was a pneumonia in Wuhan, China.

By January 20, three cities in the U.S. had already begun to limit flights and to check passengers from flights that landed in Los Angeles at LAX, at San Francisco, and at JFK International.

On January 21, the first confirmed case was a person who lived in Wuhan but came back to the U.S.

By January 31 of this year, the President had stopped all flights from China to the U.S. and then subsequently, as we all know, from Europe to the U.S.

So, literally, from not knowing what this virus was in the first month, what RNA sequence it was, we had limited the travel of this virus.

Through the month of February, I became involved with the *Diamond Princess* cruise ship. It turned out I had a very good friend on that ship. It was docked with 3,500 people onboard. The average age of the passengers on that ship was 75 years of age.

My friend is a physician. I talked to him on the phone.

I must give a shout-out to HHS, who really led the evacuation of that ship, bringing all Americans back home, quarantining them. Not a single American died, and I think we can take some pride in that.

I am a former U.S. Army officer. I served in the 2nd Infantry Division in Korea. We were trained, and it was beaten in our heads, you do not leave anyone behind.

I think a number that is left out is our U.S. State Department has repatriated over 90,000 U.S. American citizens from overseas back home to the U.S., where they can receive the care that they need.

We have recognized that we got the RNA sequence of the virus and literally, within 6 weeks, began to approve treatments for this virus we didn't know a lot about.

I want to say, in my 37 years—this December, I would have graduated from medical school 50 years ago—I don't ever remember a time in my life where we found a disease, an infectious disease, where within 8 months we had cut the mortality rate by over 40 percent. That is literally unheard of.

It is a huge shout-out to the men and women who get up every day and go into our hospitals—we all know them at home—and put their lives on the line to treat us as patients and to take care of us. When given the proper equipment, they are doing a phenomenal job on the front lines.

Mr. Speaker, I want to thank my friends and colleagues who are still in practice every day for that.

We had an opportunity in May. Once we had realized that this had ramped up and a lot of Americans had been affected by this, the White House started something called Operation Warp Speed.

Literally, in the history of this country, I don't remember a time—typically, when we have a vaccine, a treat-

ment for a disease, there is usually anywhere from 3 or 4 years to 10 or 15 years to get that vaccine approved and get it to market.

What we want is a safe, effective vaccine like you would for polio.

As a child, I remember as a little boy when the polio vaccine came out. Literally overnight in this country, we eliminated polio as a risk. Many of my friends developed polio. They got it before the vaccine was available. I was very fortunate and did not, as were many children. We have essentially eliminated that from the Earth today.

We began Operation Warp Speed, which was to develop a vaccine. Well, how is that going to happen? We kept hearing it would be done in about a year. How can you safely do that in a year?

What usually happens in vaccine development is you sequence the RNA. The virus, you sequence it. After that virus is sequenced, you send your information over to the FDA, and they approve that you can begin clinical phase 1 trials. Phase 1 trials are typically 45 or 50 patients.

You then get the information from the phase 1 trials back to the FDA, the approval boards, and they give you permission to go to phase 2 and then to phase 3 trials.

If all of that is successful, then you begin to manufacture the vaccine and then deliver the vaccine to health departments, to doctors' offices, to hospitals and pharmacies and so forth to use the vaccine, just like we do for the flu.

What has happened this time is that all of these things have occurred simultaneously. So the phase 1 trials, the FDA gets the information. Phase 2 trials, they get the information. If it looks good, they can go ahead with phase 3 trials. That is why right now we have three trials in phase 3 trials in 8 months, which is unheard of, I can tell you. These are tens of thousands of patients who are enrolled in these trials.

Hopefully, by the end of this year, we will have a vaccine that is both safe and effective to treat our people in this country, our ones at most risk.

I am going to stop now.

Mr. Speaker, I yield to the gentleman from Texas (Mr. BURGESS). The first person I would like to recognize tonight is my good friend, Dr. MIKE BURGESS, a fellow OB/GYN doctor representing Texas' District 26.

He is a senior member of our GOP Doctors Caucus and has been active in the caucus since it began. Dr. BURGESS serves on the Energy and Commerce Committee as a senior member.

Mr. BURGESS. Mr. Speaker, I thank the gentleman, Dr. ROE, for yielding and for convening this hour.

I think it is so important that the people hear directly from us, the doctors who are serving in the United States House of Representatives.

When Dr. ROE was delivering his remarks, I was reminded of how the information about this illness came to us

and how serious it seemed that a city in China, a city of 10 million people, would be shut down.

Clearly, this was a significant illness and must be taken quite seriously, but I will say the committee on which I serve, the Subcommittee on Health for the Committee on Energy and Commerce, the very committee that the Congress before had worked on the reauthorization of the Pandemic All-Hazards Preparedness Act, would not hold a hearing on this during the month of February. It was a missed opportunity.

We had created the legislation that reauthorized pandemic preparedness. The President had signed that into law in June 2019. Now, 6 months later, we are faced with this possible worldwide pandemic.

You would think there would have been enough curiosity on the committee to do some real-time oversight. Did we get it right? Were we focused on the right conditions? Were we responding to the right signals?

But we don't know because we didn't look. We had to do hearings on flavored tobacco, horse racing, ticket stubs, all kinds of other things.

It was not until the end of February, tacked on to the waning moments of a budget hearing, that we heard from the Secretary of Health in the principle subcommittee that deals with health in this United States House of Representatives.

Dr. ROE also has talked about the speed with which the development of the vaccine is progressing, and it is truly remarkable.

Just as a data point, for people who may not remember, when Ebola was careening through western Africa, in August 2014, we basically had a vaccine that was at the same place as our candidate vaccines were at the end of August 2014, the end of phase 1 trials. The final approval by the Food and Drug Administration came in December 2019.

Clearly, that 5-year time horizon is just too long in this situation, and the administration recognized that. The President recognized that and leaned into the process of developing a vaccine.

One of the more remarkable things I have seen is that the Food and Drug Administration is going to license the production of appropriate vaccine candidates prior to their approval.

Now, they can't be sold until they get that final approval, so there is a financial risk that is taken by the companies that proceed with the production of that vaccine.

But for those who remember the fall of 2019, when H1N1 was such a problem in this country, remember the vaccine was developed and then another month went by before there was sufficient quantity of the vaccine to begin vaccinating the most vulnerable populations. That is not going to happen under the watch of Donald J. Trump.

I, for one, am grateful for the leadership that the President has provided in this regard. I am grateful for the lead-

ership that the House Doctors Caucus has been providing as we go through this very difficult time.

Mr. Speaker, I thank my friend from Tennessee for yielding.

□ 2030

Mr. DAVID P. ROE of Tennessee. Mr. Speaker, Dr. BURGESS is correct. It is one thing to manufacture a very small amount of vaccine, and vaccines are only one part of the prevention part.

We all know about washing our hands and face coverings, and the American people are doing that. Certainly, I have traveled a lot, as we all have, and I have seen great compliance in my home State of Tennessee with this very deadly virus.

Mr. Speaker, I yield to the gentleman from Indiana (Mr. BUCSHON), my good friend, and he is that indeed. I have had the privilege of getting to know Dr. BUCSHON and his family. I have been to his district, Indiana 8 in Evansville.

He has been here five terms, has served a little over 10 years as U.S. Navy Reserve, and is a retired cardiothoracic surgeon.

Mr. BUCSHON. Mr. Speaker, it is an honor to be here on the floor of the U.S. House of Representatives tonight with my fellow Doc Caucus members. I want to thank Dr. ROE for putting this Special Order together. It is really important that the American people hear from the medical professionals in the Congress about this really critical issue.

I remember back in medical school, one of my first rotations, I was on pediatrics. I understood vaccines to a certain extent, but then one of my first patients I had had whooping cough because they hadn't been vaccinated. So that is when I started to understand what it actually means to have safe and effective vaccines, not only for children but also for other diseases.

In this situation, what we need to do, as the American people, is we need to work to restore our way of life in America and around the world.

And how are we going to do that as it relates to COVID-19? Well, we are going to have to have a safe and effective vaccine.

And what I have been impressed with really over the last few months, up to about 6 months, is the unprecedented response from this administration as it relates to developing a vaccine so that we can restore our way of life in America and around the world.

And what have they done? Working along with Congress, of course there has been financing to help finance research and development of the vaccine, but also other things.

Operation Warp Speed has really put in an unprecedented streamlining of the process. Let me just say this: not eliminating the process of developing a vaccine, which would potentially make it problematic with safety and efficacy and whether it works or not, but streamlining the process, doing things together with private-sector compa-

nies, helping design the research protocols after they have helped pick the best candidates for an effective vaccine.

So, the Federal Government working in concert with the private sector helping to pick the best candidates, not just people throwing out, "Hey, I have got a great candidate here," but looking at the science of these developments, this research, helping to pick the best candidates and then streamlining the process by helping to design the further protocols, as Dr. ROE has mentioned, the phase one, two, and three trials and working in concert. So the Federal Government doesn't just sit back and say, like would normally happen: "Well, do your research. Go through the process. Show us that this works."

See, the government, under this administration, is working in concert at the same time, so that once we have this vaccine get to the point where it has been developed, people at FDA already know what has been happening with this vaccine. It is unprecedented, really.

I think Dr. BURGESS just mentioned the manufacturing process, already manufacturing the vaccines before they develop, so as soon as it gets proven to be safe, number one, effective, number two, look, we are going to have vaccines available. Again, that would not happen without Operation Warp Speed.

Let me just say this in closing, and then I will turn it back to Dr. ROE. These are career scientists at FDA, NIH, Health and Human Services. These are people who have worked—many, for decades—on vaccine development.

The narrative that politicians are driving this is just not true. The reality is—and I think Dr. Collins, Francis Collins from the NIH, testified in front of Congress last week or the week before—that science is driving this. We want safe and effective vaccines.

Let me just say this. When there is a vaccine available and when the healthcare providers, other people who are at high risk and everyone has had their chance to be vaccinated, I will take this vaccine myself because I have confidence that the process we are going through will ensure safety and it will ensure efficacy. The vaccine will work.

Let's help restore our way of life.

Mr. DAVID P. ROE of Tennessee. Mr. Speaker, I think you have to ask, any time you put something like this, Operation Warp Speed, together is: What is the goal? And the goal of that is to produce 300 million doses of an effective, safe vaccine to protect the American people. And also, it is to provide therapeutics and diagnostics along with that.

And this is under the umbrella of Health and Human Services; the FDA; the CDC; the NIH; BARDA, which is the Biomedical Advanced Research and

Developmental Authority; and the Department of Defense. So it is a multi-department approach of the entire government and the private sector. It is a private-public partnership to try to help defeat this virus and put our American people back at ease and back at work.

Look, every day when I go home, they say: Dr. ROE, when are we going to be able to get back to normal?

And yesterday was the first day I had attended an in-person church service in 6 months, the longest time in my life I remember not being in church, and people were so glad to be there and to have some semblance of normalcy.

This morning I got up. As I drove back, I saw parents putting their children on schoolbuses—something as simple as that, just to put your child on a schoolbus. I saw a mother this morning hug her little boy, and he jumps on with his mask on, jumps on the schoolbus ready to go to school. I think people are craving that.

Mr. Speaker, I yield to the gentleman from Ohio (Mr. WENSTRUP), my good friend, who is the vice chair of the Doctors Caucus, as Dr. BUCSHON is. He is a colonel in the U.S. Army Reserve—I have to salute him. I never made it past O-4—for over 20 years. He served in Iraq and also served on the Veterans' Affairs Committee and chaired the Subcommittee on Health.

Mr. WENSTRUP. Mr. Speaker, this is such a unique experience for all of us tonight. Here we are on the floor of Congress, and we have got almost a dozen healthcare providers coming to share our years of experience and knowledge and education with the American people as far as what we are trying to do in this country to develop a vaccine for the coronavirus. I mean, vaccines save lives. That is nothing new. Vaccines prevent illness. We know this.

I know growing up, my mom's first cousin had gotten polio when she was 4 years old. She spent the rest of her life in a wheelchair, disfigured, disfigured hands. She still found a way to make a living. But think if she had just had that vaccine a little bit sooner, if we had actually come up with it.

And to this day, the challenges that we face—I look at Rotary International, of which I am a member, and their goal is to rid the world of polio and try to get everyone in the world vaccinated.

This is not new science. But I will tell you this: With the virus that we are facing today, it is called novel for a reason. It is new and it is different, and we know more today than we knew 6 months ago. That is what is so important is that we continue to learn and get better and take care of people.

We know that some people are more at risk than others. We know that some people are more vulnerable to this than others. When we look at the symptoms for those who have tested positive and have gotten this, the symptoms can go anywhere from no

symptoms at all to may be a cough or a cold or flu-like symptoms or loss of taste and smell to respiratory problems, difficulty breathing, all the way, as we know, to death.

But therapeutics have come into play as we are studying this and understanding and identifying this virus and being able to treat it.

Early on, we were taking a concept that is not new, which is to take what we call convalescent plasma, take plasma from somebody who has had this disease and gotten better, developed the antibodies, so that they can use it to help someone else. And we have seen that it has been effective. We have seen that it has helped.

We have seen antivirals like the Remdesivir come forward that are working and helping people get better. Not everyone gets better, so the fight always continues.

We are using steroid treatments to reduce some of the inflammation that occurs from this viral attack, especially on the lungs, because it is the damage to the lungs that does the most.

So think about this and what we are doing today. If someone tests positive, especially if they have no or very few symptoms, go home and quarantine; check your temperature. You can check your oxygen level in your blood which, if it is going down, then you are getting sicker. It is a pulse oximeter. You put it on your finger. You can get them on Amazon. And if you are getting sicker, then the time to be treated is sooner rather than later. And that is what we are doing.

So, as has been mentioned a couple of times tonight, the mortality rate has gone down 40 percent, which is almost unheard of, and that is without a vaccine. That is with the therapeutics that have been developed.

We are doing something that probably no other country is doing to the level that we are doing. We are testing healthy people, people with no symptoms. Why? Because we know that people without symptoms can spread this, and it is important that we know who they are. No other country is doing the amount of testing that we do.

I was out with the National Guard during the August break. I went to four sites. We did about 1,000 tests on people driving up or walking up. It is amazing what we are doing with our country and how we are trying to respond to this.

So, on to Operation Warp Speed. This is about a commonsense path forward to find a safe and effective vaccine, and we are doing it in a way that no one has ever seen before.

Right now, in record time, you have seen pharmaceutical companies that usually compete against each other coming together to share knowledge and to come forward to try and develop a vaccine. We have six that are in phase three right now, three that are up and running.

I want to point out one thing about this being safe and effective.

AstraZeneca had one patient in a trial who developed an illness; and just like any other trial, when something like that happens, you put it on pause. You put it on pause to make sure that that illness was not a result of the trial or the vaccine. That is how you develop a safe and effective vaccine.

We are asking for about 30,000 volunteers for every one of these trials. That is the standard. Some will do even more. It is really incredible what we have done in such a short amount of time, and I applaud the people who are stepping up to be in these trials so that we can develop a vaccine right here in America.

The public-private collaboration is unique. It is new, and, as has been mentioned, the risk we take is that we are developing the vaccines and manufacturing before they have been through phase three, and if they don't get through phase three, then it is wasted. But if they do, then immediately we have it and we start treating the most vulnerable people. Ultimately, we want 300 million vaccines to treat all of America.

There are a lot of lessons learned. We have learned a lot. There is still more to learn. Only science will solve this, folks. That is who is going to solve it.

I just want to say this. When I look at Operation Warp Speed and all that we have done in this country so far, if there is going to be a pandemic in this world, there is no other country that I would rather be in than the United States of America.

Mr. DAVID P. ROE of Tennessee. Mr. Speaker, before the gentleman leaves, I know we had the opportunity, and we do about weekly, to be on a phone conference call with Operation Warp Speed leaders. One of the things that they asked us to do, and I do this here tonight, is to ask more African Americans to sign up for the vaccine trials.

□ 2045

In one particular large trial there were only 5.5 percent I believe African Americans in the trial, and they need to get that up.

So if you are out there, I am asking you to volunteer for this trial. Certainly, we need that. I think they had enough Latinos and senior citizens like myself, but I think that we do need that.

Mr. Speaker, you do need that. Basically, you need to study this as you do the population.

I think Pfizer is going to increase their trial to the low 40,000s. So it is a huge—just to let people know—that is a gigantic clinical trial. It is placebo controlled. One group gets a saline, basically a placebo, and the other group gets the vaccines. Then you check later.

By the way, all of these six vaccines, five of them will be two shots; one, and then one 21 to 28 days later. One which

will be developed a little later on, I think into 2021, will be a single shot.

Mr. WENSTRUP. To add to that, this is important, they are trying to make sure that the people in the trials are coming from the groups that are most vulnerable especially, and they want to make sure that that is an adequate number so that we get, again, a safe and effective vaccine.

Mr. DAVID P. ROE of Tennessee. How you decide who gets this vaccine is basically you just look at who suffered the most from it.

Where has that been?

It has been your nursing homes and your long-term care facilities.

I want to give the VA a shout-out. I served as the ranking member on the Veterans' Affairs Committee and chairman in the last Congress.

They have used the fourth mission of the VA to go out into many, many nursing homes across this country and to train and bring people up to speed about how to isolate patients so that it doesn't spread.

I remember one State veterans' nursing home in Massachusetts that lost over 70 veterans—that is unbelievable—in one facility. So we are getting much better. It is our elderly and long-term care facilities, over 40 percent of the deaths have been in long-term care and nursing homes.

Certainly, our healthcare workers and our first responders should be the first ones when a safe and effective vaccine is created.

Mr. Speaker, I yield to the gentleman from Maryland (Mr. HARRIS). Dr. HARRIS is the cochair of the Doctors Caucus. Dr. ANDY HARRIS is a Navy veteran and very active Member who will have the reins next year.

Mr. HARRIS. Mr. Speaker, I thank Dr. ROE for his service. Congress will miss him next year. We will miss his expertise especially in this time of crisis in the Nation.

But I am going to make my remarks very brief to remind the American people who are watching what we were talking about back in spring about the possibilities of how this pandemic comes to an end. The possibilities really were, well, the virus weakens on its own, but we haven't seen that at all, or a vaccine is developed.

I will tell you, Mr. Speaker, because I have had NIH grants, an NIH grant is usually written for a 3-year period with a renewal because that is usually how long it takes to even begin to make a discovery. With vaccines it is typically 5 to 10 years.

What we are talking about now, because of what this administration has done, is to have a vaccine being administered, being declared safe by the FDA potentially within 10 months of conceptualizing a vaccine.

As Dr. ROE knows, I sit on the Health Subcommittee of the Appropriations Committee, and foundations for Operation Warp Speed were laid by this administration years ago when they increased funding to the Biomedical Ad-

vanced Research and Development Authority which we call BARDA. One of the things they did is decide to heavily invest in vaccine technology and vaccine production, because it is one thing to discover the vaccine and to prove it is safe, it is another thing to make hundreds of millions of doses. Think about it, Mr. Speaker, you actually have to make the glass vials and you have to have the facility that can produce that. That is exactly what this administration has done through BARDA over the last few years, have those facilities in the United States.

This isn't like some of the PPE that we have to outsource overseas. We have the ability in this country to create hundreds of millions of vaccines, and we likely will by next year. Again, this is very, very unusual.

Mr. Speaker, as you will hear from a lot of the doctors tonight, it is very unusual to be able to do this within months, to be able to tell the American people that there is light at the end of the tunnel and that we see the end of this pandemic because, again, as the American people know, your own local school board may have said: We really can't go back to school full-time until there is a vaccine.

Well, Mr. Speaker, we are going to have that vaccine because this administration has cut through the red tape with Operation Warp Speed, ensuring a safe and effective vaccine that can be produced for hundreds of millions of people. That is really phenomenal. Because once we take care of the United States, then we can actually take care of the world health and this pandemic. That will be truly a wonderful thing.

I want to thank Dr. ROE for leading this tonight and for giving me the opportunity to remind the American people that from the very beginning we said the vaccine was the solution, and this administration is delivering that solution.

Mr. DAVID P. ROE of Tennessee. Mr. Speaker, I would like to say to Dr. HARRIS before he leaves, let's have a little discussion. The Doctors Caucus can get down in the weeds sometimes, and I realize that we do. But let's explain to people what herd immunity is.

What does it actually mean? You heard about this, and you hear all these folks get on TV and the talking heads start talking about it.

What does that actually mean?

Mr. Speaker, I yield to the gentleman.

Mr. HARRIS. Mr. Speaker, if you think about it, the herd is h-e-r-d, just like a herd of critters. In this case we talk about humans.

If you think about it, Mr. Speaker, your chance of contracting, in this case, a respiratory virus is proportional to the number of people you come in contact with who could spread it to you.

Conventional wisdom is that if 60 or 70 percent of the people have had the virus or are immune to the virus, either naturally by having the virus or

by having a vaccine, then your chance of contracting it goes way down because your chance of coming in contact with someone who has that virus or is not immune to it has gone way down. You achieve functionally what is called herd immunity; that is, your chance of developing that virus is much, much lower. So it means that you can begin to do some of the things, to draw back on some of those restrictions that we have now that people are so upset with.

That is what a vaccine promises to deliver because certainly a percent of the population now has immunity by having had the virus, but a much larger percent will have immunity because they are vaccinated and therefore can't get it nor can spread it to someone else. It is a very important public health concept.

It looks like if these vaccines are approved by year end or early next year, by next summer—I tell this to people in my district—we could actually have a normal summer.

Wouldn't that be nice?

We could actually have a normal summer.

Mr. DAVID P. ROE of Tennessee. Actually, we had a normal summer at the Great Smoky Mountains National Park this year. We had 1.7 million people come in July which was a record, I understand.

One of the things I want to also mention briefly while Dr. DUNN comes up is: Should you wear a mask, or should you not wear a mask?

A mask is an inconvenience. I am standing here way away from anybody, 20 feet away from anybody, but the way a mask probably works is this—these are not good enough to keep a virus from getting in. But if you walk through a room with coronavirus and you walk through a room filled with people, Mr. Speaker, you potentially will infect 2½ of those people.

Why?

Because it is probably spread by droplets. So if I have this mask on it prevents—if I sneeze or cough or whatever—a droplet from getting out or certainly not spreading very far. That is why if you touch a surface you want to wash your hands and cleanse the surface.

To give an example of how infectious measles is, if I have the measles and I walk through that same room, I probably can infect as many as 15 to 18 people. So it is aerosolized. It is like a pollen in the air. That is how it is spread as opposed to just a droplet spread, which means that the coronavirus is not spread nearly as easily as some other viruses are.

I wore a mask for over 30 years in the operating room. If it turns out it doesn't help all that much, then you have been inconvenienced. If it helps, then you maybe have saved a life.

Mr. Speaker, it is my great pleasure to introduce Dr. DUNN. My friend is a U.S. Army veteran. I served with Dr. DUNN on the Veterans' Affairs Committee. He is extremely active on that

committee. It has been a real pleasure to serve with Dr. DUNN in the U.S. Congress.

Mr. Speaker, I yield to the gentleman from Florida (Mr. DUNN).

Mr. DUNN. Mr. Speaker, I thank Chairman ROE for putting on this opportunity for us to address the American people directly and reassure them that this Operation Warp Speed is truly an amazing accomplishment for our country.

Mr. Speaker, if you were born after 1969 you didn't get a chance to celebrate with us on the original moonshot, those heady days of the Apollo landing and all the run-up science to get that done.

This is America's new moonshot. This is an amazing program. By leveraging the private sector and all parts of the private sector, as well as all of the agencies and all of government effort, we are making progress on medical science at a rate that has literally never been seen before. Every living Nobel Prize laureate with a Nobel Prize in medicine is cooperating with the government and rushing forward. The science on all these areas is really making a difference and making a difference very quickly.

The administration put \$10 billion with a B—bravo—in supplemental funding into the Operation Warp Speed and separately another \$1.5 billion into developing Shark Tank testing. So we are not only working on vaccines, we are working on testing for the virus, we are working on prevention of the virus, and we are working on therapeutics, that is medicines that are true antivirals.

We already have new protocols so that we are improving the treatment. The mortality rate for this disease has plummeted.

I mentioned that innovative and creative people are coming out and working on all facets of this disease. I have a story. This is a mask. Every one of you has a mask. This is a different kind of a mask. This is made out of a polyester fiber, and it is impregnated with bionic silver. It is virucidal. It kills the virus. It kills bacteria as well. So when you take your mask off, Mr. Speaker, and you put it down on the table, it sets about sterilizing itself. When I pick it back up, it will be sterile. That is an amazing accomplishment. That happened just this year, just since this started.

It is amazing these things can happen. All the science and all the medical experimenters and all the researchers are running flat out. We are pushing new frontiers in medicine. We are doing things that we never thought we would do in my lifetime in medicine. We have broken the mold, and I am so grateful to all the brilliant innovative men and women who are pushing out these frontiers and helping everybody. Medicine will never be the same after this just because of the advances in this time to this threat. We will be treating all of our diseases differently in the future.

Before I close I would like to associate myself with the comments Chairman ROE made earlier about the heroism of the medical care people and the healthcare people at all levels, including the ambulance drivers and the police who have to go out and respond to people. It is heroic for them to go out there and do that and continue to work in very difficult and challenging circumstances. But I think what this amounts to is America's shining moment in medicine. I can't think of a better time I have ever seen American medicine respond.

It has been a pleasure working with Chairman ROE.

Mr. DAVID P. ROE of Tennessee. It has been. One of the things that the CARES package did was—this is not Operation Warp Speed—but the CARES package also provided the way we shift when seeing patients in person through telehealth.

The VA, for instance, about 1 year ago did 70,000 or 80,000 telehealth visits a month for their PTSD treatments. That number went to over 900,000 in May of this year. That is unbelievable when you can do that. I think many practices now, including my own at home, have used telehealth to see patients, and I myself have used telehealth which saved me a many-hour drive one way or the other.

The pandemic is not all bad. We have learned some good things and some things I think that are going to persist after we get through this particular pandemic.

I also might add, this is not the first pandemic we have had. That is why I know we were going to be fine. There was an H3N2 pandemic in 1968, a coronavirus pandemic, and we got through that as a country. We have responded so much better this time with the therapeutics, monoclonal antibodies antivirals, just the way we treat it.

Anticoagulation hasn't been mentioned. We know this is an inflammatory response. It causes coagulation in the kidneys, the heart, and the lungs. So we have learned that.

Hats off to our medical professionals who have gone out and literally—it is unbelievable how fast they have upped their knowledge of this.

I appreciate the gentleman's comments.

□ 2100

Mr. Speaker, I yield to the gentleman from Pennsylvania (Mr. JOYCE), who I just introduced. He is double-boarded in internal medicine and dermatology, is a relatively new representative from Pennsylvania 13th, and has had 31 years in practice.

Mr. JOYCE of Pennsylvania. Mr. Speaker, I thank my friend, the gentleman from Tennessee, for yielding and for his leadership in the Doctor's Caucus.

Dr. ROE has educated us that perhaps as physicians in the United States Congress there might not be a more impor-

tant time that we present ourselves, our abilities to communicate, and understand the nature of this novel coronavirus and its impact on the world, and specifically, on Pennsylvania.

Over the past 6 months, the American people have united against what we have come to realize is an invisible enemy. We have done our part to slow the spread of the coronavirus and to serve our neighbors. Each and every one of us have made sacrifices during this pandemic. And together, we work to make a difference; we work to save lives.

As we look ahead to the future, Americans are eagerly awaiting the arrival of the coronavirus vaccine, and I am confident that our researchers, our scientists, are equipped to win this race.

Right now, constituents in Pennsylvania and around our country are making incredible progress in this pursuit as part of Operation Warp Speed—the Trump administration's historic initiative to develop a coronavirus vaccine.

Under the leadership of President Trump, the Department of Defense and the Department of Health and Human Services, together with so many in the private sector, are in the midst of what is truly an unprecedented search for a safe and effective vaccine, all in record time, with significant amounts of vaccine that will be developed for the people of America.

This process, as the doctors with me here tonight have testified, is driven by science but it is rooted in safety. And let's be certain: A vaccine will only be approved if it is proven to be both safe and effective.

Operation Warp Speed is taking all of the precautionary steps that are required to develop any vaccine. But here is the difference: As part of Operation Warp Speed, vaccine manufacturers can undertake several steps of vaccine development at the same time, mitigating the financial risk without, again, compromising the safety or the efficacy of the vaccine.

We know that Operation Warp Speed is unprecedented. To achieve the results for the American people, the Federal Government has invested over \$10 billion to support the development of this coronavirus vaccine. While we, as Members, as healthcare professionals, recognize that there are no guarantees in science, this strategy is setting up manufacturers for success, and it is offering hope for the American people.

If anyone can deliver substantial qualities and quantities of a safe and effective vaccine within a year of the discovery of a new virus, it is the United States of America.

Thanks to Americans' unparalleled ingenuity and drive, we are better positioned to develop therapeutics and a vaccine than any other country. And Americans know that we are up to the challenge because we have seen challenges before.

In the late 1940s, the polio virus was responsible for disabling more than

35,000 average people per year in the United States. And in 1954, Dr. Jonas Salk developed the polio vaccine at the University of Pittsburgh in my home State of Pennsylvania. Since then, the polio vaccine has been widely distributed in the United States and across the world. We have witnessed previously significant progress. And it is our hope—and that is why we bind together as the Doctor's Caucus and present in this Special Order a discussion of how this vaccine is being developed today, right now. And we look forward to that.

We trust in American ingenuity. We recognize that American ingenuity will win, and we are confident that we will see that in short order.

Again, I thank my colleague, my mentor, Dr. PHIL ROE for organizing this Special Order and allowing us to present this important information to America.

Mr. DAVID P. ROE of Tennessee. Mr. Speaker, I thank the gentleman.

Mr. Speaker, next I yield to the gentleman from Georgia (Mr. CARTER). Dr. BUDDY CARTER is our only pharmacist—soon to be two—in the U.S. Congress. We are glad to have Dr. Carter from Georgia One. He has been an incredibly important member of the Doctor's Caucus in providing his perspective because he has run a business for many, many years, has seen patients for many, many years, and brings his perspective to our caucus.

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentleman for yielding and for his leadership.

We are going to miss him. I know Dr. ROE is retiring, and there is going to be a great void there with him not being here, but I thank him for his service to the Doctor's Caucus and his service to our country.

Mr. Speaker, I rise today to talk about the amazing work our Nation's top scientists are doing to get a safe and effective coronavirus vaccine to the American people.

Earlier this year, President Trump initiated Operation Warp Speed, a collaborative effort between the Federal Government and the private sector to research, develop, and distribute a coronavirus vaccine.

The merits of this initiative were quickly realized, and Congress came together in a bipartisan fashion and invested \$10 billion to support the effort. The focus of the initiative works by accelerating development of vaccines through staggered clinical trials, completely overseen by Federal regulatory authorities. You have heard that time and time again tonight as each of the physicians here have explained how this is taking place.

Traditionally, a vaccine would undergo several separate phases of trials, with the average trial lasting nearly 7 years. Mr. Speaker, we don't have 7 years. Our country—our world—needs a vaccine now, and that is why Operation Warp Speed is on track to deliver vaccines in record speed, potentially even

by the end of the year. This is nothing short of a miracle. It is phenomenal.

And it is critically important to stress that any vaccine approved by the FDA will be safe and effective.

Mr. Speaker, I have been a practicing pharmacist for over 30 years. I have witnessed the process by which the FDA approves medications. They will not approve it unless it is safe and effective. Don't think for one minute that any administration or any person is going to have an impact on that. They are not. It will be safe and effective if it is approved by the FDA.

I repeat: Only vaccines that are proven to be completely safe and effective will be allowed for use.

But recently, we have heard dangerous rhetoric from certain politicians and candidates about Operation Warp Speed, rhetoric and comments that are lies based in politics instead of science; even doubting the thousands of scientists who have spent their life working to find cures and casting fear on the American people.

I have outright confidence in this administration's commitment to safety and science. And I can tell my constituents and the American people right now, I will be in line to get the vaccine when approved.

Our communities are suffering, and we are losing loved ones. This effort will save thousands, if not hundreds of thousands, of lives.

I commend this administration and the thousands of scientists working to find a cure, and I thank them for all they are doing to save lives, to produce a safe and effective vaccine.

Mr. DAVID P. ROE of Tennessee. Mr. Speaker, may I inquire how much time I have remaining?

The SPEAKER pro tempore. The gentleman has 10 minutes remaining.

Mr. DAVID P. ROE of Tennessee. Mr. Speaker, this should be about people not politics.

Mr. Speaker, I yield to the gentleman from Texas (Mr. BABIN), my good friend, who is a dentist, who served both in the Army as an artilleryman and in the United States Air Force as a dentist, and has been a very active member of our caucus.

Mr. BABIN. Mr. Speaker, I can't thank Dr. ROE enough for this initiative and his leadership. And so many people have gotten up at the mike and said he was their mentor. He actually was my mentor, and I really appreciate him very much.

Mr. Speaker, as a healthcare professional for nearly 40 years and a member of the House Doctor's Caucus, I am very pleased to report on the Trump administration's groundbreaking, unprecedented initiative to develop a safe and effective vaccine and treatment for COVID-19, called Operation Warp Speed.

I remember well as a boy back in the 1950s, and several of my schoolmates were stricken with polio. And I remember well standing in line at our elementary school to take the new vaccine,

which virtually has eliminated polio in the United States of America.

Well, our Nation's best scientists and researchers, doctors, and manufacturers are now collaborating and working around the clock to research, test, approve, and manufacture a vaccine in record time. This is the very key to restoring our way of life and rebuilding our economy to get back to those normal summers that we were talking about a while ago.

The President has capitalized on the ingenuity and the drive of the private sector and the scientific community, putting the United States at a better position than any other country in the world to develop a vaccine that the entire world can then benefit from.

The goal of Operation Warp Speed is to deliver 300 million doses of a safe and effective vaccine by January 2021. And by removing all unnecessary red tape and barriers, the President is on track to meet this goal.

The administration is cutting the development time to a matter of months by allowing development steps to occur simultaneously. Despite what the media may incorrectly report, the testing standards for this are the same as any other vaccine developed here in the United States of America. No safety shortcuts are being taken. The health and safety of the public remains the number one priority of this administration, and we have every reason to be hopeful.

The advances that the scientific community has made since the beginning of this pandemic are nothing short of remarkable and are directly responsible for a 40 percent decrease in the mortality rate from COVID-19 that we have seen.

Our knowledge about this novel virus grows every single day. And with our Nation's leaders and brightest minds working together, we will defeat this disease with unprecedented speed.

As a practicing dentist for nearly four decades, I believe that prevention is the best treatment, and that is exactly what this vaccine will do. While finding treatments and the therapeutics to fight this disease and its symptoms are a very worthwhile cause, actually blocking the virus from infecting us in the first place is the very strongest defensive strategy that we can have.

President Trump and his administration are bravely blazing a trail forward and leading our country out of this challenging time of global pandemic. So thanks to Operation Warp Speed, the world is only months away from a safe and reliable vaccine.

Mr. DAVID P. ROE of Tennessee. Mr. Speaker, I might point out that I have never seen a Republican or Democratic virus in my life. Just like I have never seen a Republican or Democratic cancer. This just affects people. The virus will be safe, it will be effective, and it will be voluntary. It will be a person's decision, or their family's decision, who actually receives the vaccine.

Mr. Speaker, I yield to the gentleman from North Carolina (Mr. MURPHY), who I served with on the Committee on Education and Labor, my good friend, and the newest member of the GOP's Doctor's Caucus.

Mr. MURPHY of North Carolina. Mr. Speaker, I thank Mr. ROE for yielding, and thank him for gathering everyone together.

Mr. Speaker, I will give a summary here this evening. Since the end of January, the world has been attacked essentially by a virus that none of us can see. I will say that since May 15, our administration has put in play Operation Warp Speed, and this is meant to save American lives.

Mr. Speaker, \$10 billion was allocated by this body to develop a safe and effective vaccine in record time. It has literally been today's Manhattan Project. It is combining the resources and the brilliant minds of private industry and governmental researchers in an unprecedented effort of cooperation. We have used decades of previous research combined with today's new technology and research to help us end the COVID-19 pandemic.

The objective is to deliver 300 million doses by the end of December, early January, to the citizens of the United States.

What do vaccines do? I think it is very important for people to understand what vaccines do.

They stimulate the immune system to produce antibodies exactly as it would happen if you were exposed to the disease. After you get vaccinated, you develop immunity to that disease without having to get the disease first.

We have two trials, two companies—Moderna and Pfizer—that are furthest along in their developments; 20,000 individuals so far have been accrued in the trials—half have been getting the vaccines, half placebo, and we need more.

The highest at-risk populations are those being targeted: The elderly, those with comorbidities, Black Americans, Hispanic Americans. As we have heard earlier, Black Americans are under-enrolling in the vaccine and we need them to enroll.

So how can this process, which normally takes years, be done in 8 months?

□ 2115

It is that research is being done concurrently rather than in parallel; our phases are going at the same time; and production is going at the same time, fully understanding that we may have millions of doses of a vaccine that we will never use.

How do we develop this at warp speed? Just to give folks one example, how do we develop a vaccine this quickly?

If you can imagine the space shuttle, the space shuttle is a transport mechanism. It carries things out to the space station. We already have the space shuttle. We use that in vaccines. But

what we have now is a different payload, a different payload going out to the space station. And the space shuttle is taking that into viruses with a different payload now specific to the coronavirus.

What all Americans are talking about now is not only the development of a vaccine but a safe vaccine. We have proof that the processes that are in place to develop safe vaccines are working.

As we have talked about, AstraZeneca stopped its trial because there was one untoward event. We have done research, and now they have started that trial again. Stopping trials is very commonplace in vaccine development, and the American people need to understand this.

We went through this once before with polio. Polio in the fifties was killing thousands and disabling many, many more. Jonas Salk developed the vaccine. What he did was remarkable, but what he did also was led by example. He took the vaccine himself, and he had his family take the vaccine.

This is what the Doctors Caucus is going to do. I will take the vaccine. The other members of the Doctors Caucus will take the vaccine because we need to tell the American people that we, physicians who have trained our entire lives in medicine, believe that what we are doing and what we are doing for the American people is safe.

What this will come out to is that we will have 300 million doses. Right now, our government is working on how to get those doses out to the American people. In an unprecedented effort, the CDC is working with HHS and the Department of Defense to develop a mechanism to get the vaccine out and to track the vaccine.

Finally, I will say this to the American people. There are two ways out of this pandemic, two ways on the pathway back to normalcy. One is to become infected with the virus, develop antibodies, and you recover. The second is to take the vaccine, develop antibodies without ever having the disease, and we can move forward as a Nation.

Mr. DAVID P. ROE of Tennessee. Mr. Speaker, I thank my colleagues for being here tonight. I look forward to continuing this debate and this discussion here on the House floor.

Mr. Speaker, I yield back the remainder of my time.

#### LETTER SUBMITTED PURSUANT TO SECTION 4(b) OF HOUSE RESOLUTION 965, 116TH CONGRESS

COMMITTEE ON SMALL BUSINESS

HOUSE OF REPRESENTATIVES,

COMMITTEE ON SMALL BUSINESS,

Washington, DC, September 14, 2020.

Hon. NANCY PELOSI,

Speaker, House of Representatives,  
Washington, DC.

DEAR SPEAKER PELOSI: Pursuant to section 4(b) of House Resolution 965, we are writing to inform you that the Committee on Small Business has met the requirements for con-

ducting a business meeting outlines in regulation E.1 of the remote committee proceedings regulations, inserted into the Congressional Record on May 15, 2020, and that the Committee is prepared to conduct a remote meeting and permit remote participation.

In meeting these requirements, the Committee held a non-public business meeting rehearsal on September 11, 2020; a public full Committee hearing with remote participation on June 10, 2020; and a public subcommittee hearing with remote participation on June 24, 2020.

Thank you,

Nydia M. Velázquez, Chairwoman; Jared Golden, Member of Congress; Abby Finkenauer, Member of Congress; Andy Kim, Member of Congress; Jason Crow, Member of Congress; Dwight Evans, Member of Congress; Adriano Espaillat, Member of Congress; Chrissy Houlahan, Member of Congress; Sharice Davids, Member of Congress; Judy Chu, Member of Congress; Bradley S. Schneider, Member of Congress; Antonio Delgado, Member of Congress; Angie Craig, Member of Congress.

#### ADJOURNMENT

The SPEAKER pro tempore. Pursuant to section 4(b) of House Resolution 967, the House stands adjourned until 9 a.m. tomorrow for morning-hour debate and 10 a.m. for legislative business.

Thereupon (at 9 o'clock and 18 minutes p.m.), under its previous order, the House adjourned until tomorrow, Tuesday, September 15, 2020, at 9 a.m. for morning-hour debate.

#### BUDGETARY EFFECTS OF PAYGO LEGISLATION

Pursuant to the Statutory Pay-As-You-Go Act of 2010 (PAYGO), Mr. YARMUTH hereby submits, prior to the vote on passage, for printing in the CONGRESSIONAL RECORD, that H.R. 4894, the Congressional Budget Justification Transparency Act of 2020, as amended, would have no significant effect on the deficit, and therefore, the budgetary effects of such bill are estimated as zero.

#### EXECUTIVE COMMUNICATIONS, ETC.

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

5249. A letter from the Chairman, Farm Credit System Insurance Corporation, transmitting the Corporation's annual report for calendar year 2019; to the Committee on Agriculture.

5250. A letter from the Director, Office of Management and Budget, Executive Office of the President, transmitting notification of the President's intent to exempt all military personnel accounts from any discretionary cap sequestration in FY 2021, if a sequestration is necessary, pursuant to 2 U.S.C. 905(f); Public Law 99-177, Sec. 255(f) (as amended by Public Law 105-33, Sec. 10207(b)); (111 Stat. 704); to the Committee on Appropriations.

5251. A letter from the Chairman, Federal Maritime Commission, transmitting a report of violations of the Antideficiency Act, pursuant to 31 U.S.C. 1351; Public Law 97-258; (96