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Senate

The Senate was not in session today. Its next meeting will be held on Monday, April 19, 2021, at 3 p.m.

House of Representatives

FRIDAY, APRIL 16, 2021

The House met at 9 a.m. and was called to order by the Speaker.

PRAYER

The Chaplain, the Reverend Margaret Grun Kibben, offered the following prayer:

Holy God, in You we live and breathe and have our being. We pause to acknowledge that nothing will take place today that isn't under Your authority, subject to Your decrees, or reliant on Your sustaining Word.

Bless us, then, at the start of this legislative day. As we have made the first item on the agenda to orient ourselves to You, the giver of our lives, the creator of the universe, the author of our faith, so may our priorities throughout this day and in our lives, be thus aligned to Your will.

Call us to yield to Your leadership that You would direct our words and deeds. Censure us with Your loving judgment and may we with humility respond to Your divine guidance. Speak Your Word into our lives, that we would find refreshment in its promises and wisdom in its precepts.

Remind us in this moment of prayer, that when we place You first, You will order our steps and crown our efforts with success. In this is our hope and salvation. In Your saving name we pray.

Amen.

THE JOURNAL

The SPEAKER. Pursuant to section 11(a) of House Resolution 188, the Journal of the last day's proceedings is approved.

PLEDGE OF ALLEGIANCE

The SPEAKER. Will the gentleman from Tennessee (Mr. FLEISCHMANN) come forward and lead the House in the Pledge of Allegiance.

Mr. FLEISCHMANN 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.

ANNOUNCEMENT BY THE SPEAKER

The SPEAKER. The Chair will entertain up to five requests for 1-minute speeches on each side of the aisle.

TRIBUTE TO SHAWN FRIEDKIN

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

Mr. DEUTCH. Madam Speaker, I rise today to pay tribute to my good friend, Shawn Friedkin, who left this Earth on March 3 after a courageous battle with cancer.

When Shawn was 27, he was tragically injured in a car accident. The accident took away Shawn's ability to walk, but it also inspired him to dedicate his life to helping other exceptional people. He founded the nonprofit association, Stand Among Friends, whose mission followed Shawn's, to help people with disabilities to live a life without limits.

Stand Among Friends partnered with Florida Atlantic University to open the Disability Center, which provides resources and career guidance to help individuals with disabilities find meaningful employment. Shawn was a founding member of the Boca Raton Advisory Board for People with Disabilities. He advocated for the disabled community and was appointed to the White House Healthcare Task Force.

Shawn's mission was to help people with disabilities embrace their differences, realize their abilities, and leave a positive impact on their community. And his positive impact leaves a lasting legacy through the lives of all the people he helped personally, and most of all through his loving family. All of us are privileged to call him a friend,

Above all, Shawn was devoted to his family and cherished spending time with his loving wife of 38 years, Lisa, and their incredible daughters, Bennett and Sydney. We will all miss Shawn's endless kindness, compassion, and generosity. Our lives are better for having Shawn as part of them.

Madam Speaker, I ask my colleagues to join me in recognizing Shawn Friedkin's life on the floor of the U.S. House of Representatives.

HONORING THE LIFE OF LINDSAY OVERBAY

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

Printed on recycled paper.

Mr. EMMER. Madam Speaker, I rise today to remember and honor the life of Lindsay Overbay.

Lindsay lost her life, and several of her coworkers were injured, in a tragic and senseless attack on the Allina Health Clinic in Buffalo, Minnesota, on February 9.

We continue to pray for Lindsay and her family and for the full and speedy recovery of her coworkers.

Lindsay was the best Minnesota has to offer. She devoted her life to family and her community, and her career to caring for people. She was only 37 years old. She leaves behind her husband, Donnie, and two young children, Gavin and Ava.

Special thanks to Wright County Sheriff Sean Deringer and his deputies and the city of Buffalo Police Department for their immediate and professional response that ended the threat and prevented further loss of life.

Our community must heal, and we will heal from this sad event, but we will always remember Lindsay, Donnie, Gavin, Ava, and the entire Allina family.

VOTER SUPPRESSION

(Ms. GARCIA of Texas asked and was given permission to address the House for 1 minute.)

Ms. GARCIA of Texas. Madam Speaker, I rise today to sound the alarm about the ongoing efforts to pass voter suppression laws across our Nation and in my home State of Texas.

Republicans have made it a priority to pass so-called ''election integrity bills.'' These misnamed bills are solely aimed at limiting access to the ballot box, particularly in urban counties like mine in Harris County.

In the 2020 election, Harris County saw record turnout despite the ongoing COVID–19 pandemic. We implemented drive-through voting, authorized voting sites to stay open until 10 p.m., and several locations were open for 24 hours. Hundreds of thousands of voters used these options to exercise their constitutional right without endangering themselves or their loved ones.

Now, Republicans in the State legislature are trying to ban and limit these measures under the false premise of ''election integrity.''

Madam Speaker, I strongly urge the Senate to pass H.R. 1, which would expand access to the ballot box and prohibit restrictions on drive-through voting for members of my community and all the voters across Texas.

Voting is a right that should be encouraged, not restricted.

REMEMBERING BILL DOWNEY III

(Mr. CARTER of Georgia asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. CARTER of Georgia. Madam Speaker, I rise today with a heavy heart to remember and honor Mr. Bill Downey III of St. Simons Island, Georgia, who passed away on February 28 at the age of 87.

Bill was a gentleman in every sense of the word, and he dedicated his life to serving others. After proudly serving his country in the United States Army, Bill met his wife of 58 years, Beth Newton.

Service to his community was an integral part of Bill's character. His kindness and selflessness extended to every area of his life, including his time as president of the Golden Isles Board of Realtors, chairman of the St. Simons Island Chamber of Commerce, chairman of the Airport Commission, and chairman of the Board of Frederica Academy.

He was also a member of St. Andrew's Episcopal Church, where he served as senior warden. Everyone who knew Bill recognized his giving heart and love for the outdoors. My thoughts and prayers are with his family, friends, and all who knew him during this most difficult time.

HOPE IN THE VACCINE

(Mr. TAKANO asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. TAKANO. Madam Speaker, the COVID–19 pandemic has cast a dark cloud over the world. Many have lost family members, friends, and other loved ones to the virus. And after many dark months, hope is here.

With the help of public health experts and science, we have vaccines to protect us and save lives. Democrats fought hard for a robust $20 billion national vaccination program in the American Rescue Plan. With these funds, we can ensure that everyone has access to a vaccine.

In my district, everyone 16 and older is eligible to get vaccinated. And as of this week, Riverside County reported that at least 1.3 million doses have been administered and over 400,000 residents are fully vaccinated, but to reach herd immunity, everyone must get vaccinated. We are all in this together and we can beat this virus together.

IN RECOGNITION OF CHARLES H. COOLIDGE

(Mr. FLEISCHMANN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. FLEISCHMANN. Madam Speaker, I rise today to honor Technical Sergeant Charles H. Coolidge of Signal Mountain, Tennessee, and recognize a lifetime of service to our Nation.

Sergeant Coolidge passed away on April 6, 2022. Sergeant Coolidge was the second-to-last surviving Congressional Medal of Honor recipient from World War II and was the last surviving Medal of Honor recipient from the European theater.

Born on August 4, 1921, Sergeant Coolidge is a national hero. During the period of October 24 through October 27, 1944, Sergeant Coolidge led a valiant repulsion of German infantry and tank units near the French town of Belmont-sur-Buttant. Prior to that, he had received the Silver Star for valiant combat in Italy.

Sergeant Coolidge's place in American history deserves the great acclaim bestowed on him then with the Medal of Honor, and now. He is truly an American hero and will be greatly missed.

BLACK MATERNAL HEALTH WEEK

(Ms. UNDERWOOD asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. UNDERWOOD. Madam Speaker, this week was Black Maternal Health Week, an important opportunity to discuss the disparities affecting Black mothers.

Maternal mortality rates have dropped around the world, but in the U.S. they have risen, leaving behind devastated families and children who will grow up never knowing their moms. And for Black moms and other women and birthing people of color, the crisis is even more severe.

Throughout Black Maternal Health Week, I had deeply impactful conversations with moms, healthcare professionals, Secretary Becerra, and activists who have poured their hearts into solving this crisis. I was also inspired by other conversations I saw across the country.

The need to address our Nation's maternal health crisis has never been more urgent, especially as we continue to confront a pandemic that has exacerbated existing health inequities, particularly for pregnant people. I am especially excited to have the Biden/Harris administration's partnership in this critical work.

Madam Speaker, with the American Rescue Plan and solutions like the Black Maternal Health Momnibus Act, we can save lives, end disparities, and achieve true equity for all of our moms.

THE MASTERS 2021 OMS

(Mr. ALLEN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. ALLEN. Madam Speaker, during the first week of April, the world's top golfers are invited to my hometown of Augusta, Georgia, as they compete in the most prestigious tournament in the world known as The Masters. As people from around the world visit the Augusta National Golf Club or tune in from the comfort of their homes, they get to experience a tradition unlike any other.

After the 2020 Masters Tournament was postponed to the fall with no spectators due to the pandemic, there was a lot of excitement to be back this year—even at limited capacity.

Madam Speaker, I thank Chairman Ridley and members of Augusta National for putting on a safe and memorable tournament this year.

And I want to extend my personal congratulations to the 2021 Masters Champion, Hideki Matsuyama. He is the first-ever Japanese professional golfer to win a men's major golf championship, and he has made his nation of Japan very proud.

Hideki is an inspiration to young golfers around the world, showing that you can reach the pinnacle of your profession through dedication and hard work.

HELPING YOUNG MOTHERS

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

Mr. CASTEN. Madam Speaker, earlier this month I visited Teen Parent Connection in Glen Ellyn, Illinois. It is an organization that serves young mothers, offering everything from diapers and formula, to doulas, counseling, and domestic abuse support services.

They were extremely grateful for the recent $1,400 economic impact payments that, in many cases, helped these new moms cover critical expenses like housing, food, and healthcare. But as we talked, it became apparent that they were not taking advantage and didn't even know about the larger $3,600 per child Child Tax Credit. And why would they? These are new moms that have never filed taxes before. They don't follow the tax policy changes nearly as closely as we do here in the Capitol, but here is this fantastic need.

Our office is now working to connect them with free tax filing services, but to the rest of American parents—young and old—please make sure to take advantage of this program. Even if you don't have any taxes due, the credit is fully refundable, and once you file, we will start sending checks to 70 million American families on July 1.

This tax credit will cut child poverty in half, help close the racial wealth gap, and help ensure more kids can live up to their full potential. In Illinois alone, it will lift 153,000 children out of poverty. It is, in short, a really big deal.

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HONORING BETTY WIECHERT

(Mr. BALDERSON asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BALDERSON. Madam Speaker, I rise today to honor the life of a lifelong Ohioan who made a profound impact on not only me but so many in the Zanesville area, my hometown, Betty Wiechert.

I first came to know Betty when I was just a young boy, when she became my first Sunday school teacher. All these years later, Betty and I still attended the same church together each Sunday.

Just a few weeks ago, Betty even surprised me by asking a question on a telephone townhall. She lived an incredibly full life until the very end.

Born in Newark and raised in Zanesville, Betty gave her entire life to her family and this community, teaching not only Sunday school but also third and fifth grades.

Her passing was preceded by her parents, her husband of nearly 62 years, Rudy, two grandchildren, two great-grandchildren, one great-great-grandchild, a brother-in-law, and her father-in-law and mother-in-law.

She is survived by six children, 16 grandchildren, 46 great-grandchildren, 42 great-great-grandchildren, with three more nephews, and extended family and friends.

Her faith and her positivity were Betty's trademarks and are all the things fellow Ohioans remember most about her.

I will miss seeing her each Sunday at church and will always admire her dedication to bettering the lives of those around her each day. We will miss her dearly.

WORKPLACE VIOLENCE PREVENTION FOR HEALTH CARE AND SOCIAL SERVICE WORKERS ACT

Mr. COURTNEY. Madam Speaker, as the designee of the chairman of the Committee on Education and Labor, pursuant to House Resolution 303, I call up the bill (H.R. 1195) to direct the Secretary of Labor to issue an occupational safety and health standard that requires covered employers within the health care and social service industries to develop and implement a comprehensive workplace violence prevention plan, and for other purposes, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Mrs. DEMINGS). Pursuant to House Resolution 303, the amendment in the nature of a substitute recommended by the Committee on Education and Labor, printed in the bill, is adopted and the bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

H.R. 1195

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Workplace Violence Prevention for Health Care and Social Service Workers Act''.

SEC. 2. TABLE OF CONTENTS.

The table of contents for this Act is as follows:

Sec. 1. Short title.
Sec. 2. Table of contents.

TITLE I—WORKPLACE VIOLENCE PREVENTION STANDARD

Sec. 101. Workplace violence prevention standard.
Sec. 102. Scope and application.
Sec. 103. Requirements for workplace violence prevention standard.
Sec. 104. Rules of construction.
Sec. 105. Other definitions.

TITLE II—AMENDMENTS TO THE SOCIAL SECURITY ACT

Sec. 201. Application of the workplace violence prevention standard to certain facilities receiving Medicare funds.

TITLE I—WORKPLACE VIOLENCE PREVENTION STANDARD

SEC. 101. WORKPLACE VIOLENCE PREVENTION STANDARD.

(a) INTERIM FINAL STANDARD.—

(1) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Labor shall issue an interim final standard on workplace violence prevention—

(A) to require certain employers in the health care and social service sectors, and certain employers in sectors that conduct activities similar to the activities in the health care and social service sectors, to develop and implement a comprehensive workplace violence prevention plan and carry out other activities or requirements described in section 103 to protect health care workers, social service workers, and other personnel from workplace violence; and

(B) that shall, at a minimum, be based on the Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers published by the Occupational Safety and Health Administration of the Department of Labor in 2015 and adhere to the requirements of this title.

(2) INAPPLICABLE PROVISIONS OF LAW AND EXECUTIVE ORDER.—The following provisions of law and Executive orders shall not apply to the issuance of the interim final standard under this subsection:

(A) The requirements applicable to occupational safety and health standards under section 6(b) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 655(b)).

(B) The requirements of chapters 5 and 6 of title 5, United States Code.

(C) Subchapter I of chapter 35 of title 44, United States Code (commonly referred to as the ''Paperwork Reduction Act'').

(D) Executive Order 12866 (58 Fed. Reg. 51735; relating to regulatory planning and review), as amended.

(3) NOTICE AND COMMENT.—Notwithstanding paragraph (2)(B), the Secretary shall, prior to issuing the interim final standard under this subsection, provide notice in the Federal Register of the interim final standard and a 30-day period for public comment.

(4) EFFECTIVE DATE OF INTERIM STANDARD.—The interim final standard shall—

(A) take effect on a date that is not later than 30 days after issuance, except that such interim final standard may include a reasonable phase-in period for the implementation of required engineering controls that take effect after such date;

(B) be enforced in the same manner and to the same extent as any standard promulgated under section 6(b) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 655(b)); and

(C) be in effect until the final standard described in subsection (b) becomes effective and enforceable.

(5) FAILURE TO PROMULGATE.—If an interim final standard described in paragraph (1) is not issued not later than 1 year of the date of enactment of this Act, the provisions of this title shall be in effect and enforced in the same manner and to the same extent as any standard promulgated under section 6(b) of the Occupational Safety and Health Act (29 U.S.C. 655(b)) until such provisions are superseded in whole by an interim final standard issued by the Secretary that meets the requirements of paragraph (1).

(b) FINAL STANDARD.—

(1) PROPOSED STANDARD.—Not later than 2 years after the date of enactment of this Act, the Secretary of Labor shall, pursuant to section

6 of the Occupational Safety and Health Act (29 U.S.C. 655), promulgate a proposed standard on workplace violence prevention—

(A) for the purposes described in subsection (a)(1)(A); and

(B) that shall include, at a minimum, requirements contained in the interim final standard promulgated under subsection (a).

(2) FINAL STANDARD.—Not later than 42 months after the date of enactment of this Act, the Secretary shall issue a final standard on such proposed standard that shall—

(A) provide no less protection than any workplace violence standard adopted by a State plan that has been approved by the Secretary under section 18 of the Occupational Safety and Health Act of 1970 (29 U.S.C. 667), provided the Secretary finds that the final standard is feasible on the basis of the best available evidence; and

(B) be effective and enforceable in the same manner and to the same extent as any standard promulgated under section 6(b) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 655(b)).

SEC. 102. SCOPE AND APPLICATION.

In this title:

(1) COVERED FACILITY.—

(A) IN GENERAL.—The term ''covered facility'' includes the following:

(i) Any hospital, including any specialty hospital, in-patient or outpatient setting, or clinic operating within a hospital license, or any setting that provides outpatient services.

(ii) Any residential treatment facility, including any nursing home, skilled nursing facility, hospice facility, and long-term care facility.

(iii) Any non-residential treatment or service setting.

(iv) Any medical treatment or social service setting or clinic at a correctional or detention facility.

(v) Any community care setting, including a community-based residential facility, group home, and mental health clinic.

(vi) Any psychiatric treatment facility.

(vii) Any drug abuse or substance use disorder treatment center.

(viii) Any independent freestanding emergency centers.

(ix) Any facility described in clauses (i) through (viii) operated by a Federal Government agency and required to comply with occupational safety and health standards pursuant to section 1960 of title 29, Code of Federal Regulations (as such section is in effect on the date of enactment of this Act).

(x) Any other facility the Secretary determines should be covered under the standards promulgated under section 101.

(B) EXCLUSION.—The term ''covered facility'' does not include an office of a physician, dentist, podiatrist, or any other health practitioner that is not physically located within a covered facility described in clauses (i) through (x) of subparagraph (A).

(2) COVERED SERVICES.—

(A) IN GENERAL.—The term ''covered service'' includes the following services and operations:

(i) Any services and operations provided in any field work setting, including home health care, home-based hospice, and home-based social work.

(ii) Any emergency services and transport, including such services provided by firefighters and emergency responders.

(iii) Any services described in clauses (i) and (ii) performed by a Federal Government agency and required to comply with occupational safety and health standards pursuant to section 1960 of title 29, Code of Federal Regulations (as such section is in effect on the date of enactment of this Act).

(iv) Any other services and operations the Secretary determines should be covered under the standards promulgated under section 101.

(B) EXCLUSION.—The term ''covered service'' does not include child day care services.

(3) COVERED EMPLOYER.—

(A) IN GENERAL.—The term ''covered employer'' includes a person (including a contractor, subcontractor, a temporary service firm, or an employee leasing entity) that employs an individual to work at a covered facility or to perform covered services.

(B) EXCLUSION.—The term ''covered employer'' does not include an individual who privately employs, in the individual's residence, a person to perform covered services for the individual or a family member of the individual.

(4) COVERED EMPLOYEE.—The term ''covered employee'' includes an individual employed by a covered employer to work at a covered facility or to perform covered services.

SEC. 103. REQUIREMENTS FOR WORKPLACE VIOLENCE PREVENTION STANDARD.

Each standard described in section 101 shall include, at a minimum, the following requirements:

(1) WORKPLACE VIOLENCE PREVENTION PLAN.—Not later than 6 months after the date of promulgation of the interim final standard under section 101(a), a covered employer shall develop, implement, and maintain an effective written workplace violence prevention plan (in this section referred to as the ''Plan'') for covered employees at each covered facility and for covered employees performing a covered service on behalf of such employer, which meets the following:

(A) PLAN DEVELOPMENT.—Each Plan shall—

(i) be developed and implemented with the meaningful participation of direct care employees, other employees, and employee representatives, for all aspects of the Plan;

(ii) be tailored and specific to conditions and hazards for the covered facility or the covered service, including patient-specific risk factors and risk factors specific to each work area or unit; and

(iii) be suitable for the size, complexity, and type of operations at the covered facility or for the covered service, and remain in effect at all times.

(B) PLAN CONTENT.—Each Plan shall include procedures and methods for the following:

(i) Identification of the individual and the individual's position responsible for implementation of the Plan.

(ii) With respect to each work area and unit at the covered facility or while covered employees are performing the covered service, risk assessment and identification of workplace violence risks and hazards to employees exposed to such risks and hazards (including environmental risk factors and patient-specific risk factors), which shall be—

(I) informed by past violent incidents specific to such covered facility or such covered service; and

(II) conducted with, at a minimum—

(aa) direct care employees;

(bb) where applicable, the representatives of such employees; and

(cc) the employer.

(iii) Hazard prevention, engineering controls, or work practice controls to correct hazards, in a timely manner, applying industrial hygiene principles of the hierarchy of controls, which—

(I) may include security and alarm systems, adequate exit routes, monitoring systems, barrier protection, established areas for patients and clients, lighting, entry procedures, staffing and working in teams, and systems to identify and flag clients with a history of violence; and

(II) shall ensure that employers correct, in a timely manner, hazards identified in any violent incident investigation described in paragraph (2) and any annual report described in paragraph (5).

(iv) Reporting, incident response, and post-incident investigation procedures, including procedures—

(I) for employees to report workplace violence risks, hazards, and incidents;

(II) for employers to respond to reports of workplace violence;

(III) for employers to perform a post-incident investigation and debriefing of all reports of workplace violence with the participation of employees and their representatives;

(IV) to provide medical care or first aid to affected employees; and

(V) to provide employees with information about available trauma and related counseling.

(v) Procedures for emergency response, including procedures for threats of mass casualties and procedures for incidents involving a firearm or a dangerous weapon.

(vi) Procedures for communicating with and training the covered employees on workplace violence hazards, threats, and work practice controls, the employer's plan, and procedures for confronting, responding to, and reporting workplace violence threats, incidents, and concerns, and employee rights.

(vii) Procedures for—

(I) ensuring the coordination of risk assessment efforts, Plan development, and implementation of the Plan with other employers who have employees who work at the covered facility or who are performing the covered service; and

(II) determining which covered employer or covered employers shall be responsible for implementing and complying with the provisions of the standard applicable to the working conditions over which such employers have control.

(viii) Procedures for conducting the annual evaluation under paragraph (6).

(C) AVAILABILITY OF PLAN.—Each Plan shall be made available at all times to the covered employees who are covered under such Plan.

(2) VIOLENT INCIDENT INVESTIGATION.—

(A) IN GENERAL.—As soon as practicable after a workplace violence incident, risk, or hazard of which a covered employer has knowledge, the employer shall conduct an investigation of such incident, risk, or hazard under which the employer shall—

(i) review the circumstances of the incident, risk, or hazard, and whether any controls or measures implemented pursuant to the Plan of the employer were effective; and

(ii) solicit input from involved employees, their representatives, and supervisors about the cause of the incident, risk, or hazard, and whether further corrective measures (including system-level factors) could have prevented the incident, risk, or hazard.

(B) DOCUMENTATION.—A covered employer shall document the findings, recommendations, and corrective measures taken for each investigation conducted under this paragraph.

(3) TRAINING AND EDUCATION.—With respect to the covered employees covered under a Plan of a covered employer, the employer shall provide training and education to such employees who may be exposed to workplace violence hazards and risks, which meet the following requirements:

(A) Annual training and education shall include information on the Plan, including identified workplace violence hazards, work practice control measures, reporting procedures, record keeping requirements, response procedures, anti-retaliation policies, and employee rights.

(B) Additional hazard recognition training shall be provided for supervisors and managers to ensure they—

(i) can recognize high-risk situations; and

(ii) do not assign employees to situations that predictably compromise the safety of such employees.

(C) Additional training shall be provided for each such covered employee whose job circumstances have changed, within a reasonable timeframe after such change.

(D) Applicable training shall be provided under this paragraph for each new covered employee prior to the employee's job assignment.

(E) All training shall provide such employees opportunities to ask questions, give feedback on training, and request additional instruction, clarification, or other followup.

(F) All training shall be provided in-person and by an individual with knowledge of workplace violence prevention and of the Plan, except that any annual training described in subparagraph (A) provided to an employee after the first year such training is provided to such employee may be conducted by live video if in-person training is impracticable.

(G) All training shall be appropriate in content and vocabulary to the language, educational level, and literacy of such covered employees.

(4) RECORDKEEPING AND ACCESS TO PLAN RECORDS.—

(A) IN GENERAL.—Each covered employer shall—

(i) maintain for not less than 5 years—

(I) records related to each Plan of the employer, including workplace violence risk and hazard assessments, and identification, evaluation, correction, and training procedures;

(II) a violent incident log described in subparagraph (B) for recording all workplace violence incidents; and

(III) records of all incident investigations as required under paragraph (2)(B); and

(ii)(I) make such records and logs available, upon request, to covered employees and their representatives for examination and copying in accordance with section 1910.1020 of title 29, Code of Federal Regulations (as such section is in effect on the date of enactment of this Act), and in a manner consistent with HIPAA privacy regulations (defined in section 1180(b)(3) of the Social Security Act (42 U.S.C. 1320d–9(b)(3))) and part 2 of title 42, Code of Federal Regulations (as such part is in effect on the date of enactment of this Act); and

(II) ensure that any such records and logs that may be copied, transmitted electronically, or otherwise removed from the employer's control for purposes of this clause omit any element of personal identifying information sufficient to allow identification of any patient, resident, client, or other individual alleged to have committed a violent incident (including the individual's name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals such individual's identity).

(B) VIOLENT INCIDENT LOG DESCRIPTION.—Each violent incident log shall—

(i) be maintained by a covered employer for each covered facility controlled by the employer and for each covered service being performed by a covered employee on behalf of such employer;

(ii) be based on a template developed by the Secretary not later than 1 year after the date of enactment of this Act;

(iii) include, at a minimum, a description of—

(I) the violent incident (including environmental risk factors present at the time of the incident);

(II) the date, time, and location of the incident, and the names and job titles of involved employees;

(III) the nature and extent of injuries to covered employees;

(IV) a classification of the perpetrator who committed the violence, including whether the perpetrator was—

(aa) a patient, client, resident, or customer of a covered employer;

(bb) a family or friend of a patient, client, resident, or customer of a covered employer;

(cc) a stranger;

(dd) a coworker, supervisor, or manager of a covered employee;

(ee) a partner, spouse, parent, or relative of a covered employee; or

(ff) any other appropriate classification;

(V) the type of violent incident (such as type 1 violence, type 2 violence, type 3 violence, or type 4 violence); and

(VI) how the incident was abated;

(iv) not later than 7 days after the employer learns of such incident, contain a record of each violent incident, which is updated to ensure completeness of such record;

(v) be maintained for not less than 5 years; and

(vi) in the case of a violent incident involving a privacy concern case, protect the identity of employees in a manner consistent with section 1904.29(b) of title 29, Code of Federal Regulations (as such section is in effect on the date of enactment of this Act).

(C) ANNUAL SUMMARY.—

(i) COVERED EMPLOYERS.—Each covered employer shall prepare and submit to the Secretary an annual summary of each violent incident log for the preceding calendar year that shall—

(I) with respect to each covered facility, and each covered service, for which such a log has been maintained, include—

(aa) the total number of violent incidents;

(bb) the number of recordable injuries related to such incidents; and

(cc) the total number of hours worked by the covered employees for such preceding year;

(II) be completed on a form provided by the Secretary;

(III) be posted for 3 months beginning February 1 of each year in a manner consistent with the requirements of section 1904 of title 29, Code of Federal Regulations (as such section is in effect on the date of enactment of this Act), relating to the posting of summaries of injury and illness logs;

(IV) be located in a conspicuous place or places where notices to employees are customarily posted; and

(V) not be altered, defaced, or covered by other material.

(ii) SECRETARY.—Not later than 1 year after the promulgation of the interim final standard under section 101(a), the Secretary shall make available a platform for the electronic submission of annual summaries required under this subparagraph.

(5) ANNUAL REPORT.—

(A) REPORT TO SECRETARY.—Not later than February 15 of each year, each covered employer shall report to the Secretary, on a form provided by the Secretary, the frequency, quantity, and severity of workplace violence, and any incident response and post-incident investigation (including abatement measures) for the incidents set forth in the annual summary of the violent incident log described in paragraph (4)(C). The contents of the report of the Secretary to Congress shall not disclose any confidential information.

(B) REPORT TO CONGRESS.—Not later than 6 months after February 15 of each year, the Secretary shall submit to Congress a summary of the reports received under subparagraph (A).

(6) ANNUAL EVALUATION.—Each covered employer shall conduct an annual written evaluation, conducted with the full, active participation of covered employees and employee representatives, of—

(A) the implementation and effectiveness of the Plan, including a review of the violent incident log; and

(B) compliance with training required by each standard described in section 101, and specified in the Plan.

(7) PLAN UPDATES.—Each covered employer shall incorporate changes to the Plan, in a manner consistent with paragraph (1)(A)(i) and based on findings from the most recent annual evaluation conducted under paragraph (6), as appropriate.

(8) ANTI-RETALIATION.—

(A) POLICY.—Each covered employer shall adopt a policy prohibiting any person (including an agent of the employer) from the discrimination or retaliation described in subparagraph (B).

(B) PROHIBITION.—No covered employer shall discriminate or retaliate against any employee for—

(i) reporting a workplace violence incident, threat, or concern to, or seeking assistance or intervention with respect to such incident, threat, or concern from, the employer, law enforcement, local emergency services, or a local, State, or Federal government agency; or

(ii) exercising any other rights under this paragraph.

(C) ENFORCEMENT.—This paragraph shall be enforced in the same manner and to the same extent as any standard promulgated under section 6(b) of the Occupational Safety and Health Act (29 U.S.C. 655(b)).

SEC. 104. RULES OF CONSTRUCTION.

Notwithstanding section 18 of the Occupational Safety and Health Act of 1970 (29 U.S.C. 667)—

(1) nothing in this title shall be construed to curtail or limit authority of the Secretary under any other provision of the law;

(2) the rights, privileges, or remedies of covered employees shall be in addition to the rights, privileges, or remedies provided under any Federal or State law, or any collective bargaining agreement; and

(3) nothing in this Act shall be construed to limit or prevent health care workers, social service workers, and other personnel from reporting violent incidents to appropriate law enforcement.

SEC. 105. OTHER DEFINITIONS.

In this title:

(1) WORKPLACE VIOLENCE.—

(A) IN GENERAL.—The term ''workplace violence'' means any act of violence or threat of violence, without regard to intent, that occurs at a covered facility or while a covered employee performs a covered service.

(B) EXCLUSIONS.—The term ''workplace violence'' does not include lawful acts of self-defense or lawful acts of defense of others.

(C) INCLUSIONS.—The term ''workplace violence'' includes—

(i) the threat or use of physical force against a covered employee that results in or has a high likelihood of resulting in injury, psychological trauma, or stress, without regard to whether the covered employee sustains an injury, psychological trauma, or stress; and

(ii) an incident involving the threat or use of a firearm or a dangerous weapon, including the use of common objects as weapons, without regard to whether the employee sustains an injury, psychological trauma, or stress.

(2) TYPE 1 VIOLENCE.—The term ''type 1 violence''—

(A) means workplace violence directed at a covered employee at a covered facility or while performing a covered service by an individual who has no legitimate business at the covered facility or with respect to such covered service; and

(B) includes violent acts by any individual who enters the covered facility or worksite where a covered service is being performed with the intent to commit a crime.

(3) TYPE 2 VIOLENCE.—The term ''type 2 violence'' means workplace violence directed at a covered employee by customers, clients, patients, students, inmates, or any individual for whom a covered facility provides services or for whom the employee performs covered services.

(4) TYPE 3 VIOLENCE.—The term ''type 3 violence'' means workplace violence directed at a covered employee by a present or former employee, supervisor, or manager.

(5) TYPE 4 VIOLENCE.—The term ''type 4 violence'' means workplace violence directed at a covered employee by an individual who is not an employee, but has or is known to have had a personal relationship with such employee, or with a customer, client, patient, student, inmate, or any individual for whom a covered facility provides services or for whom the employee performs covered services.

(6) THREAT OF VIOLENCE.—The term ''threat of violence'' means a statement or conduct that—

(A) causes an individual to fear for such individual's safety because there is a reasonable

possibility the individual might be physically injured; and

(B) serves no legitimate purpose.

(7) ALARM.—The term ''alarm'' means a mechanical, electrical, or electronic device that does not rely upon an employee's vocalization in order to alert others.

(8) DANGEROUS WEAPON.—The term ''dangerous weapon'' means an instrument capable of inflicting death or serious bodily injury, without regard to whether such instrument was designed for that purpose.

(9) ENGINEERING CONTROLS.—

(A) IN GENERAL.—The term ''engineering controls'' means an aspect of the built space or a device that removes a hazard from the workplace or creates a barrier between a covered employee and the hazard.

(B) INCLUSIONS.—For purposes of reducing workplace violence hazards, the term ''engineering controls'' includes electronic access controls to employee occupied areas, weapon detectors (installed or handheld), enclosed workstations with shatter-resistant glass, deep service counters, separate rooms or areas for high-risk patients, locks on doors, removing access to or securing items that could be used as weapons, furniture affixed to the floor, opaque glass in patient rooms (which protects privacy, but allows the health care provider to see where the patient is before entering the room), closed-circuit television monitoring and video recording, sight-aids, and personal alarm devices.

(10) ENVIRONMENTAL RISK FACTORS.—

(A) IN GENERAL.—The term ''environmental risk factors'' means factors in the covered facility or area in which a covered service is performed that may contribute to the likelihood or severity of a workplace violence incident.

(B) CLARIFICATION.—Environmental risk factors may be associated with the specific task being performed or the work area, such as working in an isolated area, poor illumination or blocked visibility, and lack of physical barriers between individuals and persons at risk of committing workplace violence.

(11) PATIENT-SPECIFIC RISK FACTORS.—The term ''patient-specific risk factors'' means factors specific to a patient that may increase the likelihood or severity of a workplace violence incident, including—

(A) a patient's treatment and medication status, and history of violence and use of drugs or alcohol; and

(B) any conditions or disease processes of the patient that may cause the patient to experience confusion or disorientation, be non-responsive to instruction, behave unpredictably, or engage in disruptive, threatening, or violent behavior.

(12) SECRETARY.—The term ''Secretary'' means the Secretary of Labor.

(13) WORK PRACTICE CONTROLS.—

(A) IN GENERAL.—The term ''work practice controls'' means procedures and rules that are used to effectively reduce workplace violence hazards.

(B) INCLUSIONS.—The term ''work practice controls'' includes—

(i) assigning and placing sufficient numbers of staff to reduce patient-specific type 2 violence hazards;

(ii) provision of dedicated and available safety personnel such as security guards;

(iii) employee training on workplace violence prevention methods and techniques to de-escalate and minimize violent behavior; and

(iv) employee training on procedures for response in the event of a workplace violence incident and for post-incident response.

TITLE II—AMENDMENTS TO THE SOCIAL SECURITY ACT

SEC. 201. APPLICATION OF THE WORKPLACE VIOLENCE PREVENTION STANDARD TO CERTAIN FACILITIES RECEIVING MEDICARE FUNDS.

(a) IN GENERAL.—Section 1866 of the Social Security Act (42 U.S.C. 1395cc) is amended—

(1) in subsection (a)(1)—

(A) in subparagraph (X), by striking ''and'' at the end;

(B) in subparagraph (Y), by striking the period at the end and inserting ''; and''; and

(C) by inserting after subparagraph (Y) the following new subparagraph:

''(Z) in the case of hospitals that are not otherwise subject to the Occupational Safety and Health Act of 1970 (or a State occupational safety and health plan that is approved under 18(b) of such Act) and skilled nursing facilities that are not otherwise subject to such Act (or such a State occupational safety and health plan), to comply with the Workplace Violence Prevention Standard (as promulgated under section 101 of the Workplace Violence Prevention for Health Care and Social Service Workers Act).''; and

(2) in subsection (b)(4)—

(A) in subparagraph (A), by inserting ''and a hospital or skilled nursing facility that fails to comply with the requirement of subsection (a)(1)(Z) (relating to the Workplace Violence Prevention Standard)'' after ''Bloodborne Pathogens standard)''; and

(B) in subparagraph (B)—

(i) by striking ''(a)(1)(U)'' and inserting ''(a)(1)(V)''; and

(ii) by inserting ''(or, in the case of a failure to comply with the requirement of subsection (a)(1)(Z), for a violation of the Workplace Violence Prevention standard referred to in such subsection by a hospital or skilled nursing facility, as applicable, that is subject to the provisions of such Act)'' before the period at the end.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall apply beginning on the date that is 1 year after the date of issuance of the interim final standard on workplace violence prevention required under section 101.

The SPEAKER pro tempore. The bill, as amended, shall be debatable for 1 hour equally divided and controlled by the chair and ranking minority member on the Committee on Education and Labor.

The gentleman from Connecticut (Mr. COURTNEY) and the gentlewoman from North Carolina (Ms. FOXX) each will control 30 minutes.

The Chair recognizes the gentleman from Connecticut.

GENERAL LEAVE

Mr. COURTNEY. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 1195, the Workplace Violence Prevention for Health Care and Social Service Workers Act.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Connecticut?

There was no objection.

Mr. COURTNEY. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, if there is one lesson that all Americans have learned in the last year from the shared experience of the COVID pandemic, it is that our Nation's healthcare workers have truly been heroic, putting their lives and health at risk, treating and caring for millions of patients suffering from a scary deadly disease. I am sure that every Member in this Chamber at some point has tweeted, issued statements, held up signs thanking nurses, EMTs, doctors, and many other caregivers for their amazing work.

But as all those brave workers can attest, there is a second colliding epidemic that they continue to face, namely, frightening levels of violence at rates that far exceed those faced by any other sector in our economy.

The Bureau of Labor Statistics, which has studied this alarming phenomenon, found that 73 percent of all violent incidents that happen in American workplaces happen to healthcare and social assistance employees. Year after year, BLS tallies tens of thousands of violent incidents which could be prevented by the standard required by today's legislation.

Today, we have the power right here in this Chamber to prevent this wave of violence by passing H.R. 1195, the Workplace Violence Prevention for Health Care and Social Service Workers Act.

The primary source of this violence comes in the form of assaults: kicking, hitting, spitting, even the use of firearms and other weapons from patients and those who accompany them.

H.R. 1195 would require an enforceable workplace violence prevention standard within 42 months after enactment at about 200,000 healthcare centers, not small doctors' offices or clinics. The standard would require that covered employers develop a workplace violence prevention plan that is tailored to the specific conditions and hazards present at each workplace, not a one-size-fits-all mandate.

Since 1996, OSHA has published voluntary guidelines that recommended many commonsense measures that employers can take to reduce the risk and severity of violent incidents. These guidelines are an excellent resource, but the fact that we continue to see an alarming growth in violence means that relying on ad hoc, voluntary adoption is failing to protect our healthcare heroes. We need an enforceable standard.

Over the last 5 years, in the last two administrations, despite verbal support for an enforceable OSHA rule, nothing has moved in the rulemaking process. History shows that with no deadlines in statute, OSHA takes 15 to 20 years to issue a standard.

Indeed, in the last administration, despite giving lip service for 3 years that they were creating a new rule, not one administrative step was actually taken to protect healthcare and social assistance workers.

I want to be very clear. Right now, over at that agency, this issue is dead in the water.

Every year we fail to address this situation, we are condemning thousands of nurses, doctors, aides, EMTs, and social workers to suffer preventable injuries, sometimes fatal, on the job.

That is why a huge coalition of healthcare workers from the American College of Emergency Physicians, National Nurses United, American Nurses Association, EMTs, and many more have come together, begging Congress to enact this bill.

No more delays. It is time that Congress puts a clock on this issue so that we can get the preventative measures in place nationwide that we know will save lives.

Madam Speaker, I want to thank the chair of the committee, Mr. SCOTT, for his great support on this measure, as well as Chair ADAMS, the Subcommittee on Workforce Protections chair, as well as my Republican colleagues, because there actually is some agreement on the basics on this issue.

Lastly, I want to thank our outstanding, stellar staff: Richard Miller; Jordan Barab, who is leaving us shortly, at the end of the month, for his incredible institutional knowledge and work; and Maria Costigan, from my office.

Madam Speaker, I reserve the balance of my time.

COMMITTEE ON ENERGY AND COMMERCE, HOUSE OF REPRESENTATIVES,
Washington, DC, March 26, 2021.

Hon. BOBBY SCOTT,
Chairman, Committee on Education and Labor, Washington, DC.

DEAR CHAIRMAN SCOTT: I write concerning H.R. 1195, the ''Workplace Violence Prevention for Health Care and Social Service Workers Act,'' which was additionally referred to the Committee on Energy and Commerce.

In recognition of the desire to expedite consideration of H.R. 1195, the Committee on Energy and Commerce agrees to waive formal consideration of the bill as to provisions that fall within the rule X jurisdiction of the Committee on Energy and Commerce. The Committee takes this action with the mutual understanding that we do not waive any jurisdiction over the subject matter contained in this or similar legislation, and that the Committee will be appropriately consulted and involved as this bill or similar legislation moves forward so that we may address any remaining issues within our jurisdiction. I also request that you support my request to name members of the Committee on Energy and Commerce to any conference committee to consider such provisions.

Finally, I would appreciate the inclusion of this letter in the report on the bill and into the Congressional Record during floor consideration of H.R. 1195.

Sincerely,

FRANK PALLONE, Jr.,
Chairman.

COMMITTEE ON EDUCATION AND LABOR, HOUSE OF REPRESENTATIVES,
Washington, DC, March 26, 2021.

Hon. FRANK PALLONE, Jr.,
Chairman, House Committee on Energy and Commerce, Washington, DC.

DEAR CHAIRMAN PALLONE: In reference to your letter of March 26, 2021, I write to confirm our mutual understanding regarding H.R. 1195, the ''Workplace Violence Prevention for Health Care and Social Service Workers Act.''

I appreciate the Committee on Energy and Commerce's waiver of consideration of H.R. 1195 as specified in your letter. I acknowledge that the waiver was granted only to expedite floor consideration of H.R. 1195 and does not in any way waive or diminish the Committee on Energy and Commerce's jurisdictional interests over this or similar legislation.

I would be pleased to include our exchange of letters on this matter in the committee report for H.R. 1195 and in the Congressional Record during floor consideration of the bill to memorialize our joint understanding.

Again, thank you for your assistance with these matters.

Very truly yours,

ROBERT C. ''BOBBY'' SCOTT,
Chairman.

Ms. FOXX. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I thank my colleague for yielding.

Madam Speaker, I rise today in opposition to H.R. 1195, the Workplace Violence Prevention for Health Care and Social Service Workers Act.

Ensuring workplace safety for all American workers, especially our Nation's caregivers, is an issue of the utmost importance and is deserving of a serious and thorough solution. I agree with my colleague; we all appreciate what healthcare workers have done. I do every day, but particularly since we have had COVID.

H.R. 1195 purports to take a responsible approach to the issue of workplace violence, but legislation that results in a rushed and overly prescriptive rule that omits important input from stakeholders and experts, while driving up compliance costs for already struggling industries, is far from a sensible solution. Yet, that is what we are asked to consider today.

Workers in the healthcare and social services industries are at an increased risk of workplace violence, with the Bureau of Labor Statistics finding they are five times more likely to experience violence in the workplace than workers in other industries.

While the threat is real, the response the Democrats are proposing to address the situation, to further their own partisan agenda, is not grounded in reality.

Workplace violence is already a well-recognized hazard by employers and employees in the healthcare and social services industries. According to a 2018 American Hospital Association survey, 97 percent of respondents indicated they already have workplace violence policies in place.

In addition, the Occupational Safety and Health Administration, OSHA, is already enforcing workplace violence prevention measures, issuing citations to employers who fail to provide safe workplaces during both the Obama and Trump administrations.

The agency is also working on a rule through the standard OSHA rulemaking process and has announced plans to initiate a Small Business Regulatory Enforcement Fairness Act panel, a key part of the rulemaking process that allows the agency to gather valuable feedback from small businesses before a regulation is written.

H.R. 1195 is particularly ill-timed and ill-advised as it forces OSHA to issue an interim final rule on workplace violence within 1 year, which will significantly strain healthcare facilities that are heroically working on the front lines, responding to a once-in-a-century pandemic.

The CBO recently estimated the cost of this bill to private entities would be at least $1.8 billion in the first 2 years that the rushed OSHA rule is in effect and $750 million annually after that. The cost to public facilities will be at least $100 million in the first 2 years and $55 million annually after that.

Financially struggling healthcare facilities, such as rural hospitals that are already at risk of closure, cannot afford a rushed and costly government-imposed mandate from Washington bureaucrats.

The House is considering H.R. 1195 at a time when the Biden administration is also considering a burdensome, overreaching emergency temporary standard, ETS, on COVID–19. Though OSHA is weeks behind in deciding whether to issue the ETS, handing down two expensive, punitive Federal mandates on an already burdened healthcare industry could be the straw that breaks the camel's back.

There may be a time and place where a workplace violence regulation is appropriate, but now is certainly not it.

While I cannot support H.R. 1195, I want to be clear. The safety of our Nation's healthcare and social service workers is not a partisan issue. Republicans offered a workable solution at a recent committee markup and were willing to negotiate with our colleagues across the aisle on a compromise, one that requires OSHA to analyze a rule properly, heed appropriate and necessary input from stakeholders, and launch an educational campaign on workplace violence prevention.

Yet, here we are, considering another Democrat bill being pushed through with no Republican input.

Healthcare workers are familiar with the Hippocratic oath: ''First, do no harm.'' In its rush to judgment, H.R. 1195 does great harm. By short-circuiting the public input process and prescribing a specific result from the beginning, this bill will not achieve what it aims to accomplish.

Our healthcare workers and caregivers deserve an evidence-based and effective solution that protects them in the workplace. H.R. 1195 fails to deliver this result.

Madam Speaker, I reserve the balance of my time.

Mr. COURTNEY. Madam Speaker, I yield myself such time as I may consume. Very briefly, again, I appreciate that Ms. FOXX acknowledges the severity of this issue, and I think that is important. But I would note, if anyone checks with the House Clerk's office, we actually have a solid number of Republican cosponsors on this bill. I want to make that clear, for the record, and I appreciate their support as well.

Madam Speaker, I yield 2½ minutes to the gentleman from Virginia (Mr. SCOTT), the chair of the Committee on Education and Labor and an outstanding staunch supporter of this legislation.

□ 0930

Mr. SCOTT of Virginia. Madam Speaker, I thank the gentleman for yielding.

Madam Speaker, I rise in support of H.R. 1195, the Workplace Violence Prevention for Health Care and Social Service Workers Act.

Over the past year, we have voiced exceptional praise for healthcare and social service workers, who have risked their lives to care for ourselves and our loved ones. Yet, for too long, we have failed to address the high and growing rates of workplace violence for these workers, who are regularly beaten, kicked, punched, and sometimes even killed on the job.

In 2018, healthcare workers accounted for nearly three out of four of all nonfatal workplace injuries and illnesses caused by violence. Let me repeat that. In 2018, healthcare workers alone accounted for nearly three out of four of all nonfatal workplace injuries and illnesses caused by violence.

Many of these incidents are foreseeable and can be prevented by sound workplace violence prevention plans. They work, and when they are implemented, they can reduce workers' compensation claims.

Yet the Occupational Safety and Health Administration, or OSHA, still has no enforceable workplace standard that requires healthcare and social service employers to implement violence prevention programs. We have tried voluntary guidance for the past 25 years, yet still too many employers choose not to follow the best evidence on what is well understood to be authoritative guidance issued by OSHA.

To make matters worse, without action from Congress, protections for healthcare workers and social service workers are nowhere in sight. OSHA typically takes 7 to 20 years to issue a new standard. The recent beryllium standard that was adopted a couple of years ago was in the works for over 17 years.

We cannot ask healthcare and social service workers to wait any longer, particularly during this global pandemic when Congress has the ability to ensure that OSHA can act as quickly as possible to protect workers' lives.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. COURTNEY. Madam Speaker, I yield an additional 30 seconds to the gentleman from Virginia.

Mr. SCOTT of Virginia. Madam Speaker, to that end, H.R. 1195 directs OSHA to issue an interim final standard within 1 year and a final standard within 42 months, requiring healthcare and social service employers to develop and implement a workplace violence prevention plan. It protects workers from retaliation for reporting assaults to their employers or government authorities. It also protects the employees of healthcare facilities run by State, county, or local governments in the 24 States that are not covered by either Federal OSHA or a State-run OSHA plan.

Madam Speaker, I commend the gentleman from Connecticut (Mr. COURTNEY) for his leadership, and I urge my colleagues to join us in voting for this legislation.

Ms. FOXX. Madam Speaker, I yield 2 minutes to gentleman from Pennsylvania (Mr. KELLER).

Mr. KELLER. Madam Speaker, my 25 years in private industry taught me many lessons. One which resonates with me today is that sweeping industry mandates with no input from those who will be impacted don't work. No one knows better what the workforce needs to be successful than the workforce itself.

It seems to me that my colleagues across the aisle have yet to learn this lesson and are rushing and pushing H.R. 1195, a bill that would institute a rushed, sweeping initiative that ignores the data and, more importantly, ignores the people it will effect.

Though H.R. 1195 is founded under the premise of finding solutions for workplace violence—especially for our healthcare workers and social service workers, who are most susceptible—this bill clearly misses the mark.

In tandem, the Occupational Safety and Health Administration also recognizes the risks that our healthcare and social service workers face in the workplace. However, this rulemaking process should and must account for the important views of impacted stakeholders.

There is not a more notable red flag to H.R. 1195 than the fact that the American Hospital Association came out to oppose it because it would institute additional restrictions to already struggling rural hospitals across the country. To ensure long-lasting policy that can address the complex problem of workplace violence, it is imperative we develop a solution that seeks input from stakeholders and employers that goes through the normal rulemaking process.

Our healthcare and social service workers have given so much during this pandemic, and we owe them a debt of gratitude for their work. Moreover, we owe them policy that will improve workplace safety without making it harder for them to do their jobs. We owe it to them to seek their input.

Mr. COURTNEY. Madam Speaker, I would just note that the bill language explicitly protects a comment period for all stakeholders, including hospitals and every other institution affected by it.

Madam Speaker, I yield 1 minute to the gentlewoman from North Carolina (Ms. ADAMS), who is the chairwoman of the Subcommittee on Workforce Protections and a staunch advocate for this bill.

Ms. ADAMS. Madam Speaker, I thank the gentleman from Connecticut for all his great work on this bill.

Madam Speaker, I rise in support of H.R. 1195.

As chair of the Committee on Education and Labor's Workforce Protections Subcommittee, I work every day to ensure that all workers are treated with dignity and respect because workers deserve nothing less. Our labor laws must be held to that same principle.

Unfortunately, our healthcare and social service workers face disproportionately high rates of violence on the job. We must do something to address that, and the Workplace Violence Prevention for Health Care and Social Service Workers Act does just that.

This critical piece of legislation requires that OSHA issue a workplace violence protection standard for employers in these sectors in order to actively prevent, address, and track workplace violence incidents.

We have always relied heavily on the selflessness of healthcare and social service workers, and that truth has been even clearer during the COVID pandemic. We must ensure their well-being just as they work tirelessly every day to ensure ours.

Madam Speaker, I urge support of H.R. 1195.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. COURTNEY. Madam Speaker, I yield an additional 15 seconds to the gentlewoman from North Carolina.

Ms. ADAMS. Madam Speaker, I include in the RECORD letters from the American Society of Safety Professionals, who actively support this bill.

AMERICAN SOCIETY OF
SAFETY PROFESSIONALS,
March 25, 2021.

To: Contacts, Stakeholders and Participants Workplace Prevention Legislation [HR 1195]

From: Joseph Weiss, ASSP External Affairs

Comments of the American Society of Safety Professionals (ASSP)—The Workplace Violence Prevention for Health Care and Social Service Workers Act (HR 1309 & S 851)—Confirming ASSP's Position on HR 1195.

GREETINGS: The attached statement and comments were originally submitted by the American Society of Safety Professionals (ASSP) in support of The Workplace Violence Prevention for Health Care and Social Service Workers Act (HR 1309 & S 851) in April 2019.

We understand this legislation has been reintroduced as HR 1195. Our comments in the April 2019 statement remain current and reflect our position on HR 1195.

ASSP stands ready to assist with initiatives and endeavors to help move occupational safety and health forward. Please contact us if you have any questions regarding our support of HR 1195.

Thank you for your attention to this matter.

Cordially,

JOSEPH WEISS,
ASSP External Affairs.

AMERICAN SOCIETY OF
SAFETY PROFESSIONALS,
April 22, 2019.

Comments of the American Society of Safety Professionals (ASSP)—The Workplace Violence Prevention for Health Care and Social Service Workers Act (HR 1309 & S 851).

Hon. ALMA ADAMS,
House of Representatives: Committee on Education and Labor, Chair, Subcommittee on Workforce Protections, U.S. Congresswoman for the 12th District, Washington, DC.

Hon. BRADLEY BYRNE,
U.S. Congressman for the 1st District, House of Representative: Subcommittee on Workforce Protections, Washington, DC.

Hon. JOE COURTNEY,
U.S. Congressman for the 2nd District, Washington, DC.

The American Society of Safety Professionals (ASSP) is pleased to submit the following comments to the House Education and Labor Committee and the Senate Health Education Labor and Pensions Committee in support of HR 1309 and S. 851, legislation to help protect workers in the healthcare and social service sectors from the threat of workplace violence.

ASSP notes that this legislation has already secured nearly 60 co-sponsors in the House of Representatives and 8 cosponsors in the U.S. Senate. Because we believe that safety is a nonpartisan issue and that all of us benefit from the services the workers in these sectors deliver, we encourage bipartisan support of the legislation and additional public hearings on this critical issue.

ASSP is the oldest society of safety professionals in the world. Founded in 1911, ASSP represents more than 38,000 dedicated occupation safety and health (OSH) professionals. Our members are experts in managing workplace safety and health issues in every industry, in every state and across the globe. ASSP is also the Secretariat for various voluntary consensus standards related to best practices in occupational safety and health management and training.

In late October 2018, ASSP hosted the Women's Workplace Safety Summit, and workplace violence involving women was one of three focus topics of the event. Workplace violence has a disproportionate impact on women and is the leading cause of fatalities for workers who are women. ASSP's Women in Safety Excellence (WISE) Common Interest Group is also deeply engaged on the issue of workplace violence prevention.

ASSP commends your committees for addressing this issue through legislation that directs the Secretary of Labor to issue an OSH standard that requires covered employers within the healthcare and social service industries to develop and implement a comprehensive workplace violence prevention plan. If enacted, the legislation would ensure that enforceable and effective workplace violence prevention programs would be required within two years of enactment.

The Occupational Safety and Health Administration (OSHA) commenced a rulemaking by initiating a request for information (RFI) in December 2016: OSHA Request for Information Concerning Prevention of Workplace Violence in Healthcare and Social Assistance, OSHA Docket 2016–0014, Regulatory Information Number (RIN) 1218–AD 08. The comment period closed April 6, 2017. No further action has occurred since that date, despite workplace violence becoming an ever-more recognized hazard in the U.S.

ASSP submitted comments to OSHA on that RFI (at the time, the organization's name was American Society of Safety Engineers), and those comments are attached to this submission, along with an article from our ''HealthBeat'' publication, Preventing Workplace Violence, A Systematic & Systemic Approach, which was also submitted to the OSHA docket. We ask that these materials be formally included in the record on this legislation.

OSHA's November 2018 regulatory agenda included ''Prevention of Workplace Violence in Health Care and Social Assistance'' as a future item with a small business panel (pursuant to the Small Business Regulatory Enforcement Fairness Act) slated for March 2019. However, that date is now past with no action indicated any time in the foreseeable future. The next regulatory agenda will reveal whether any further action is anticipated by the agency within the next 12 months to move toward promulgation of a workplace violence standard.

Barring any movement from the agency in this regard, it is appropriate for Congress—in its oversight role—to signal to OSHA that this is a priority rulemaking area, and for your committees to take the lead on helping to fill the gaps in protections for the many vulnerable workers in this highrisk area.

Currently, OSHA can take enforcement actions against employers under its General Duty Clause (GDC) [Section 5(a)(1) of the Occupational Safety and Health Act of 1970] and can issue penalties of up to $132,598 per willful or repeated violation. However, OSHA has the burden of providing that the cited employer was aware of a recognized hazard, that employees were actually exposed to the hazard within the previous six months and that there is a feasible method of abatement.

GDC citations are often difficult for the agency to sustain, they cannot trigger criminal prosecution even in the case of a fatality, and there is no coverage for third-party workers such as contractors or temporary staffers. This is one exception to OSHA's multiemployer worksite enforcement policy. In 2015, OSHA issued ''Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers,'' but the guidance did not go through formal rulemaking so it is advisory and not enforceable at the present time.

Another problem with using the GDC as the main enforcement tool to address workplace violence issues is simply that it is reactive in virtually every situation. While OSHA investigates fatalities and cases with severe injuries that must be reported by law, it is virtually unheard of for OSHA to investigate an employer concerning workplace violence prevention before a tragic incident occurs, unless triggered by a publicized ''near miss'' or due to an employee hazard complaint.

While the federal Occupational Safety and Health Review Commission recently affirmed a GDC workplace violence violation issued against Integra Health Management (March 4, 2019, OSHRC), the action was taken only after the death of a healthcare worker at the hands of a patient, and the ultimate OSHA civil penalty was $7,000. The case is still subject to appeal in the U.S. Court of Appeals and amici curiae in the case include the U.S. Chamber of Commerce (opposing the enforcement action) and the AFL–CIO (in support of the OSHA citation). ASSP is not a party to this action.

A Government Accountability Office study reported that there were 730,000 cases of healthcare workplace assaults over the 5-year span from 2009 through 2013. The Bureau of Labor Statistics reports that healthcare and social service sector employees suffered 69 percent of all workplace violence injuries caused by persons in 2016 and are nearly 5 times as likely to suffer a workplace violence injury than workers overall.

The healthcare and social service industries experience the highest rates, with workplace violence injury rates for this sector at 8.2 per 10,000 full-time workers, more than four times higher than the overall private sector incidence rate for such injuries. This is simply unacceptable when interventions are available to mitigate risk. As noted in ASSP's 2016 comments to OSHA, we believe that a workplace violence prevention standard is feasible and that there are measures that employers can use to reduce a significant risk of material harm.

Finally, ASSP observes that many of the at-risk workers in the healthcare and social service sectors are employed in the public sector, by state or local government facilities or agencies. Currently, they have no protections under the federal Occupational Safety and Health Act. The states that operate their own OSHA agencies must cover their public sector workers (and several state governmental agencies in federal OSHA states also cover the safety of their public sector workers), but most workers go without OSHA protection. We urge you to consider including public sector coverage of healthcare and social service workers in this legislation to the extent possible.

CONCLUSION

ASSP condemns all forms of violence in the workplace and is particularly concerned with the rise of injuries associated with violence in the healthcare and social service industry sectors, targeted by the pending federal legislation. ASSP supports congressional efforts to eliminate workplace violence and encourages OSHA to continue with its rulemaking to promulgate an enforceable and effective standard, accompanied by comprehensive education and outreach.

Thank you for consideration of ASSP's comments. We look forward to working with Congress in a proactive manner to address the critical issues affecting the health and safety of all Americans in the workplace.

Respectfully Submitted,

RIXIO MEDINA, CSP, CPP,
2018–19 ASSP President.

Ms. FOXX. Madam Speaker, I yield 2 minutes to the gentleman from Georgia (Mr. ALLEN).

Mr. ALLEN. Madam Speaker, I rise in opposition to H.R. 1195.

Madam Speaker, our healthcare and social service workers deserve tremendous praise for their work over the past year, as they have faced unprecedented challenges during the COVID–19 pandemic. They also deserve protections, as they face a significant risk of workplace violence.

This complex issue deserves an evidence-based solution, not a rushed and costly top-down government mandate.

Unfortunately, H.R. 1195 would prevent workers and stakeholders from giving meaningful input based on experience regarding how to address this highly technical issue. It forces the Occupational Safety and Health Administration, or OSHA, to issue an interim final workplace violence prevention rule within 1 year, significantly impacting the healthcare industry as they remain on the front lines of combating this pandemic.

I have heard firsthand from our healthcare facilities—especially our rural hospitals—that the pandemic has caused serious financial struggles, and many are already at risk of closure.

The CBO estimates that the rushed rule will cost private entities at least $1.8 billion in the first 2 years that the

rule is in effect and $750 million annually after that. For public facilities, it will cost at least $100 million in the first 2 years and $55 million after that.

The last thing our healthcare facilities need right now is another costly top-down mandate from Washington.

Our Founders envisioned a government by the people. I am always amazed that the intellectuals in this town know more about solving problems than the great people on the front lines. My colleagues are approaching this issue the wrong way. We must address this from the bottom up by empowering healthcare workers, hospital leadership, the scientific community, and the public to have a say in the development of a new comprehensive standard.

That is why I oppose this bill today and I urge my colleagues to ensure our healthcare workers and caregivers are protected in the workplace by allowing them to give their input directly.

Mr. COURTNEY. Just to be clear, Madam Speaker, that CBO score is not per facility. That score is spread out over 200,000 healthcare centers. If you do the math, it is actually $9,000 per year per facility.

Madam Speaker, I yield 1 minute to the gentlewoman from Oregon (Ms. BONAMICI), who is the chair of the Subcommittee on Civil Rights and Human Services.

Ms. BONAMICI. Madam Speaker, I rise in support of the Workplace Violence Prevention for Health Care and Social Service Workers Act.

The coronavirus pandemic has exposed the increasingly harsh workplace conditions that nurses, doctors, social workers, and other healthcare workers have endured to keep our communities going. But even before the pandemic, healthcare and social service workers faced a disproportionate risk of on-the-job violence and injuries.

A few year ago, two workers in Oregon were tragically wounded in a workplace stabbing at an organization that provides essential services to youth who are facing addiction, homelessness, and behavioral health issues. Following the incident, Oregon AFSCME members organized to improve working conditions that were compromising the quality of services for vulnerable clients and the safety of the employees.

Workers across the country, like the workers at Outside In, in Portland, need an evidence-based workplace violence prevention plan tailored to the needs of the vulnerable populations they serve. Today, we have a chance to support their safety and well-being in the workplace.

Madam Speaker, I include in the RECORD a letter in support of the legislation from the Emergency Nurses Association.

EMERGENCY NURSES ASSOCIATION,
February 23, 2021.

Hon. JOE COURTNEY,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE COURTNEY: On behalf of the Emergency Nurses Association (ENA) and our more than 52,000 members, I am writing to express our support for H.R. 1195, the Workplace Violence Prevention for Health Care and Social Service Workers Act of 2021. This important and timely legislation will ensure that health care and social service employers undertake steps to protect their employees and patients from violence in the workplace.

As you know, workplace violence against health care workers, including emergency nurses, has become a national crisis. According to the Occupational Safety and Health Administration (OSHA), workers in the health care sector accounted for only 20% of workplace injuries yet comprised approximately 50% of all victims of workplace assault. The same study found that between 2002 and 2013, serious incidents of workplace violence were four times more common for workers in the health care sector versus all workers in the U.S.

Unfortunately, assaults and batteries directed at workers occur at especially high rates in emergency departments (EDs), which are open 24 hours a day, seven days a week and are required under the Emergency Medical Treatment and Labor Act (EMTALA) to stabilize and treat all patients. Often, health care professionals in the ED interact with members of the public when emotions run high and their behavior can sometimes become violent. Research has found that emergency nurses and other personnel in the ED experience a violent event about once every two months. Further, a 2011 study reported that one-third of emergency nurses had considered leaving the profession due to workplace violence.

The Workplace Violence Prevention for Health Care and Social Service Workers Act will ensure that health care employers, including hospitals, take specific steps to prevent workplace violence and ensure the safety of patients and workers. This bill will require health care and social service employers to develop and implement a comprehensive violence prevention plan which must include procedures to identify and respond to risks that make workplaces vulnerable to violent incidents. In addition, the legislation will help ensure that employees are appropriately trained in mitigating hazards.

Emergency nurses are disproportionately victims of assaults in the workplace. We would like to thank you for introducing this important legislation and your leadership on this critical issue.

Sincerely,
RON KRAUS, MSN, RN, EMT,
CEN, ACNS-BC, TCRN,
2021 ENA President.

Ms. BONAMICI. Madam Speaker, I thank Congressman COURTNEY for his leadership on this bill, and I urge my colleagues to support it.

Ms. FOXX. Madam Speaker, I yield 3 minutes to the gentleman from Virginia (Mr. GOOD).

Mr. GOOD of Virginia. Madam Speaker, memo to my friends across the aisle: violence, including workplace violence, is already illegal; and it should always be prosecuted, regardless of whether it happens in the name of Antifa or BLM, or even if it is directed at those police officers working to keep us safe.

Again, violence in the workplace is already illegal, and you certainly won't decrease it, Madam Speaker, with calls to defund or even eliminate law enforcement and correctional facilities.

Talk about increasing workplace violence, Madam Speaker, and you wonder why more Americans are purchasing firearms to protect themselves with the anarchy you seem to be promoting.

Speaking of law enforcement, do we actually want to protect police from workplace violence, too?

Or do we want to continue to increase it with a dishonest narrative that makes it more difficult for them to do their jobs and keep us all safe?

But here we find ourselves again today with our daily portion of proposed unnecessary workplace regulations intended to punish law-abiding American employers, making their lives more costly and more difficult.

Specific to those who would be most negatively impacted by this bill, in a 2018 American Hospital Association survey, 97 percent reported that they already have workplace violence prevention policies in place.

In addition, OSHA, of course, is already enforcing workplace violence prevention policies.

So why are we trying to saddle employers with new regulations estimated by the CBO to cost private entities at least $1.8 billion—that is $1,800 million, for my friends across the aisle—in just the first 2 years of mandated implementation, and then $750 million annually going forward?

Where does this money come from for these unnecessary mandates?

From consumers in higher prices. You might call this hidden tax increases. This is how all regulations are paid for, unless they actually force the organization to go out of business because they can't deal with the cost.

The CBO estimates that the cost to public healthcare facilities will be $100 million in the first 2 years. The last thing that financially struggling rural hospitals, like those in my district, need are more unfunded mandates from Washington.

While we seem to be far off course today, Congress, in the past, has actually passed statutes that make regulations more accountable, requiring that bureaucrats give public notice regarding new rules and mandates, and solicit feedback before implementation.

But, today, House Democrats want to make it easier for OSHA to issue one-size-fits-all regulations without having to receive any feedback from the public.

Article I of the Constitution mandates that Congress make our Federal laws, not Federal agencies and their unelected bureaucrats.

Congress should make the regulatory process more accountable to the taxpayer. That is why I introduced a bill called Article I Regulatory Budget Act that would require agencies to account for the cost of regulation.

The SPEAKER pro tempore. The time of the gentleman has expired.

Ms. FOXX. Madam Speaker, I yield an additional 15 seconds to the gentleman from Virginia.

Mr. GOOD of Virginia. In that spirit, Madam Speaker, I thank Ranking Member FOXX for her leadership on regulatory reform with her Unfunded

Mandates Accountability and Transparency Act. I am proud to stand with her as we try to shrink the size of the Federal Government and its negative impact on those we represent. So I oppose this bill.

□ 0945

Mr. COURTNEY. Madam Speaker, I yield 1 minute to the gentleman from Indiana (Mr. MRVAN), an outstanding new member of the Committee on Education and Labor.

Mr. MRVAN. Madam Speaker, I thank Mr. COURTNEY for the time.

First, I include in the RECORD this letter of support for H.R. 1195, the Workplace Violence Prevention for Health Care and Social Service Workers Act, written by Thomas Conway, the International President for the United Steelworkers.

UNITED STEELWORKERS,
March 24, 2021.

Re United Steelworkers supports H.R. 1195, the Workplace Violence Prevention for Health Care and Social Service Workers Act.

HOUSE OF REPRESENTATIVES,
Washington, DC.

DEAR REPRESENTATIVE: On behalf of the 850,000 members of the United Steelworkers (USW), I am urging you to support the Workplace Violence Prevention for Health Care and Social Service Workers Act (H.R. 1195).

Even before the COVID–19 pandemic, workplace violence in health care and social service settings was a growing and ever-present threat to workers. While helping patients fight against the virus, these workers, who repeatedly put their lives on the line to ensure the health and wellbeing of others, have had to face a continued rash of assaults and violent attacks.

According to data from the Department of Labor, healthcare employees are four times more likely to experience workplace violence than others in the private sector. And those in a hospital setting are nearly six times as likely as other workers to be the victim of an intentional injury. It is clear that these essential workers need protection against violence on the job. They need an enforceable OSHA standard to prevent workplace violence and ensure the safe working environment that they all deserve.

H.R. 1195 would compel OSHA to issue a workplace violence prevention standard that requires health care and social services employers to develop and implement comprehensive plans to protect workers from violence in the workplace. The requirements are based on existing guidelines and recommendations from OSHA, the National Institute for Occupational Safety and Health (NIOSH), industry associations, and state measures and ensure that there are workplace-specific plans in place to protect workers.

Violent, serious, and life-altering incidents should never be part of the job. In order to begin curbing this epidemic of preventable workplace violence, our health care and social service workers need an enforceable OSHA standard that addresses violence in the workplace in a comprehensive manner.

Our union urges you to support the Workplace Violence Prevention for Health Care and Social Service Workers Act (H.R. 1195).

Sincerely,

THOMAS CONWAY,
International President.

Mr. MRVAN. Madam Speaker, I appreciate that we are taking action today to support and defend these frontline workers, our healthcare and social workers, who selflessly have chosen their professions in order to serve others, and who, at the same time, experience rates of violence 12 times higher than other workers.

The United Steelworkers letter just inserted into the RECORD importantly noted that violent, serious, and life-altering incidents should never be a part of the job, and that in order to begin curbing this epidemic of workplace violence, our healthcare and social service workers need an enforceable OSHA standard that addresses violence in the workplace in a comprehensive manner.

There is a difference between punishment and safety, and I urge my colleagues to join me in supporting this critically important legislation for these invaluable workers.

Ms. FOXX. Madam Speaker, I yield myself such time as I may consume.

H.R. 1195 does not allow for a solid, well-researched foundation for a national workplace violence prevention standard. Input from experts and stakeholders is vital as OSHA undertakes rulemaking on this issue.

In February 2019, the Centers for Disease Control and Prevention, CDC, published its research agenda for healthcare and social assistance. The research agenda identifies the information and actions most urgently needed to improve safety in the industry.

The CDC identified the following concerns regarding the current state of research on the issue of healthcare workplace violence:

> Many existing studies have evaluated workplace violence risk factors and prevention measures, but most lack the comprehensive, facility- and work area-specific perspective that is needed to effectively prevent workplace violence. Additionally, many of these studies examine the effects of training programs, showing little impact on workplace violence incident and injury rates.

We should heed the words of caution from CDC regarding our current knowledge base, and we should make sure OSHA receives input from all perspectives, including smaller healthcare providers, before it enacts a national standard.

Madam Speaker, I reserve the balance of my time.

Mr. COURTNEY. Madam Speaker, I yield 2 minutes to the gentlewoman from Michigan (Ms. STEVENS), an outstanding member of the Committee on Education and Labor who worked very diligently to protect the comment process called for in this bill.

Ms. STEVENS. Madam Speaker, as I rise in support of the Workplace Violence Prevention for Health Care and Social Service Workers Act, I pose the question: Where were you, Madam Speaker, at 2 a.m. last night when a gunman stormed into a FedEx facility in Indianapolis killing eight colleagues who did not have a workplace safety plan because their phones were in their lockers, unable to text their loved ones that they were alive?

This is what we are asking our colleagues on the other side of the Chamber this morning as we debate this very important legislation. Because when you refuse to change the laws to enact gun safety in this country, when you refuse to enact a bill that will allow for workplace safety prevention plans to be put into place, you are simply accepting the status quo of the perpetuation of violence in our workplaces.

We are at a moment of crisis in this country when it pertains to gun violence. We have the testimonies of the doctors and the nurses. This has been extremely well-vetted.

Madam Speaker, I include in the RECORD a letter from National Nurses United in support of this legislation.

NATIONAL NURSES UNITED,
February 23, 2021.

DEAR REPRESENTATIVE: On behalf of the 170,000 registered nurses represented by National Nurses United, we write to urge you to cosponsor the Workplace Violence Prevention for Health Care and Social Service Workers Act, introduced by Representative Joe Courtney.

Across the country, registered nurses and other health care workers are put at risk every day when providing quality care for patients in need. Over the course of the past year, the dangerous working conditions in our nation's hospitals and health care facilities have been exposed due the Covid–19 pandemic. But these hazardous working conditions pre-date Covid–19.

The danger of violence in the workplace has become its own epidemic in our nation's health care and social service workplaces. In 2019, nurses reported more than three times the rate of injuries due to workplace violence than workers overall. Nurses report being punched, kicked, bitten, beaten, and threatened with violence as they provide care to others—and far too many have experienced stabbings and shootings.

Violence on the job has increased for nurses during the Covid–19 pandemic. According to a recent survey conducted by National Nurses United, twenty percent of nurses report facing increased workplace violence on the job over the course of the pandemic, which they attribute to decreasing staffing levels, changes in the patient population, and visitor restrictions.

There are practical steps that healthcare and social service employers can take to fulfill their obligations to protect their employees from these serious occupational hazards. We know that violence can be prevented through the development and implementation of plans that are tailored to specific patient care units and facilities. These plans must assess and address the range of risks for violence—from the sufficiency of staffing and security systems to environmental and patient-specific risk factors.

The Workplace Violence Prevention for Health Care and Social Service Workers Act mandates that the Occupational Safety and Health Administration promulgate a workplace violence prevention standard that would require healthcare and social service employers to develop and enforce plans to protect their employees from violence on the job. To ensure that workplace violence prevention plans are effective, workers (including nurses, other direct care employees, and security personnel) must be involved throughout all stages of plan development, implementation, and review, which go hand-in-hand with the standard's comprehensive training requirements. The enforceable occupational health and safety standard established in this legislation is necessary to create and maintain protections against workplace violence that our members, other

workers in healthcare and social settings, and, importantly, our patients deserve.

Last Congress, the Workplace Violence Prevention for Health Care and Social Service Workers Act was passed in the House of Representatives with bipartisan support. As nurses and other health care and social service workers continue to put their lives at risk to do their jobs, it is imperative that Congress pass this legislation and ensure it is signed into law.

Sincerely,

BONNIE CASTILLO, RN,
Executive Director, National Nurses United.
ZENEI CORTEZ, RN,
President, National Nurses United.
DEBORAH BURGER, RN,
President, National Nurses United.
JEAN ROSS, RN,
President, National Nurses United.

Ms. STEVENS. Workplaces need violence protection. Vote to pass H.R. 1195.

Ms. FOXX. Madam Speaker, I yield myself such time as I may consume.

As we have discussed today, workplace violence is a very real and persistent issue for healthcare and social service workers.

The Democrat title of H.R. 1195, the Workplace Violence Prevention for Health Care and Social Service Workers Act, presupposes that the rushed, overly prescriptive, and complex Federal regulation required by this bill will somehow prevent workplace violence.

However, a true solution to violence in the workplace will not be in the form of a Federal regulation. Rather, a broader, bipartisan approach is needed to address the root causes of this serious and complicated issue.

According to the American Hospital Association, increases in assaults in healthcare facilities are being driven, in part, by growing numbers of behavioral healthcare patients being treated in emergency departments and other acute-care settings.

The opioid and drug abuse epidemic is another major contributing factor to workplace violence, as healthcare workers are often tasked with treating patients that may be under the influence of potent drugs or experiencing their painful side effects.

Unfortunately, H.R. 1195 does nothing to address these realities.

Ultimately, an OSHA workplace violence regulation that is written under the standard rulemaking process will be much more informed and effective because it will require evidence-based input related to behavioral health and opioid abuse that are responsible for many workplace violence incidents.

But as I said earlier, we need to roll up our sleeves and develop a comprehensive, bipartisan response to address the root causes of this serious and complicated issue.

Again, I urge my colleagues to oppose H.R. 1195, and I reserve the balance of my time.

Mr. COURTNEY. Madam Speaker, I yield myself such time as I may consume.

First of all, I just want to compliment Ms. FOXX about her very thoughtful remarks about what is driving this crisis out there for healthcare workers. There is no question that behavioral health and the heroin and opioid addiction—and we heard this from witnesses who testified before our committee.

But I would respectfully suggest that the people who are actually out there on the front lines, the EMTs—their association has endorsed this bill—and the American College of Emergency Room Physicians—they are the ones right there taking in these very sort of high-risk, intense cases—have issued a letter of support for H.R. 1195 because they realize that what this bill will, in fact, create, is a safer system for better communication, better lighting, not leaving people alone with patients, who have been identified as high-risk.

Really, all you have to do is talk to any ER doc. They will tell you it is tough out there, and we need to change. We need to have systems in place to better protect them.

Madam Speaker, I include in the RECORD a letter of support from the American College of Emergency Physicians.

AMERICAN COLLEGE OF EMERGENCY PHYSICIANS,
March 23, 2021.

Hon. JOE COURTNEY,
Washington, DC.

DEAR REPRESENTATIVE COURTNEY: On behalf of the American College of Emergency Physicians (ACEP) and our 40,000 members, thank you for introducing for H.R. 1195, the Workplace Violence Prevention for Health Care and Social Service Workers Act. ACEP appreciates your leadership to help establish procedures to ensure that emergency physicians, health care workers, social workers, and patients, are protected from violence in the workplace, and we urge Congress to swiftly consider and pass this important legislation.

Violence in the emergency department is a serious and growing concern, causing significant stress to emergency department staff and to patients who seek treatment in the emergency department (ED). According to a survey conducted by ACEP in 2018, nearly half of emergency physicians polled reported being physically assaulted, with more than 60 percent of those occurring within the past year. Nearly 7 in 10 emergency physicians say ED violence has increased within the past 5 years. Beyond the immediate physical impacts, the risk of violence increases the difficulty of recruiting and retaining qualified health care professionals and contributes to greater levels of physician burnout. Most importantly, patients with medical emergencies deserve high-quality care in a place free of physical dangers from other patients or individuals, and care from staff that is not distracted by individuals with behavioral or substance-induced violent behavior.

There are many factors contributing to the increase in ED and hospital violence, and like you, we recognize there is no one-size-fits-all solution. Employers and hospitals should develop workplace violence prevention and response procedures that address the needs of their particular facilities, staff, contractors, and communities, as those needs and resources may vary significantly.

To this end, ACEP asks that Congress also take into consideration how emergency departments are staffed to ensure that the important provisions of this legislation are implemented in the most appropriate manner. As you are aware, emergency physicians may be employed in an ED in a variety of ways, whether directly employed through the hospital in an academic setting, or contracted as a member of a small democratic practice or a larger, national physician group. Given that emergency physicians and these groups do not control the resources of an individual facility that they staff, it would be neither practical nor effective to require contracted groups themselves to be responsible for implementing, tracking and reporting of violent incidents. ACEP believes that emergency physicians that contract with hospitals or facilities should not be held responsible for situations or hazards outside of their direct control; however, they can and should serve an integral role in developing effective violence prevention strategies. We appreciate your efforts to date to provide additional clarity on what a ''covered employer'' is ultimately responsible for, and ask Congress to ensure that any new federal requirements do not create any unintentional or undue burdens for entities that do not control the health care workplace.

Once again, thank you for your leadership on this important issue. ACEP looks forward to working with you to ensure patients, health care workers, and all others in the emergency department (ED) are prepared for and protected against violent acts occurring in the department.

Sincerely,

MARK ROSENBERG, DO, MBA, FACEP,
ACEP President.

Mr. COURTNEY. Madam Speaker, I yield 1 minute to the gentleman from Texas (Mr. GREEN), another outstanding supporter of this legislation.

Mr. GREEN of Texas. Madam Speaker, whatever employers are doing in the main is not enough. Workplace violence is the third leading cause of job death. Whatever they are doing is not enough.

Twenty percent of registered nurses in one survey reported an increase in workplace violence. Whatever they are doing is not enough.

It is not unreasonable to ask people to have a plan to protect employees. It is not unreasonable to ask them to enforce that plan. And it is not unreasonable to provide cover for those who report these workplace violence incidents in the form of protection from retaliation from reporting. It is just not enough.

Ms. FOXX. Madam Speaker, I reserve the balance of my time.

Mr. COURTNEY. Madam Speaker, I include in the RECORD a letter of support from AFT, which is a union that represents hundreds of thousands of frontline workers, including nurses, across the country in support of H.R. 1195.

AFT,
March 23, 2021.

HOUSE OF REPRESENTATIVES,
Committee on Education and Labor,
Washington, DC.

DEAR REPRESENTATIVE: On behalf of the 1.7 million members of the American Federation of Teachers, including nearly 200,000

healthcare professionals, I thank Chairman Bobby Scott for bringing H.R.1195, the Workplace Violence Prevention for Health Care and Social Service Workers Act, before the committee, and I urge you to vote in support of Congressman Joe Courtney's crucial legislation.

This bipartisan bill is straightforward and needed, requiring employers to develop violence prevention plans and establishing whistleblower protections so that healthcare and social service workers don't fear retaliation for speaking out against what they see in the workplace.

This is not an abstract issue for me. I hear from AFT healthcare members about violence all the time: a nurse choked to the point of unconsciousness, a nurse stabbed, members who have suffered bone fractures and brain injuries from being thrown against walls and floors. Subcommittee Chairwoman Alma Adams held an important hearing on workplace violence last Congress, where an AFT member shared the following:

He then spun around on his back and kicked his leg high into the air striking me in the neck, hitting with such force to my throat that my head snapped backward; I heard this ''bang'' and ''pop,'' and all the air just rushed out of me. . . . Since June 2015, I have been diagnosed with moderate to severe post-traumatic stress disorder, moderate anxiety, insomnia, depressive disorder and social phobia related to this incident. . . . I LOVED being a nurse. I have a huge problem still calling myself a nurse. I do not know what to call myself now. There is a deep loss when you used to make a difference in the lives of people, in your true calling and with passion. Now, that space is filled with extreme sadness and fear. . . . I lost my career.

Violence is not just ''part of the job.'' No one should face violence, intimidation or fear for their safety while working to heal others and save lives. Sadly, healthcare and social service workers are nearly five times more likely to be assaulted while on the job than the rest of our workforce. The costs of this violence are high: in injury rates, in professionals being driven from doing the work they love, and in workers' compensation claims and staff shortages.

Our nurses, health techs, social service workers and other health professionals need more than nightly applause; they need enforceable federal protections to keep them safe from the epidemic of workplace violence and other serious hazards they face at work. These are the people who take care of us when we need them, who have devoted their careers to looking after the aging, the sick and the injured, but are forced to beg Congress for basic workplace rights.

I urge you to support the nurses, social workers and other healthcare professionals in your district by voting for committee approval of the Workplace Violence Prevention for Health Care and Social Service Workers Act.

Sincerely,

RANDI WEINGARTEN,
President.

Mr. COURTNEY. Madam Speaker, I yield 1 minute to the gentleman from Rhode Island (Mr. CICILLINE), my neighbor and good friend.

Mr. CICILLINE. Madam Speaker, our Nation owes a great debt to the healthcare and social service workers fighting on the frontlines of the COVID–19 pandemic. These essential workers treat the ill, administer vaccines, care for the elderly, and respond to emergencies across the country. Their efforts are critical to our Nation's response to the pandemic.

Yet, Congress has abdicated its responsibility to protect these essential workers from violence in the workplace. These workers are almost five times as likely to experience a serious injury from workplace violence than workers in other sectors.

That is why I am proud to cosponsor H.R. 1195. I want to acknowledge the principled, compassionate, committed and effective leadership of Congressman COURTNEY for shepherding this bill to the floor.

This legislation would direct OSHA to quickly issue an interim final standard mandating healthcare and social service employers implement workplace prevention plans.

This is not a partisan issue. I hope we can all agree that everyone deserves to feel safe at work. I urge my colleagues to vote ''yes.''

Madam Speaker, I include in the RECORD a letter from the American Public Health Association in support of the legislation.

AMERICAN PUBLIC HEALTH ASSOCIATION,
Washington, DC, March 23, 2021.

HOUSE COMMITTEE ON EDUCATION AND LABOR,
Washington, DC.

DEAR REPRESENTATIVE: On behalf of the American Public Health Association, a diverse community of public health professionals that champions the health of all people and communities, I write in strong support of H.R. 1195, the Workplace Violence Prevention for Health Care and Social Services Workers Act. This important bipartisan legislation would require the Occupational Safety and Health Administration to develop a workplace violence prevention standard to protect workers who are at the greatest risk from violence on the job.

Workplace violence is a serious problem that has increased substantially in the last decade. Every day, nurses, psychiatric aides, social workers and other caretakers are assaulted on the job. The Bureau of Labor Statistics reports that in 2019 health care and social service workers experienced the highest rate of workplace violence injuries at 14.7 per 10,000 workers, compared to a national average of 4.4 for all workers. In the same year, psychiatric hospitals had a recorded rate of serious injury due to workplace violence at 152.4 per 10,000 workers. Since 2010, the rate of serious workplace violence injuries has increased by 52% in health care and social assistance jobs. Health care and social service workers are at greatest risk because they are on the frontlines of patient and client care, often working with high-risk populations who need specialized care and attention. This type of violence has a significant and long-lasting impact on individual workers and on the public's health.

Assaults and other violence experienced by health care and social assistance workers is a preventable problem that requires a public health approach. This legislation would require employers who operate health care facilities, mental health clinics, emergency services and home care to develop a workplace violence prevention plan. These plans have shown to be effective and the tools for preventing violence in these workplaces are available, such as emergency response alarms, improved lighting and safe staffing levels.

We strongly urge your support for this important legislation which is a critical step in protecting our caregivers from work-related violence.

Sincerely,

GEORGES C. BENJAMIN, MD,
Executive Director.

Ms. FOXX. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, the American Hospital Association, AHA, is opposed to H.R. 1195.

In a letter to Education and Labor Committee members prior to the committee markup last month, AHA stated: ''However, because hospitals have already implemented specifically tailored policies and programs to address workplace violence, we do not believe that the OSHA standards required by H.R. 1195 are warranted, nor do we support an expedited approach that would deny the public the opportunity to review and comment on proposed regulations.''

Further, AHA explained:

The prohibitive costs that the mandates in H.R. 1195 would impose on America's hospitals, particularly on those that provide care in rural and underserved areas, could strain scarce resources and jeopardize patient care.

These mandates would burden healthcare providers that are struggling to maintain services during the most deadly public health emergency in 100 years.

Madam Speaker, I include in the RECORD the letter from the American Hospital Association.

AMERICAN HOSPITAL ASSOCIATION,
Washington, DC, March 23, 2021.

Hon. JOE COURTNEY,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE COURTNEY: On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, and our clinician partners—including more than 270,000 affiliated physicians, 2 million nurses and other caregivers—and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) writes regarding the Workplace Violence Prevention for Health Care and Social Service Workers Act (H.R. 1195).

Your bill would direct the Secretary of Labor to issue—on an expedited timetable—and Occupational Safety and Health Administration (OSHA) standard requiring employers in health care and social services to develop and implement a comprehensive workplace violence prevention plan. America's hospitals and health systems are committed to a culture of safety for every worker, patient and family member who enters our facilities. However, because hospitals have already implemented specifically tailored policies and programs to address workplace violence, we do not believe that the OSHA standards required by H.R. 1195 are warranted, nor do we support an expedited approach that would deny the public the opportunity to review and comment on proposed regulations.

Further, the prohibitive costs that the mandates in your bill would impose on America's hospitals, particularly on those that provide care in rural and underserved areas, could strain scarce resources and jeopardize patient care. These mandates would burden health care providers that are struggling to maintain services during the most deadly public health emergency in 100 years. For these reasons, we must oppose H.R. 1195 and urge the Committee on Education and Labor not to report it favorably.

H.R. 1195 WOULD IMPOSE BURDENSOME UNFUNDED MANDATES AND PROHIBITIVE COSTS ON HOSPITALS

According to the Congressional Budget Office's (CBO) estimate of your bill in 2019, in the first two years in which the OSHA final rule would be in effect, the cost to private entities would be at least $2.7 billion and at least $1.3 billion each year thereafter.

CBO concluded that ''substantial personnel and capital costs would be imposed by the requirements for training, investigation, engineering, and infrastructure changes.'' Such costs are unsustainable. A recent report by Kaufman-Hall forecasts that total hospital revenue in 2021 could be down between $53 billion and $122 billion from pre-pandemic levels. In addition to lost revenue, hospitals must absorb increases in many expenses due to COVID–19. These losses come on top of the historic financial crisis that hit the hospital field last year, with an AHA report estimating total losses for the nation's hospitals and health systems to be at least $323 billion through 2020.

HOSPITALS ALREADY STRIVE TO PREVENT VIOLENCE IN THE WORKPLACE

Hospitals and health systems depend on compassionate, skilled, trained, and dedicated men and women to support and carry out their core mission of caring for people. As a result, they view the safety and well-being of employees as a top priority and take seriously their responsibilities to ensure a safe workplace free of all forms of violence—whether such violence results from encounters between staff and patients and/or their families, staff-to-staff aggression and harassment, or the intrusion of community conditions and community violence into the workplace. Hospitals are focused on violence prevention within their facilities and in the communities they serve.

To support hospitals' efforts, the AHA has implemented a cross-association effort to develop tools and resources to highlight and share with the field numerous programs and resources to combat violence within the hospital and the community. We have encouraged OSHA to support hospitals' efforts by sponsoring research to identify best practices for various workplace settings and circumstances and widely disseminating information about these proven best practices to the health care field.

Hospitals have established organization-wide initiatives to address workplace violence. As the most recent Hospital Security Survey conducted in 2018 by AHA's Society for Healthcare Engineering and Health Facilities Management reveals, workplace violence policies are in place for 97% of respondent facilities and 95% have active-shooter policies. Further, nearly three-quarters of hospitals responding (72%) conduct security risk assessments at least annually, with almost half using a combination of in-house and outside security experts to conduct these assessments. Moreover, in response to the increasing challenges of maintaining secure environments, a majority of hospitals are using aggressive management training as a proactive way to prevent the occurrence of security incidents and to be better prepared to respond effectively when incidents arise.

A majority of hospitals, working in tandem with security officers and front-line staff, have adopted programs to train all clinical staff to de-escalate security situations before they erupt. Hospitals have created these programs in-house and tailored them to their particular needs. For example, Boston Medical Center (BMC), a 500-bed, 41-building hospital located close to a county jail, a homeless shelter and a methadone clinic, developed its own de-escalation program. BMC's training focuses on verbal de-escalation and physical restraint skills. All frontline staff-unit clerk nurses, intensive care unit staff, social workers, etc.,—along with security staff receive ongoing training at BMC. Scenario training uses videos that re-enact possible active-shooter security incidents; these BMC videos are available for other hospitals to access as training tools. Another example is that of Atrium Health, which has created its in-house training program. Staff members certified in workplace violence prevention train other staff members, including home health workers, using a multi-tiered program.

As the association representing hospitals and health systems nationwide, the AHA is committed to helping our members prevent and reduce violence. We have established a specific initiative focused on combatting violence in all its forms. A critical component of this initiative includes developing tools and resources to highlight and share with the hospital field programs, initiatives and other efforts to help combat violence at hospital facilities as well as in the communities served by the hospital. We have developed a dedicated webpage to share information and resources that address everything from conducting a risk assessment to emergency response best practices, and we encourage all hospitals to use these resources to expand and strengthen their own violence prevention efforts.

On the website, hospitals can find the Healthcare Facility Workplace Violence Risk Assessment Tool developed by the AHA's American Society for Healthcare Risk Management to offer practical guidance for those charged with overseeing hospital security and facilities management. Also on the website is Guiding Principles for Mitigating Violence in the Workplace, a resource created jointly by the American Organization for Nursing Leadership (an AHA-affiliated organization) and the Emergency Nurses Association. The resource outlines guiding principles and priorities to systematically reduce lateral as well as patient and family violence in the workplace. In addition, an article from Health Facilities Management encourages and guides health care organizations in consulting with security personnel during design of new facilities to incorporate workplace safety considerations as a fundamental component of these construction projects.

FEDERAL POLICYMAKERS SHOULD FOCUS ON DISSEMINATION OF BEST PRACTICES TO THE FIELD AND SUPPORT INCREASED FUNDING FOR BEHAVIORAL HEALTH CARE

Hospitals' efforts to curb workplace violence would be bolstered by robust federal initiatives that would disseminate health care and social assistance sectors best practices that have demonstrated effectiveness in violence prevention. Federal support of research to identify the effectiveness of best practices for different workplace settings and circumstances and disseminating information about such best practices would do more to advance and promote workplace safety than the adoption of a ''one-size-fits-all'' standard for compliance and enforcement. The establishment of a uniform workplace violence standard for the field may lead to organizations using a narrowly focused and thereby less effective compliance strategy in addressing the problem of workplace violence.

We note evidence suggesting that increases in assaults in the health care workplace are being driven, in part, by growing numbers of behavioral health care patients reporting to and being treated in emergency departments and other settings in acute care, general hospitals. Another security challenge is the opioid epidemic, which continues to affect communities nationwide.

Integrating mental health, substance use disorder, and primary care services has proven to produce the best outcomes and to be the most effective approach to caring for people with multiple health care needs. But at the same time, funding for behavioral health treatment for such patients is being stripped, and it can be difficult for health care organizations to find the financial, staffing, and other resources needed to fully address issues associated with caring for them.

For these reasons, we believe there are productive actions Congress can take to help stem workplace violence in hospitals and health systems. We urge Congress to significantly increase funding for expanded and improved delivery of behavioral health care, and to support the hospital field's efforts to secure necessary funds to share best practices and approaches, expand educational programs, and make other investments in safety. We must address the root causes of the negative workplace safety issues that have arisen as a result of continued underfunding of treatment and service delivery for growing numbers of behavioral health care and opioid-dependent patients in emergency departments and other acute care hospital settings.

We believe that these approaches would help mitigate workplace violence and aid hospitals and health systems in further addressing these incidents through policies and strategies that are best suited to their needs and the needs of the communities they serve. We stand ready to work with you to explore an appropriate congressional response that would improve hospitals' ability to address workplace violence.

Sincerely,

THOMAS P. NICKELS,
Executive Vice President.

Ms. FOXX. Madam Speaker, we are hearing from the people who are on the front lines, and we have said we want to protect the people on the front lines. Well, let's listen to the people on the front lines.

I reserve the balance of my time.

Mr. COURTNEY. Madam Speaker, really quick, on page 11 of the bill it specifically states that the plans proposed to be adopted by OSHA would ''be tailored and specific to conditions and hazards for the covered facility or the covered service, including patient-specific risk factors and risk factors specific to each work area or unit.'' That is not one size fits all.

Madam Speaker, I yield 2 minutes to the gentlewoman from Texas (Ms. GARCIA), a Member who can really bring a very powerful personal experience to this issue.

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Ms. GARCIA of Texas. Madam Speaker, I am here today to express my support for this very important piece of legislation. This is simple; it is much needed; and it is just a commonsense bill.

For my friends across the aisle who think that this is some intellectual exercise, that we are trying to find some mandate, or that we need to listen to the front lines, well, I am here to tell you what happens on the front lines.

It was not yesterday; it was when I was a geriatric social worker. We had

received a report of a street child taking care of a senior, and there was concern about the senior and the street child.

I went to the door to make an assessment. I knocked on the door, and I was greeted by a Saturday night special right in my face, as a social worker just trying to do my job. She kept saying: ''You ain't gonna take my baby. You ain't gonna take my baby.'' I was scared, scared, and scared, never having had a gun to my face.

Madam Speaker, I am sure you know what I am talking about because you have probably had similar experiences.

I was a social worker just trying to make an assessment to see if this senior needed help at home. I had nothing to do with trying to take her child away, but she confused me for a child welfare worker.

This is what can happen. It has happened to me. It happens today. As Representative STEVENS pointed out, it happened at 2 a.m. this morning, not to a social worker but to a FedEx worker. We must do something to make sure that we can protect workers and that we end workplace violence.

This is a small step. It is not an intellectual exercise. It is real. I am speaking personally, and I am here to stand with social workers across America to make sure that we do everything we can to make their workplace safe and that everyone is protected.

Ms. FOXX. Madam Speaker, I reserve the balance of my time.

Mr. COURTNEY. Madam Speaker, I yield 1 minute to the gentlewoman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. Madam Speaker, workplace violence has reached epidemic levels and is the third greatest cause of job death right now.

Nurses, medical assistants, emergency responders, and social workers face some of the greatest threats, suffering more than 72 percent of all workplace assaults. Women suffer two out of every three serious workplace violence incidents.

This is unacceptable. We need to protect workers and require employers to put in place effective workplace violence prevention plans. It is simple. Make a plan.

We need to protect our healthcare and social service workers who have done so much for us during the pandemic to care for us. Now, we need to care for them.

We need H.R. 1195 now. Let's come together and get it done.

Madam Speaker, I include in the RECORD an editorial column from Bonnie Castillo and a letter from the AFL–CIO.

[From The Hill, Apr. 9, 2021]

WE CAN'T AFFORD TO LOSE ONE MORE NURSE—PASSING WORKPLACE VIOLENCE PREVENTION BILL WOULD HELP

(By Bonnie Castillo, Opinion Contributor)

''My children were very distraught to see their mom with a black eye,'' said Luciana Herr, a registered nurse in the inpatient psychiatry unit at Abbott Northwest Hospital in Minneapolis, Minn. Herr entered a hospital room in early March to find a patient hitting and biting her co-worker. With no security or other staff around, she tried to help and was punched in the face twice and kicked several times. It was the second time she had been assaulted in just a few months.

Tragically, Herr's story is all too common. According to the Bureau of Labor Statistics, health care and social service workers have a five times greater likelihood of experiencing a workplace violence-related injury than workers overall. This extremely high rate of violence is unacceptable, a fact driven home by the pandemic. We cannot let nurses and other health care workers go one more day fighting for optimal COVID protections while also wondering whether they will be assaulted at work.

That's why National Nurses United (NNU), the largest union of registered nurses in the United States, is fighting to get a critical bill across the finish line. The Workplace Violence Prevention for Health Care and Social Service Workers Act (H.R. 1195) would mandate that federal OSHA hold health care and social service employers accountable for developing and implementing a comprehensive workplace violence prevention plan, publicly reporting incidents of violence, and not retaliating against workers who report violence.

The legislation passed the U.S. House in the 116th Congress and was reintroduced this session by U.S. Rep. Joe Courtney (D–Conn.). It will come up for a floor vote soon in the House, and nurses across the country urge congressmembers to vote yes.

Planning to prevent violence means everything because once violence happens, it's already too late. This truth really hit home when our beloved NNU member Cynthia Palomata, a registered nurse in California, was killed by her patient in 2010. Countless nurses across the country are attacked physically and verbally each year, and the violence may be growing. A November 2020 National Nurses United survey of 15,000 registered nurses across the country found that 20 percent of respondents reported an increase in workplace violence during the pandemic.

It's important to remember that when nurses aren't safe, patients, visitors, and family members are also not safe. Violence can harm anyone in the vicinity.

According to Herr, staffing at an optimal level, adding security, and making sure patients are assessed and placed where they are best served are examples of actions her employer could take to curb violence before it happens. But there is no federal mandate for health care and social service employers to have a comprehensive, unit-specific prevention plan. This bill will establish one. In our profit-driven health care system, employers will never invest in prevention unless they are held accountable.

''All I got was an 'I am sorry that happened to you,' '' said Melanie Autrey, a general surgery registered nurse at Mission Hospital in Asheville, N.C., who—along with her co-worker—was attacked in January by a patient with dementia. ''It made me feel like I was not safe working here. It made me feel like 'What does it take?' ''

In Autrey's case, simple things may have helped, like the hospital investing in ''sitters,'' staff who can watch over patients in need of supervision and notice changes in behavior before a patient grows violent. There are so many clear actions that health care employers can take to prevent violence from happening and to ensure nurses can focus on caring for patients, not on wondering whether they will be hurt or killed on the job. But if we don't hold profit-driven employers accountable, they will never change.

As of early April, more than 3,570 registered nurses and other health care workers have already died of COVID–19. We can't afford to lose one more—not to the virus, not to violence, not to preventable causes. Congress must pass the Workplace Violence Prevention for Health Care and Social Service Workers Act without delay.

AFL–CIO,
Washington, DC, April 13, 2021.

DEAR REPRESENTATIVE: I am writing on behalf of the AFL–CIO to urge you to vote for the Workplace Violence Prevention for Health Care and Social Services Workers Act (H.R. 1195) when it is brought to the floor this week. This bill would direct the Occupational Safety and Health Administration (OSHA) to issue a federal workplace violence prevention standard to protect workers in health care and social services from injury and death. We also urge you to oppose Keller #6.

Workplace violence is a serious and growing safety and health problem that has reached epidemic levels. Workplace violence is the third leading cause of job death, and results in more than 30,000 serious lost-time injuries each year. Nurses, medical assistants, emergency responders and social workers face some of the greatest threats, suffering more than 72% of all workplace assaults. Women workers particularly are at risk, suffering two out of every three serious workplace violence injuries.

An OSHA standard under H.R. 1195 would protect these workers by requiring employers in the health care and social service sectors to develop and implement a workplace violence prevention plan, tailored to specific workplaces and worker populations. As part of the plan, employers would be required to work with employees to identify and correct hazards, develop systems for reporting threats of violence and injuries, provide training for workers and management and protect workers from retaliation for reporting workplace violence incidents. Common sense prevention measures include alarm devices, lighting, security, and surveillance and monitoring systems to reduce the risk of violent assaults and injuries.

The requirements for a workplace violence prevention plan are based upon existing recommendations from OSHA, NIOSH and professional associations, and scientific studies have found these guidelines to significantly reduce the incidence of workplace violence. Similar measures have been adopted in a number of states and implemented by some employers. Currently, however, there is no federal OSHA workplace standard, which would ensure these measures are in place. The majority of healthcare and social service workers lack effective protection and remain at serious risk while OSHA has been slow to act.

The AFL–CIO opposes Keller # 6, the Amendment in the Nature of a Substitute, as it will continue to delay protections for workers and will weaken the underlying protections of H.R. 1195. Working people need protection from workplace violence now, and should not have to wait seven years or more, the average time it takes for OSHA to issue a safety and health standard. It has been over four years since OSHA issued a Request for Information on workplace violence. Since this initial step, the agency has not taken additional action.

In recognition of the urgency to protect these workers from dangerous assaults, we support the underlying bill, which requires OSHA to develop an interim standard within one year and a final standard within 42 months. OSHA issued its first guidance to employers on protecting health care and social service workers from workplace violence

25 years ago in 1996. These frontline workers cannot wait any longer; their lives are in danger.

The underlying bill has broad support from health care professionals, safety and health professionals and healthcare unions including the National Association of Social Workers, American Public Health Association, American Industrial Hygiene Association and American Society of Safety Professionals. Also, this important legislation passed the House during the 116th Congress with 251 votes and continues to have strong bipartisan support.

We urge you to support H.R. 1195 to help protect health care and social service workers from the growing threat of workplace violence and unnecessary injury and death. We also urge you to oppose any Motion to Recommit, which would have the effect of killing the bill.

Sincerely,

WILLIAM SAMUEL,
Director, Government Affairs.

Ms. FOXX. Madam Speaker, may I inquire as to how much time is remaining.

The SPEAKER pro tempore. The gentlewoman from North Carolina has 11¾ minutes remaining. The gentleman from Connecticut has 11¼ minutes remaining.

Ms. FOXX. Madam Speaker, I reserve the balance of my time.

Mr. COURTNEY. Madam Speaker, I yield 1 minute to the gentlewoman from Minnesota (Ms. CRAIG).

Ms. CRAIG. Madam Speaker, just over 2 months ago, a man walked into an Allina Health clinic in Buffalo, Minnesota, and opened fire, killing one employee and injuring four others.

On that tragic day, nurses, doctors, social workers, and others were reportedly targeted because of their professions.

Tragically, this senseless and horrific act of violence is representative of a broader trend in our society. Today, members of the healthcare workforce are five times as likely to suffer a workplace injury than Americans in other professions.

Madam Speaker, what in the hell are we doing in Congress if we are not going to stand up and do anything for our healthcare heroes and those workers?

My colleagues who vote against this bill are ignoring the pleas of the EMTs, the emergency workers, and all of those folks who have been on the front lines of this healthcare pandemic.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. COURTNEY. Madam Speaker, I yield an additional 15 seconds to the gentlewoman from Minnesota.

Ms. CRAIG. Madam Speaker, it is our responsibility to step forward and help protect our workers. It is beyond the pale to put our heads in the sand, as Members of Congress, and say there is nothing that we can do. What the hell are we doing here if we do that?

Ms. FOXX. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, we grieve for anyone who is killed violently in this country under any circumstances. Again, that is not a partisan issue.

Madam Speaker, the healthcare industry is currently in the midst of responding to a once-in-a-century pandemic and has rightly prioritized significant resources to caring for patients and keeping its employees safe from COVID–19.

Forcing OSHA to issue an interim final standard on workplace violence within 1 year, as H.R. 1195 requires, will have a devastating impact on the healthcare industry during the COVID–19 pandemic.

The last thing our healthcare providers need during this unprecedented public health crisis is more costly mandates from Washington that will strain resources and personnel and jeopardize patient care.

Moreover, the Biden administration is expected to soon impose new employer mandates in the form of an OSHA emergency temporary standard for COVID–19 and, eventually, a permanent infectious disease rule, which will have a significant impact on the healthcare industry.

At a time when healthcare facilities are experiencing massive revenue losses and have invested significant resources into responding to COVID–19, the issuance of two new regulations from Washington, potentially within months of each other, will be devastating.

Our Nation's healthcare providers have responded admirably to the pandemic and are doing heroic work to keep Americans safe and healthy. The House should reject this ill-timed and ill-advised legislation that will inhibit work and burden the healthcare industry at exactly the wrong time.

Madam Speaker, I reserve the balance of my time.

Mr. COURTNEY. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, just to clarify, the April 9 CBO report that came out, which, again, cited the numbers which were cited accurately by the opposition, is a number that is spread out over 200,000 facilities across the country.

If you do the math, we are talking about $9,000 per facility per year. Ask yourself whether or not that figure, weighing the balance of what we are trying to protect here, which is people's health and lives, is worth it.

I think most people would apply common sense to that and realize that it is not going to drive healthcare costs through the roof. In fact, it is going to protect workers and protect them from absenteeism. It is going to protect these institutions from high workers' compensation costs. It is just common sense.

Madam Speaker, I yield 2 minutes to the gentlewoman from Michigan (Ms. TLAIB).

Ms. TLAIB. Madam Speaker, everyone should feel safe at work, and they should be safe at work.

I want to give testimony about Kenya, who is a 49-year-old certified nursing assistant. I want to bring her words here in the Congress to understand what we are trying to do, who we are trying to protect.

She said: ''You don't know if you are going to take the virus home to your family or not. I have two children, 16 and 18, and a 1-year-old grandbaby that I worry about all the time.

''I have a designated place where I take my uniform off and my shoes off to keep my family safe. I come in, go directly to the basement, where I already have a change of clothes, strip all my clothes off, put all of my clothes directly into the washing machine.

''Then there is my mom. I am her only child now, so that is a big scare because who is going to take care of her?

''It is very scary for my family. They don't want me to go back to work. But I have to go to work because I have to be able to take care of my family, and I tell them that my residents need me.''

These are the human stories behind the fact that people right now are asking us, the United States Congress, to pass legislation that is long overdue to protect workers in some of the most high-stress, least-appreciated positions in our communities.

These workers are on the front lines, day in and day out, serving vulnerable groups and facing rates of workplace violence at five times the rate of workers in other communities.

She is expressing in here just the stress of it and, on top of that, workplace violence.

Madam Speaker, I include in the RECORD a letter of support from SEIU on behalf of the over 1 million healthcare and social service workers across our country.

SERVICE EMPLOYEES
INTERNATIONAL UNION,
Washington, DC, March 25, 2021.

DEAR REPRESENTATIVE: On behalf of the over 1 million healthcare and social services workers of the Service Employees International Union and the 80,000 nurses of the National Nurse Alliance of SEIU Healthcare whom have been on the frontlines of the COVID–19 pandemic, I urge you to support H.R. 1195, the Workplace Violence Prevention for Health Care and Social Service Workers Act.

Nurses are on the front lines of care, and workplace violence against healthcare workers, especially nurses, is an enormous and underreported problem. Almost three quarters of workplace violence injuries are suffered by healthcare and social service workers and these workers are nearly 5 times more likely to experience violence on the job than any other worker in the US. As nurses, we know that threats and violence are a major impediment to the essential care we provide.

H.R. 1195 would direct the Occupational Safety and Health Administration (OSHA) to issue a federal workplace violence standard. This specific standard would require employers in health care and social service assistance sectors to develop and implement a plan to protect workers from workplace violence.

The legislation requires that employer prevention plans be tailored to a specific workplace and employee population. This is important to overcome the very dangerous

myth that workplace violence is part of the job, essentially random or unpredictable, and therefore, not preventable. Workplace violence, in both health care and social service assistance settings, has clear patterns and identifiable risks. Research has found that evidence-based practices, when implemented consistently, can significantly reduce incidents of workplace violence.

We cannot expect nurses, who spend more time with patients than any other health care providers and have been at the forefront of providing care during the pandemic, to be able to deliver the high-quality care we were trained to provide under threat of violence and assault. A safe and violence-free workplace is essential to good patient outcomes and an exceptional healthcare system.

Essential workers have put their lives on the line throughout the pandemic and now elected leaders must meet their demands to be respected, protected and paid. We ask that you support H.R. 1195 and send a clear message that message that Congress will not ignore the harm and suffering caused to health care, behavioral health and social assistance workers by workplace violence.

Sincerely,

MARTHA BAKER, RN,
President SEIU 1991, Chair, National Nurse Alliance of SEIU Healthcare.

Ms. TLAIB. These are protections that should have long been in place and enforced. I urge my colleagues to support this legislation.

When passed and signed into law, I urge OSHA to immediately work to issue the standards necessary to protect these workers.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. COURTNEY. Madam Speaker, I yield an additional 30 seconds to the gentlewoman from Michigan.

Ms. TLAIB. Madam Speaker, I gave that story of Kenya, who lives in Livonia, Michigan, because, on top of all of that, she was dealing with the number of protections that were lacking in the workplace.

Again, these are people who take care of our loved ones, take care of our sick, take care of those who are mentally ill, who need assistance, whose family members are not equipped for what they are trying to do. The least we can do, especially during this pandemic, is to offer them more protection and safety in the workplace.

Ms. FOXX. Madam Speaker, I yield myself the balance of my time.

Madam Speaker, overbearing regulations burden workers and stifle the economy. Preventing workplace violence in healthcare and social service settings is crucial, and we should get this done by allowing OSHA to issue standards through the normal rulemaking process, which brings all experts and parties, including small businesses, to the table.

Short-circuiting the process and rushing to a conclusion eliminates valuable technical and scientific input and will lead to unintended consequences, which could have a detrimental impact on workplace safety outcomes.

A bipartisan solution was possible here, but once again, Democrats have kicked it to the curb. I urge a ''no'' vote on H.R. 1195, and I yield back the balance of my time.

Mr. COURTNEY. Madam Speaker, I yield myself the balance of my time.

Here is the good news. When we started this journey on this legislation back in 2013, a number of us requested a GAO report because we had heard anecdotal evidence about the fact that healthcare workers were experiencing this really disturbing level of violence that was something that people had really never seen before.

GAO took 3 years, very methodically, as only they do. They are the gold standard, in terms of research. They brought in all the studies and all the evaluations. They verified, sadly, all the statistics that we have talked about here on the floor today. Seventy-three percent of incidents happen in these two sectors. The fact is that they not only verified that, but they showed that those numbers are actually underreported.

What is happening out there is because we don't have any system that people can turn to when they are experiencing this kind of unacceptable behavior. They basically are in a situation where, most of the time, they just are saying suck it up, shake it off, that is part of the job, just move on, don't spend any time on that.

In fact, what GAO told us is that the numbers that we are seeing in other sorts of reports underreport what is going on out there.

We took that report, and we crafted legislation. We really did accommodate some of the issues that we have heard talked about on the floor here today, about ensuring that there is going to be an adequate comment period for all stakeholders. We want that. We understand that the hospital association, just like the emergency room doctors, just like the nurses, should all have their opportunity to weigh in, in terms of what is a viable, workable standard.

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But what we don't need is to have OSHA just sort of lapse into its notorious dysfunctional delays in terms of developing a workforce standard.

Mr. SCOTT ticked off, again, some of the most recent examples: 2017 beryllium took 18 years, silica dust took 17 years.

Again, when the last administration came to the committee, they said, ''We are going to start the process. We are going to begin a docket in terms of getting a rulemaking.''

And then the first scheduled date was delayed, and then the second scheduled date was delayed again, and on and on and on. Right now, today, as we stand here in this Chamber, there is nothing scheduled.

When you really boil it down, where I think the disagreement exists—and I am happy to acknowledge that, but I think it is a meaningful distinction—is that we are going to put this agency on the clock. We are telling them that, you know, you can follow the procedures, take the comment, but we are not going to sit back and allow this unacceptable trend to continue unaddressed.

That agency was created back in the Nixon administration to protect America's workers, and as the branch of government that created them, we want them to develop a standard in a reasonable amount of time.

Madam Speaker, this is not unprecedented. Congresses, in the past, have done this. During the last pandemic, during AIDS, we saw a blood-borne pathogen that was just totally sweeping hospitals and healthcare institutions all across the country, and we intervened and put a clock on OSHA to develop a blood-borne pathogen workforce standard.

That is why, today, when you go to the hospitals, people are wearing gloves and using disposable needles. All that stuff that we take for granted now, that was OSHA. Actually, it was Congress who told OSHA to develop that standard. So we are in a situation here today in 2021 where, again, we are seeing something out there.

I thank Ms. FOXX because she is not in denial, that is for sure. She really thoughtfully talked about what is driving some of this, but the fact is now it is time to act. I thank some of the Republican Members who came forward because it is hard right now, but they came forward and cosponsored this bill.

I hope, Madam Speaker, that the shared experience of the last year that this country went through is something people will think about when they vote later today and support this legislation.

Madam Speaker, I yield back the balance of my time.

Ms. JACKSON LEE. Madam Speaker, as senior member of the Committees on the Judiciary, on Homeland Security, and on the Budget, I rise in strong support of H.R. 1195, the ''Workplace Violence Prevention for Health Care and Social Service Workers Act,'' which would establish within one year an Occupational Safety and Health Administration (''OSHA'') interim workplace standard requiring health care and social service providers to implement workplace violence prevention plans, and which would establish a permanent OSHA standard within 42 months.

Currently, there is no OSHA standard that requires employers to implement violence prevention plans that would help reduce workplace violence injuries among health care and social service workers.

The lack of an enforceable standard means that OSHA, the federal agency created to protect workers' safety, has few meaningful tools to protect health care workers from the threat of workplace violence.

The Government Accountability Office has estimated, conservatively, that it takes OSHA at least 7 years to issue a standard.

Seven years; Our healthcare workers have worked too hard and sacrificed too much for them to wait a minimum of seven more years before measures are in place to secure their basic physical safety.

H.R. 1195 would provide health and social service workers the protection they deserve by:

Compelling OSHA to issue an interim final standard in one year and a final standard within 42 months requiring employers within the health care and social service sectors to develop and implement a workplace violence prevention plan.

Identifying risks, specify solutions, and require training, reporting, and incident investigations. It would also provide protections from retaliation for reporting violent incidents.

Protecting health care and social service workers in the public sector in the 24 states not covered by OSHA protections.

Our nation's caregivers—including nurses, social workers, and many others who dedicate their lives to caring for those in need—suffer workplace violence injuries at far higher rates than any other profession.

While the previous administration relegated the OSHA standard protecting healthcare and social workers to the back burner, making no progress for 4 years, we will not do the same.

Study after study has confirmed that healthcare workers are not adequately protected in the workplace.

In 2014, OSHA reported that there are nearly as many serious violent injuries in healthcare as there are in all other industries combined.

In 2018, the U.S. Bureau of Labor Statistics (BLS) reported that the rate of violence against health care workers increased more than 60 percent between 2011 and 2018.

Just last year, the BLS reported that health care and social service workers were nearly five times as likely to suffer a serious workplace violence injury than workers in other sectors.

And this problem has been exacerbated by the influx of patients and stressors during the COVID–19 pandemic—according to National Nurses United, 20 percent of registered nurses across the U.S. reported increased workplace violence due to the pandemic.

This is not a new problem; this is an old problem that has found fertile ground to grow during the COVID–19 pandemic due to an influx of patients and increasing demands on our healthcare workers.

In my home state of Texas, over 50 percent of nurses in Texas have reported being subject to workplace violence during the course of their career.

A 2016 study by the Texas State Health Services found that in any given year:

6 percent of Texas nurses experience sexual harassment;

12 percent of Texas nurses experience physical violence;

Nearly half of all Texas nurses experience verbal abuse.

The injuries healthcare workers take from workplace violence are not only physical; victims of workplace violence often suffer mental trauma that they will carry with them for the rest of their lives.

One example is Bridgette Jenkins, a nurse for 20 years in Houston and professor at Houston Baptist University's School of Nursing, who will not work in a psychiatric ward because 19 years ago a psychiatric patient hit her so hard that half her face became swollen and doctors encouraged her to get an x-ray to ensure her jaw wasn't broken.

Another is Norma Broadhurst, who testified before the Texas House of Representatives that she experienced a ''traumatic amputation'' of her right ring finger due to an intoxicated spring break patient biting off her finger.

Workplace violence against healthcare workers is so ubiquitous that more than a third of Texas nurses surveyed who did not report a recent violent incident said they did so because it was ''an accepted/expected part of the job'' or because they did ''not expect anything to change.''

One stark example of this is Kimberly Curtin, a nurse for nearly 28 years in Houston, who was punched in the side of the head by a patient as a young nurse.

Her colleague who witnessed the attack said to her, ''Welcome to ER.''

As of 2019, according to the Texas Health and Human Services Commission, Harris County has 4,303 registered physicians and 45,946 registered nurses.

That is over 50,000 individuals in my district that have been on the front lines of the fight against the pandemic, where in addition to facing a historically deadly virus they have been spit on, cursed out, sexually harassed, and physically assaulted.

I cannot stand by while knowing that these people I represent, who give so much to others, who have a personal and professional obligation to ''do no harm,'' and who have a steadfast focus on helping patients, must remain constantly vigilant at their place of work due to potential threats to their physical safety.

Madam Speaker, throughout this deadly COVID–19 pandemic, we have called our healthcare workers heroes, and we have lauded them for being the front line defense against this deadly violence.

But words are only the first step towards action, and action is what is needed here today.

Although it is not enough, the very least we can do to repay their sacrifice and heroism is make sure healthcare workers everywhere are secure against violence from within their workplace.

I urge all members to join me in voting to pass H.R. 1195, the ''Workplace Violence Prevention for Health Care and Social Service Workers Act,'' to reduce workplace violence injuries among health care and social service workers.

[The Texas Tribune, Feb. 9, 2021]

HALF OF TEXAS' NURSES EXPERIENCE WORKPLACE VIOLENCE. A TEXAS LAWMAKER SAYS IT'S TIME TO PROTECT THEM.

(By Shannon Najmabadi and Neelam Bohra)

Steven D. Powell is a nurse with Texas Medical Center in Houston. Powell said violent patients have left him covered in bruises, but he more regularly faces verbal assaults. Credit: Shelby Tauber for The Texas Tribune

State Rep. Donna Howard was working as an intensive care unit nurse in the 1970s when a patient pulled an intravenous drip out of his arm and walked toward her. She rushed to help him—but didn't see the metal urinal he was clutching behind his back until it was too late. He smacked her in the jaw with it, knocking her across the room. ''I was briefly stunned by the hit,'' said Howard, then working at the Brackenridge hospital in Austin. ''But I continued working.''

For decades, health care workers have faced rampant violence in the workplace. Now praised as heroes of the pandemic, those front-line medical workers have been routinely scratched, bitten or verbally abused by patients. Well over half of Texas' nurses reported being subject to workplace violence in their career, according to a 2016 state study.

Nationwide, the rate of violence for health care workers increased more than 60% between 2011 and 2018, and the Occupational Safety and Health Administration has found the rate of serious violent incidents in health care is more than four times greater than for those in other industries.

''It is presumed to be a part of the job,'' Howard, D-Austin, said of the violence. ''That's not OK.''

There are no federal laws that specifically target violence in nurses' workplaces. OSHA does not require health care facilities to have violence prevention plans, though states like California and Washington have passed laws to do so. Howard has filed similar legislation in Texas that if passed this year, would place Texas in a vanguard of states that have backed similar protections for nurses.

It would require health care providers to create committees to prevent workplace violence and to offer medical treatment and other services after a violent incident. It would also bar facilities from penalizing nurses who report abuse.

''They are there to take care of us. And I think we have a responsibility to take care of them,'' Howard said, adding that this year especially, lawmakers have a moral obligation to take care of health care workers who have been risking their lives throughout the pandemic.

State lawmakers have for years heard examples of the violence nurses face.

Rep. Stephanie Klick, R–Fort Worth, who has worked as a nurse, said in a committee hearing that her wrist was broken by an elderly patient and that she had to have surgery to repair it.

Cindy Zolnierek, head of the Texas Nurses Association, said a patient tried to punch her in the face on her first day as a graduate nurse. She quickly stepped back to avoid being struck.

And in 2013, an emergency room nurse named Norma Broadhurst told a panel of lawmakers she'd had a ''traumatic amputation'' of her right ring finger after it was bitten off by an ''intoxicated spring break patient'' who she was trying to help.

''I will never have my finger back to wear the ring my grandmother gave me,'' she said. ''Is this going to interfere with my wanting to help the next patient? . . . I am right-handed, everything I do involves this hand.''

That year, the Legislature strengthened the penalties for assaulting emergency room workers, putting the offense on par with harming first responders. Lawmakers later signed off on creating a grant program to find creative ways to lower the number of verbal and physical attacks against nurses. Those efforts have been focused on training, trying to quickly identify patients at high risk of lashing out, or raising public awareness about the rate of violence, Zolnierek said.

Nurse advocates say that a proactive approach is essential to stop assaults before they happen and leave health care workers and patients traumatized by the experience.

''Many members of the general public, they're like, 'Are you kidding me? People assault nurses?' They don't understand that it's a problem,'' Zolnierek said.

In Texas, more than a third of nurses surveyed for a 2016 report who did not report a recent violent incident said it was because it was ''anaccepted/ expected part of the job'' or because they did ''not expect anything to change.'' About a quarter of nurses—and nearly a third of those in freestanding emergency centers—said their employer was not at all or only ''slightly effective'' at managing workplace violence.

It's not just nurses. Respiratory therapists, dietary aides and other health care workers all face violence. Nearly half of emergency physicians have reported being physically assaulted at work.

Dr. Theresa Tran, an assistant professor of emergency medicine at the Baylor College of Medicine, said violence is an ''unfortunate commonality'' in emergency rooms everywhere and something workers there have to always be ''vigilant'' about.

An OSHA webpage says people who work in hospitals, nursing homes and other health care facilities face ''significant risks'' of violence, in part because they may work closely with people who have a history of violence or are under the influence of drugs. A state report said nurses have the ''highest risk'' among health professionals because of how often they interact with patients.

Zolnierek said nurses may be viewed as ''non threatening'' and may be vulnerable to being struck because they work in close proximity to patients. There can also be outdated sex-based stereotypes of nurses—about 88% of whom are women—as being passive or doctors' ''handmaids,'' said Zolnierek, though both male and female nurses experience sexual harassment from patients.

Daniel Funtong, a nurse who works in North Texas, said older patients sometimes react poorly to pain medication, in some cases threatening nurses with knives or spoons that are served with meals.

''I don't think they understand the magnitude, because after going through . . . trauma or injury and then the recovery process, and sometimes that brain doesn't function as normal,'' Funtong said.

A variety of factors can spark aggression or a violent outburst from patients. The presence of needles can trigger violence, and patients who want to leave the hospital or who are frustrated with waiting could be more prone to erupt, according to researchers who analyzed a year of incident reports at a hospital system in the midwest.

In other cases, patients' family members have lashed out if they think the health care worker isn't doing enough to care for their loved one.

Nurses and physicians ''constantly'' feel threatened by patients and family members, Funtong said, and have been trained to identify crisis-type situations and alert building security if needed. He wishes police would work closely with health care facilities' private security to more promptly intervene with violent patients.

Registered nurse Steven Powell said violent patients have left him covered in bruises, but he more regularly faces verbal assaults. Recently, a patient called him a racial slur—an occurrence that's not uncommon for nurses, according to experts.

''When you look at the workforce for nurses, it's a very diverse landscape,'' he said. ''The violence that they can experience from a verbal nature, threats due to their culture—they may keep it to themselves or not respond in the same manner that everyone would, having a plan like this that encourages reporting.''

Powell, who also works as a traveling nurse, said health care facilities he worked at in the Houston and Dallas areas were unprepared for the pandemic—and that lack of readiness extends to how they plan for violence.

''Not all facilities are taking the steps necessary to protect their staff,'' Powell said.

Some 82% of Texas nurses report being verbally abused, which can include yelling, swearing and the use of hurtful words, according to the 2016 state report. Nearly half also reported physical violence like being hit, slapped or choked.

The threat of violence or abuse can take a heavy toll, leaving health care workers with injuries, psychological trauma or decreased morale. Nurseswho face violence may trust their employers or coworkers less, become more guarded when treating patients or even leave the profession—while Texas faces a shortage of nurses.

''One abusive patient can negate 25 lovely patients, and it just hurts you on so many levels, more than just the physical,'' said Mary Ball, a registered nurse at Parkland Health & Hospital System. Ball said a coworker was recently bitten by a patient who drew blood, and that the hospital doesn't provide enough information to staff or the public about safety issues.

Ball, who is still in therapy after being robbed at gunpoint in an employee parking lot almost two years ago, said she wishes more armed officers were present in and outside the hospital and said that restraints should be more frequently used to protect them from potentially violent patients.

A Parkland spokesperson said the hospital ''puts out a great deal of information about safety and discusses these matters regularly in our system-wide town halls, which is open to all employees.'' Police officers are also present to protect patients and employees.

The Dallas-based hospital has used other initiatives to try to reduce workplace violence. It created a free course a few years ago to raise awareness about the prevalence of workplace violence and to teach employees and nursing students how to protect themselves. It also purchased wearable alarm systems for employees that can emit a piercing noise if they need help and are not near a panic button, said Karen Garvey, Parkland's vice president of safety and clinical risk management.

Ball said the wearable alarm wouldn't have helped her when she was being robbed.

Workplace violence is thought to be vastly underreported among health care workers, in part because of a professional obligation to ''do no harm,'' and a steadfast focus on helping patients, even those who hurt them, according to experts. Some health care workers who experience violence may not want to blame or shame violent patients who are ill or affected by medication. Others may be reluctant to report violence because they view it as part of their job, fear retaliation from their employer or are deterred by the time and administrative hassle of going through the process, experts say.

They may think, '''Nothing ever happens when I report so why should I bother?''' said Judy Arnetz, a professor at Michigan State University who for decades has studied workplace violence in the health care sector. Some health care workers may also sympathize with the patient and think they ''didn't mean to hurt me, that patient . . . suffers from dementia or was under the influence,'' she said.

Though awareness about workplace violence has grown, there's still a dearth of information about how frequently it erupts and affects health care workers, largely because of a lack of reporting, said Arnetz, one of the researchers who analyzed incidents at the Midwestern hospital system.

Health care workers and experts have said hospitals can add more security guards or metal detectors and instill a culture of violence prevention to help deter workplace violence. They should also better understand where violence is occurring and why. Violent outbursts have been reported more frequently in emergency rooms or psychiatric facilities, where people may be anxious, stressed, in pain or under other kinds of psychological strain, experts have said. But it can still happen in other health care settings, and workers there may be less prepared to deal with the violence.

Tran, the emergency room physician, said health care workers' role in stabilizing patients and trying to find physical or mental issues that they cari address can add a complicated layer to the violence.

''I think health care workers, especially physicians and nurses in the ER, tolerate violence more than other industries because we see ourselves in a position where we're supposed to help patients and look past any aggressions on ourselves,'' she said.

The SPEAKER pro tempore. All time for debate has expired.

Each further amendment printed in part C of House Report 117–15 not earlier considered as part of amendments en bloc pursuant to section 6 of House Resolution 303, shall be considered only in the order printed in the report, may be offered only by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, may be withdrawn by the proponent at any time before the question is put thereon, shall not be subject to amendment, and shall not be subject to a demand for division of the question.

It shall be in order at any time for the chair of the Committee on Education and Labor or his designee to offer amendments en bloc consisting of further amendments printed in part C of House Report 117–15 not earlier disposed of. Amendments en bloc shall be considered as read, shall be debatable for 20 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Education and Labor or their respective designees, shall not be subject to amendment, and shall not be subject to a demand for division of the question.

AMENDMENTS EN BLOC OFFERED BY MR. COURTNEY OF CONNECTICUT

Mr. COURTNEY. Madam Speaker, as the designee of the chairman of the Education and Labor Committee, and pursuant to section 6 of House Resolution 303, I rise to offer amendments en bloc.

The SPEAKER pro tempore. The Clerk will designate the amendments en bloc.

Amendments en bloc consisting of amendment Nos. 1, 2, 3, 4, and 6, printed in part C of House Report 117–15, offered by Mr. COURTNEY of Connecticut:

AMENDMENT NO. 1 OFFERED BY MR. BROWN OF MARYLAND

On page 17, after line 21, insert the following:

(D) Additional training shall be provided for each such covered employee whose job circumstances require working with victims of torture, trafficking, or domestic violence.

Beginning on page 17, line 22, and ending on page 18, line 13, redesignate subparagraphs (D) through (G) as subparagraphs (E) through (H).

AMENDMENT NO. 2 OFFERED BY MR. COHEN OF TENNESSEE

Page 8, line 3, strike ''and'' and insert ''Alzheimer's and memory care facility, and''

AMENDMENT NO. 3 OFFERED BY MR. DELGADO OF NEW YORK

Page 4, line 6, strike ''and''.

Page 4, line 12, strike the period and insert ''; and''.

Page 4, after line 12, insert the following:

(C) that provides for a period determined appropriate by the Secretary, not to exceed 1 year, during which the Secretary shall

prioritize technical assistance and advice consistent with section 21(d) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 670(d)) to employers subject to the standard with respect to compliance with the standard.

AMENDMENT NO. 4 OFFERED BY MR. JONES OF NEW YORK

Page 11, line 18, strike ''shall''.
Page 11, line 19, insert ''shall'' before ''be''.
Page 11, line 23, insert ''shall'' before ''be''.
Page 12, line 2, strike ''and'' at the end.
Page 12, line 3, insert ''shall'' before ''be''.
Page 12, line 6, strike the period at the end and insert ''; and''.
Page 12, after line 6, insert the following:
(iv) may be in consultation with stakeholders or experts who specialize in workplace violence prevention, emergency response, or other related areas of expertise for all relevant aspects of the Plan.

AMENDMENT NO. 6 OFFERED BY MS. OCASIO-CORTEZ OF NEW YORK

Page 26, line 25, strike ''and''.
Page 27, line 4, strike the period and insert ''; and''.
Page 27, after line 4, insert the following:
(4) nothing in this Act shall be construed to limit or diminish any protections in relevant Federal, State, or local law related to—
(A) domestic violence;
(B) stalking;
(C) dating violence; and
(D) sexual assault.

The SPEAKER pro tempore. Pursuant to House Resolution 303, the gentleman from Connecticut (Mr. COURTNEY) and the gentlewoman from North Carolina (Ms. FOXX) each will control 10 minutes.

The Chair recognizes the gentleman from Connecticut.

Mr. COURTNEY. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in support of the amendments en bloc.

These five amendments will: one, direct OSHA to prioritize providing technical assistance and advice to employers to promote compliance during the first year; two, clarify that nothing in this act will limit existing protections against domestic violence, stalking, or sexual violence; three, clarify that employers can consult experts when developing their workplace violence prevention plans; four, provide additional training to workers who interact with survivors of torture, trafficking, and domestic violence; and, five, adds Alzheimer's and memory care facilities as facilities covered by this legislation.

These amendments make meaningful improvements to the bill, and I urge a ''yes'' vote on the amendments en bloc.

Madam Speaker, I yield 1 minute to the gentleman from New York (Mr. JONES).

Mr. JONES. Madam Speaker, my amendment makes a simple change that would help improve the development of workplace violence prevention plans required under H.R. 1195, the Workplace Violence Prevention for Health Care and Social Service Workers Act.

As you know, our Nation's nurses, social workers, and other caregivers suffer from workplace violence injuries at far higher rates than any other profession. In fact, these workers are nearly five times as likely to suffer a serious workplace violence injury than workers in other sectors, according to the Bureau of Labor Statistics.

The underlying legislation would require employers within these sectors to develop and implement a workplace violence prevention plan to reduce the incidence of injuries and create safer working conditions for their workers.

In order to ensure that covered employers in the healthcare and social service industries develop thoughtful and comprehensive workplace violence prevention plans, my amendment clarifies that employers are able to outreach to experts and specialists who lead in the issue of workplace violence.

Healthcare and social service workers have unique needs and face many difficult challenges in the workplace.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. COURTNEY. Madam Speaker, I yield an additional 15 seconds to the gentleman from New York.

Mr. JONES. Madam Speaker, I include in the RECORD a letter of support for H.R. 1195 from the CEO of AIHA, Mr. Sloan.

AIHA.

SUPPORT FOR H.R. 1195, WORKPLACE VIOLENCE PREVENTION FOR HEALTH CARE AND SOCIAL SERVICE WORKERS ACT

Rep. ROBERT C. ''BOBBY'' SCOTT,
Chair, Education and Labor Committee, House of Representatives.
Rep. VIRGINIA FOXX,
Ranking Member, Education and Labor Committee, House of Representatives.

DEAR CHAIRMAN SCOTT, RANKING MEMBER FOXX, AND MEMBERS OF THE COMMITTEE: On behalf of AIHA, which represents scientists and professionals committed to preserving and ensuring occupational and environmental health and safety in the workplace and community, I urge you to quickly approve H.R. 1195, the Workplace Violence Prevention for Health Care and Social Service Workers Act.

AIHA supports this bipartisan bill, which has 120 cosponsors and would address workplace violence in health care and social service settings. Violence in these industries remains a leading cause of traumatic workplace injury and death in the US. The bill would help solve this problem by requiring covered employers to develop and implement comprehensive workplace violence prevention plans that are tailored to meet their individual needs.

AIHA looks forward to our continued work together on workplace violence and other occupational and environmental health and safety issues.

Sincerely,
LAWRENCE D. SLOAN,
Chief Executive Officer, AIHA.

Ms. FOXX. Madam Speaker, I yield myself such time as I may consume.

We all agree American workers should be kept out of harm's way on the job so they can safely and healthily return home to their families. These caregivers deserve protections, but H.R. 1195 is the wrong approach to address the important issue of workplace violence.

I am disappointed by the lack of effort to develop a workable bipartisan solution to combat workplace violence before this flawed legislation was rushed to the floor by Democrat leaders in Congress.

In fact, committee Democrats chose not to hold a legislative hearing focused on this bill. Unfortunately, the Democrat amendments only reinforce that H.R. 1195 is the wrong approach to addressing this important issue.

Representative BROWN's amendment, while well-intentioned, ignores the fact that there are Federal agencies other than OSHA that would be better equipped to handle a regulatory requirement for the education of healthcare and social service workers who work with the victims of torture, trafficking, or domestic violence.

The question of whether employer education programs governed by OSHA, the Federal Government's workplace safety agency, are appropriate to address the objectives of this amendment should be thoroughly vetted and discussed during the rulemaking process before decisions impacting healthcare facilities and their patients are made. H.R. 1195 does not allow for this to occur.

Representative COHEN's amendment is also well-intentioned, but will unilaterally expand the reach of a flawed regulation to include numerous small facilities.

This is particularly problematic because H.R. 1195 precludes the opportunity for OSHA to conduct a Small Business Regulatory Enforcement and Fairness Act panel prior to a regulation being written, a key element in the process which considers the impact of proposed regulatory changes on small businesses. The implications of such a proposal should be carefully evaluated through the established OSHA rulemaking process before a decision is made regarding expansion to additional facilities.

With regard to Representative DELGADO's amendment, I agree with his assessment that employers will need compliance assistance and technical help from OSHA in order to understand the complex and burdensome new rule mandated by this bill.

However, this amendment is little more than window dressing. While technical assistance is always welcome and appropriate for a rule of this complexity, this amendment places an arbitrary time limit that is woefully insufficient to cope with a rushed and flawed rule. Moreover, technical assistance after employers are subject to a rule in which they had no input is too little, too late.

Rather than amend a flawed bill by allowing the Department of Labor to help businesses after the fact, we should reject this bill and instead allow OSHA to pursue its established rulemaking process that provides ample opportunity for feedback from stakeholders and the public, which will ensure a better product and eliminate the need for this type of amendment.

Representative JONES' amendment puts the cart before the horse. Consultation with outside experts regarding compliance should occur while a regulation is being written by OSHA and before it is issued so the final product takes this expertise into account. This amendment simply adds yet another costly mandate on employers.

H.R. 1195, which requires OSHA to issue an interim final rule within 1 year, short-circuits the opportunity for the agency to hear from experts before a rushed rule is issued. This amendment is a feeble attempt to correct this critical flaw.

I believe, Madam Speaker, that every Member of this Chamber is committed to ensuring American workers are safe in the workplace. I appreciate Mr. COURTNEY's very kind comments about my concern for this personally, but I can say every Republican feels this way.

Our Nation's caregivers, who have been on the front lines of responding to the COVID–19 pandemic, are deserving of a responsible, workable, and thorough response to the serious issue of violence in the workplace. However, this legislation is a far cry from a sensible or workable solution.

H.R. 1195 is overly prescriptive and heavy-handed and takes the wrong approach, prejudging and imposing a rushed regulation without allowing for necessary stakeholder input. Unfortunately, the Democrat amendments do nothing to change this fact.

Madam Speaker, I urge my colleagues to oppose the Democrat amendments en bloc and the underlying bill, and I reserve the balance of my time.

Mr. COURTNEY. Madam Speaker, I yield 2½ minutes to the gentleman from Tennessee (Mr. COHEN).

Mr. COHEN. Madam Speaker, I appreciate Mr. COURTNEY for yielding to me, and I appreciate him for bringing this bill. He has a long history of now 15 years of looking out for workers, laborers, and their fair place in our country, and I thank him for that.

Over the past 13 months, our healthcare and social service workers have gone over and beyond in their efforts to keep us healthy and free during this COVID–19 pandemic. This bill, the Workplace Violence Prevention for Health Care and Social Service Workers Act, is one way Congress can help keep them healthy and look out for their safety.

This amendment is a simple one. It simply says that Alzheimer's and memory care facilities are added to the type of residential treatment facilities covered by this bill. Alzheimer's and memory care facilities are sometimes overlooked in the definition and should not be.

With our aging population, Alzheimer's and dementia is growing in prevalence. In the United States, more than 5.5 million people now are living with Alzheimer's. The number is expected to increase to 14 million people by 2060. Alzheimer's is the sixth leading cause of death in our country, but third among senior citizens, behind only cancer and heart disease. This increase in Alzheimer's diagnoses means more healthcare workers and social workers will be needed to help patients and their families to try to manage this disease and cope with the effects.

This bill doesn't only help the workers, but it helps the victims of these diseases that put them in the institutions by making it more likely that people will want to go into those professions and not fear for their health.

As anyone who has or had a loved one with Alzheimer's knows that Alzheimer's patients can become aggressive for many reasons. Sometimes it is just the inability to grasp a subject or to remember something or they are hungry or whatever, and they get violent.

□ 1030

That is the reason oftentimes they are put into long-term facilities caring for Alzheimer's patients, and that is going to continue to grow. They have these outbursts of aggression. Healthcare professionals and social service workers need to be protected similar to their colleagues that work in residential treatment facilities.

I appreciate your consideration. I appreciate this amendment being put in the en bloc. Hopefully, we pass it and pass the bill and we look out for healthcare workers and the people who are the beneficiaries of their work. And they will need more and more service providers as the years go on.

Ms. FOXX. Madam Speaker, I believe I have the right to close, and I apologize for neglecting to say I oppose the amendment at the beginning.

I believe I have the right to close, therefore, I will reserve the balance of my time.

Mr. COURTNEY. Madam Speaker, again, I support the en bloc as stated earlier, and I yield back the balance of my time.

Ms. FOXX. Madam Speaker, again, I want to thank Mr. COURTNEY for the comments he has made during this debate today. He has been a very kind colleague.

However, what we should be doing is more debating of some of the underlying issues that are creating this increased workplace violence, and we are not doing that as a Congress.

We need to be looking at why these things that are happening are happening. And I am sorry that we are not doing that. And I am sorry we are doing a rushed product here when we could be working together.

Madam Speaker, I urge my colleagues to vote ''no'' on the en bloc amendments and ''no'' on the underlying bill, and I yield back the balance of my time.

The SPEAKER pro tempore. Pursuant to House Resolution 303, the previous question is ordered on the amendments en bloc printed in part C of House Report 117–15 offered by the gentleman from Connecticut (Mr. COURTNEY).

The question is on the amendments en bloc.

The en bloc amendments were agreed to.

A motion to reconsider was laid on the table.

AMENDMENT NO. 5 OFFERED BY MR. KELLER

The SPEAKER pro tempore. It is now in order to consider amendment No. 5 printed in part C of House Report 117–15.

Mr. KELLER. Madam Speaker, I have an amendment at the desk.

The SPEAKER pro tempore. The Clerk will designate the amendment.

The text of the amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Workplace Violence Prevention for Health Care and Social Service Workers Act''.

SEC. 2. TABLE OF CONTENTS.

The table of contents for this Act is as follows:

Sec. 1. Short title.
Sec. 2. Table of contents.

TITLE I—WORKPLACE VIOLENCE PREVENTION STANDARD

Sec. 101. Final standard.
Sec. 102. Scope and application.
Sec. 103. Requirements for workplace violence prevention standard.
Sec. 104. Rules of construction.
Sec. 105. Other definitions.

TITLE II—AMENDMENTS TO THE SOCIAL SECURITY ACT

Sec. 201. Application of the workplace violence prevention standard to certain facilities receiving Medicare funds.

TITLE I—WORKPLACE VIOLENCE PREVENTION STANDARD

SEC. 101. FINAL STANDARD.

(a) IN GENERAL.—The Secretary of Labor shall promulgate a final standard on workplace violence prevention—

(1) to require certain employers in the healthcare and social service sectors, and certain employers in sectors that conduct activities similar to the activities in the healthcare and social service sectors, to develop and implement a comprehensive workplace violence prevention plan to protect health care workers, social service workers, and other personnel from workplace violence; and

(2) that may be based on the Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers published by the Occupational Safety and Health Administration of the Department of Labor in 2015 and adhere to the requirements of this title.

(b) EFFECTIVE DATE OF STANDARD.—The final standard shall—

(1) take effect on a date that is not later than 60 days after promulgation, except that such final standard may include a reasonable phase-in period for the implementation of required engineering controls that take effect after such date; and

(2) be enforced in the same manner and to the same extent as any standard promulgated under section 6(b) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 655(b)).

(c) EDUCATIONAL OUTREACH.—

(1) DURING RULEMAKING.—During the period beginning on the date the Secretary commences rulemaking under this section and

ending on the effective date of the final standard promulgated under this section, the Secretary of Labor shall engage in an educational campaign for covered employees and covered employers regarding workplace violence prevention in health care and social service industries on the materials of the Occupational Safety and Health Administration on workplace violence prevention for such industries.

(2) REQUIREMENTS OF FINAL STANDARD.—Beginning on the date on which the final standard is promulgated under this section, the Secretary shall engage in an educational campaign for covered employees and covered employers on the requirements of such final standard.

SEC. 102. SCOPE AND APPLICATION.

In this title:

(1) COVERED FACILITY.—

(A) IN GENERAL.—The term ''covered facility'' means a facility with respect to which the Secretary determines that requirements of the final standard promulgated under section 101(a) would be reasonably necessary or appropriate, and which may include the following:

(i) Any hospital, including any specialty hospital.

(ii) Any residential treatment facility, including any nursing home, skilled nursing facility, hospice facility, and long-term care facility.

(iii) Any medical treatment or social service setting or clinic at a correctional or detention facility.

(iv) Any community-based residential facility, group home, and mental health clinic.

(v) Any psychiatric treatment facility.

(vi) Any drug abuse or substance use disorder treatment center.

(vii) Any independent freestanding emergency centers.

(viii) Any facility described in subparagraphs (A) through (G) operated by a Federal Government agency and required to comply with occupational safety and health standards pursuant to section 1960 of title 29, Code of Federal Regulations (as such section is in effect on the date of enactment of this Act).

(B) EXCLUSION.—The term ''covered facility'' does not include an office of a physician, dentist, podiatrist, or any other health practitioner that is not physically located within a covered facility described in subparagraphs (A) through (H) of paragraph (1).

(2) COVERED SERVICES.—The term ''covered service''—

(A) includes—

(i) any services and operations provided in home health care, home-based hospice, and home-based social work;

(ii) any emergency medical services and transport, including such services when provided by firefighters and emergency responders;

(iii) any services described in clauses (i) and (ii) performed by a Federal Government agency and required to comply with occupational safety and health standards pursuant to section 1960 of title 29, Code of Federal Regulations (as such section is in effect on the date of enactment of this Act); and

(iv) any other services and operations the Secretary determines should be covered under the standards promulgated under section 101; and

(B) does not include child day care services.

(3) COVERED EMPLOYER.—

(A) IN GENERAL.—The term ''covered employer'' includes a person (including a contractor, subcontractor, or a temporary service firm) that employs an individual to work at a covered facility or to perform covered services.

(B) EXCLUSION.—The term ''covered employer'' does not include an individual who privately employs a person to perform covered services for the individual or a friend or family member of the individual.

(4) COVERED EMPLOYEE.—The term ''covered employee'' includes an individual employed by a covered employer to work at a covered facility or to perform covered services.

SEC. 103. REQUIREMENTS FOR WORKPLACE VIOLENCE PREVENTION STANDARD.

Each standard described in section 101 may include the following requirements:

(1) WORKPLACE VIOLENCE PREVENTION PLAN.—Not later than 6 months after the date of promulgation of the final standard under section 101(a), a covered employer shall develop, implement, and maintain a written workplace violence prevention plan for covered employees at each covered facility and for covered employees performing a covered service on behalf of such employer, which meets the following:

(A) PLAN DEVELOPMENT.—Each Plan shall—

(i) subject to subparagraph (D), be developed and implemented with the meaningful participation of direct care employees and, where applicable, employee representatives, for all aspects of the Plan;

(ii) be applicable to conditions and hazards for the covered facility or the covered service, including patient-specific risk factors and risk factors specific to each work area or unit; and

(iii) be suitable for the size, complexity, and type of operations at the covered facility or for the covered service, and remain in effect at all times.

(B) PLAN CONTENT.—Each Plan shall include procedures and methods for the following:

(i) Identification of each individual or the job title of each individual responsible for implementation of the Plan.

(ii) With respect to each work area and unit at the covered facility or while covered employees are performing the covered service, risk assessment and identification of workplace violence risks and hazards to employees exposed to such risks and hazards (including environmental risk factors and patient-specific risk factors), which may be—

(I) informed by past violent incidents specific to such covered facility or such covered service; and

(II) conducted with—

(aa) representative direct care employees;

(bb) where applicable, the representatives of such employees; and

(cc) the employer.

(iii) Hazard prevention, engineering controls, or work practice controls to correct, in a timely manner, hazards that the employer creates or controls which—

(I) may include security and alarm systems, adequate exit routes, monitoring systems, barrier protection, established areas for patients and clients, lighting, entry procedures, staffing and working in teams, and systems to identify and flag clients with a history of violence; and

(II) shall ensure that employers correct, in a timely manner, hazards identified in the annual report described in paragraph (5) that the employer creates or controls.

(iv) Reporting, incident response, and post-incident investigation procedures, including procedures—

(I) for employees to report to the employer workplace violence risks, hazards, and incidents;

(II) for employers to respond to reports of workplace violence;

(III) for employers to perform a post-incident investigation and debriefing of all reports of workplace violence with the participation of employees and their representatives; and

(IV) to provide medical care or first aid to affected employees.

(v) Procedures for emergency response, including procedures for threats of mass casualties and procedures for incidents involving a firearm or a dangerous weapon.

(vi) Procedures for communicating with and educating of covered employees on workplace violence hazards, threats, and work practice controls, the employer's plan, and procedures for confronting, responding to, and reporting workplace violence threats, incidents, and concerns, and employee rights.

(vii) Procedures for ensuring the coordination of risk assessment efforts, Plan development, and implementation of the Plan with other employers who have employees who work at the covered facility or who are performing the covered service.

(viii) Procedures for conducting the annual evaluation under paragraph (6).

(C) AVAILABILITY OF PLAN.—Each Plan shall be made available at all times to the covered employees who are covered under such Plan.

(D) CLARIFICATION.—The requirement under subparagraph (A)(i) shall not be construed to require that all direct care employees and employee representatives participate in the development and implementation of the Plan.

(2) VIOLENT INCIDENT INVESTIGATION.—

(A) IN GENERAL.—As soon as practicable after a workplace violence incident, of which a covered employer has knowledge, the employer shall conduct an investigation of such incident, under which the employer shall—

(i) review the circumstances of the incident and whether any controls or measures implemented pursuant to the Plan of the employer were effective; and

(ii) solicit input from involved employees, their representatives, and supervisors, about the cause of the incident, and whether further corrective measures (including system-level factors) could have prevented the incident, risk, or hazard.

(B) DOCUMENTATION.—A covered employer shall document the findings, recommendations, and corrective measures taken for each investigation conducted under this paragraph.

(3) EDUCATION.—With respect to the covered employees covered under a Plan of a covered employer, the employer shall provide education to such employees who may be exposed to workplace violence hazards and risks, which meet the following requirements:

(A) Annual education includes information on the Plan, including identified workplace violence hazards, work practice control measures, reporting procedures, record keeping requirements, response procedures, and employee rights.

(B) Additional hazard recognition education for supervisors and managers to ensure they can recognize high-risk situations and do not assign employees to situations that predictably compromise their safety.

(C) Additional education for each such covered employee whose job circumstances has changed, within a reasonable timeframe after such change.

(D) Applicable new employee education prior to employee's job assignment.

(E) All education provides such employees opportunities to ask questions, give feedback on such education, and request additional instruction, clarification, or other followup.

(F) All education is provided in-person or online and by an individual with knowledge of workplace violence prevention and of the Plan.

(G) All education is appropriate in content and vocabulary to the language, educational level, and literacy of such covered employees.

(4) RECORDKEEPING AND ACCESS TO PLAN RECORDS.—

(A) IN GENERAL.—Each covered employer shall—

(i) maintain at all times records related to each Plan of the employer, including workplace violence risk and hazard assessments, and identification, evaluation, correction, and education procedures;

(ii) maintain for a minimum of 5 years—

(I) a violent incident log described in subparagraph (B) for recording all workplace violence incidents; and

(II) records of all incident investigations as required under paragraph (2)(B); and

(iii) make such records and logs available, upon request, to covered employees and their representatives for examination and copying in accordance with section 1910.1020 of title 29, Code of Federal Regulations (as such section is in effect on the date of enactment of this Act), and in a manner consistent with HIPAA privacy regulations (defined in section 1180(b)(3) of the Social Security Act (42 U.S.C. 1320d–9(b)(3))) and part 2 of title 42, Code of Federal Regulations (as such part is in effect on the date of enactment of this part), and ensure that any such records and logs removed from the employer's control for purposes of this clause omit any element of personal identifying information sufficient to allow identification of any patient, resident, client, or other individual alleged to have committed a violent incident (including the person's name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals such person's identity).

(B) VIOLENT INCIDENT LOG DESCRIPTION.—Each violent incident log—

(i) shall be maintained by a covered employer for each covered facility controlled by the employer and for each covered service being performed by a covered employee on behalf of such employer;

(ii) may be based on a template developed by the Secretary not later than 1 year after the date of promulgation of the standards under section 101(a);

(iii) may include a description of—

(I) the violent incident (including environmental risk factors present at the time of the incident);

(II) the date, time, and location of the incident, names and job titles of involved employees;

(III) the nature and extent of injuries to covered employees;

(IV) a classification of the perpetrator who committed the violence, including whether the perpetrator was—

(aa) a patient, client, resident, or customer of a covered employer;

(bb) a family or friend of a patient, client, resident, or customer of a covered employer;

(cc) a stranger;

(dd) a coworker, supervisor, or manager of a covered employee;

(ee) a partner, spouse, parent, or relative of a covered employee; or

(ff) any other appropriate classification;

(V) the type of violent incident (such as type 1 violence, type 2 violence, type 3 violence, or type 4 violence); and

(VI) how the incident was addressed;

(iv) not later than 7 days, depending on the availability or condition of the witness, after the employer learns of such incident, shall contain a record of each violent incident, which is updated to ensure completeness of such record;

(v) shall be maintained for not less than 5 years; and

(vi) in the case of a violent incident involving a privacy concern case as defined in section 1904.29(b)(7) of title 29, Code of Federal Regulations (as such section is in effect on the date of enactment of this Act), shall protect the identity of employees in a manner consistent with that section.

(C) ANNUAL SUMMARY.—Each covered employer shall prepare an annual summary of each violent incident log for the preceding calendar year that shall—

(i) with respect to each covered facility, and each covered service, for which such a log has been maintained, include the total number of violent incidents, the number of recordable injuries related to such incidents, and the total number of hours worked by the covered employees for such preceding year;

(ii) be completed on a form provided by the Secretary;

(iii) be posted for three months beginning February 1 of each year in a manner consistent with the requirements of section 1904 of title 29, Code of Federal Regulations (as such section is in effect on the date of enactment of this Act), relating to the posting of summaries of injury and illness logs;

(iv) be located in a conspicuous place or places where notices to employees are customarily posted; and

(v) not be altered, defaced, or covered by other material by the employer.

(5) ANNUAL EVALUATION.—Each covered employer shall conduct an annual written evaluation, conducted with the full, active participation of covered employees and employee representatives, of—

(A) the implementation and effectiveness of the Plan, including a review of the violent incident log; and

(B) compliance with education required by each standard described in section 101, and specified in the Plan.

(6) ANTI-RETALIATION.—

(A) POLICY.—Each covered employer shall adopt a policy prohibiting any person (including an agent of the employer) from discriminating or retaliating against any employee for reporting, or seeking assistance or intervention from, a workplace violence incident, threat, or concern to the employer, law enforcement, local emergency services, or a government agency, or participating in an incident investigation.

(B) ENFORCEMENT.—Each violation of the policy shall be enforced in the same manner and to the same extent as a violation of section 11(c) of the Occupational Safety and Health Act (29 U.S.C. 660(c)) is enforced.

SEC. 104. RULES OF CONSTRUCTION.

Notwithstanding section 18 of the Occupational Safety and Health Act of 1970 (29 U.S.C. 667)—

(1) nothing in this title shall be construed to curtail or limit authority of the Secretary under any other provision of the law;

(2) the rights, privileges, or remedies of covered employees shall be in addition to the rights, privileges, or remedies provided under any Federal or State law, or any collective bargaining agreement; and

(3) nothing in this Act shall be construed to limit or prevent health care workers, social service workers, or other personnel from reporting violent incidents to appropriate law enforcement.

SEC. 105. OTHER DEFINITIONS.

In this title:

(1) WORKPLACE VIOLENCE.—

(A) IN GENERAL.—The term ''workplace violence'' means any act of violence or threat of violence, that occurs at a covered facility or while a covered employee performs a covered service.

(B) EXCLUSIONS.—The term ''workplace violence'' does not include lawful acts of self-defense or lawful acts of defense of others.

(C) INCLUSIONS.—The term ''workplace violence'' includes an incident involving the threat or use of a firearm or a dangerous weapon, including the use of common objects as weapons, without regard to whether the employee sustains an injury.

(2) TYPE 1 VIOLENCE.—The term ''type 1 violence''—

(A) means workplace violence directed at a covered employee at a covered facility or while performing a covered service by an individual who has no legitimate business at the covered facility or with respect to such covered service; and

(B) includes violent acts by any individual who enters the covered facility or worksite where a covered service is being performed with the intent to commit a crime.

(3) TYPE 2 VIOLENCE.—The term ''type 2 violence'' means workplace violence directed at a covered employee by customers, clients, patients, students, inmates, or any individual for whom a covered facility provides services or for whom the employee performs covered services.

(4) TYPE 3 VIOLENCE.—The term ''type 3 violence'' means workplace violence directed at a covered employee by a present or former employee, supervisor, or manager.

(5) TYPE 4 VIOLENCE.—The term ''type 4 violence'' means workplace violence directed at a covered employee by an individual who is not an employee, but has or is known to have had a personal relationship with such employee.

(6) ALARM.—The term ''alarm'' means a mechanical, electrical, or electronic device that can alert others but does not rely upon an employee's vocalization in order to alert others.

(7) ENGINEERING CONTROLS.—

(A) IN GENERAL.—The term ''engineering controls'' means an aspect of the built space or a device that removes or minimizes a hazard from the workplace or creates a barrier between a covered employee and the hazard.

(B) INCLUSIONS.—For purposes of reducing workplace violence hazards, the term ''engineering controls'' includes electronic access controls to employee occupied areas, weapon detectors (installed or handheld), enclosed workstations with shatter-resistant glass, deep service counters, separate rooms or areas for high-risk patients, locks on doors, removing access to or securing items that could be used as weapons, furniture affixed to the floor, opaque glass in patient rooms (which protects privacy, but allows the health care provider to see where the patient is before entering the room), closed-circuit television monitoring and video recording, sight-aids, and personal alarm devices.

(8) ENVIRONMENTAL RISK FACTORS.—

(A) IN GENERAL.—The term ''environmental risk factors'' means factors in the covered facility or area in which a covered service is performed that may contribute to the likelihood or severity of a workplace violence incident.

(B) CLARIFICATION.—Environmental risk factors may be associated with the specific task being performed or the work area, such as working in an isolated area, poor illumination or blocked visibility, and lack of physical barriers between individuals and persons at risk of committing workplace violence.

(9) PATIENT-SPECIFIC RISK FACTORS.—The term ''patient-specific risk factors'' means factors specific to a patient that may increase the likelihood or severity of a workplace violence incident, including—

(A) a patient's psychiatric condition, treatment and medication status, history of violence, and known or recorded use of drugs or alcohol; and

(B) any conditions or disease processes of the patient that may cause the patient to experience confusion or disorientation, to be non-responsive to instruction, or to behave unpredictably.

(10) SECRETARY.—The term ''Secretary'' means the Secretary of Labor.

(11) WORK PRACTICE CONTROLS.—

(A) IN GENERAL.—The term ''work practice controls'' means procedures and rules that are used to effectively reduce workplace violence hazards.

(B) INCLUSIONS.—The term ''work practice controls'' includes assigning and placing sufficient numbers of staff to reduce patient-specific Type 2 workplace violence hazards, provision of dedicated and available safety personnel such as security guards, employee training on workplace violence prevention method and techniques to de-escalate and minimize violent behavior, and employee education on procedures for response in the event of a workplace violence incident and for post-incident response.

TITLE II—AMENDMENTS TO THE SOCIAL SECURITY ACT

SEC. 201. APPLICATION OF THE WORKPLACE VIOLENCE PREVENTION STANDARD TO CERTAIN FACILITIES RECEIVING MEDICARE FUNDS.

(a) IN GENERAL.—Section 1866 of the Social Security Act (42 U.S.C. 1395cc) is amended—

(1) in subsection (a)(1)—

(A) in subparagraph (X), by striking ''and'' at the end;

(B) in subparagraph (Y), by striking at the end the period and inserting ''; and''; and

(C) by inserting after subparagraph (Y) the following new subparagraph:

''(Z) in the case of hospitals that are not otherwise subject to the Occupational Safety and Health Act of 1970 (or a State occupational safety and health plan that is approved under 18(b) of such Act) and skilled nursing facilities that are not otherwise subject to such Act (or such a State occupational safety and health plan), to comply with the Workplace Violence Prevention Standard (as promulgated under section 101 of the Workplace Violence Prevention for Health Care and Social Service Workers Act).''; and

(2) in subsection (b)(4)—

(A) in subparagraph (A), by inserting ''and a hospital or skilled nursing facility that fails to comply with the requirement of subsection (a)(1)(Z) (relating to the Workplace Violence Prevention Standard)'' after ''Bloodborne Pathogens Standard)''; and

(B) in subparagraph (B)—

(i) by striking ''(a)(1)(U)'' and inserting ''(a)(1)(V)''; and

(ii) by inserting ''(or, in the case of a failure to comply with the requirement of subsection (a)(1)(Z), for a violation of the Workplace Violence Prevention standard referred to in such subsection by a hospital or skilled nursing facility, as applicable, that is subject to the provisions of such Act)'' before the period at the end.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall apply beginning on the date that is 1 year after the date of issuance of the final standard on workplace violence prevention required under section 101.

The SPEAKER pro tempore. Pursuant to House Resolution 303, the gentleman from Pennsylvania (Mr. KELLER) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Pennsylvania.

Mr. KELLER. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of this amendment, which I am offering with my colleague, Representative WALBERG.

Healthcare and social service workers face real safety risks in the workplace. This issue demands our attention and thoughtful consideration.

Unfortunately, H.R. 1195 will result in a rushed and flawed OSHA rule that will not effectively address workplace violence. This bill is excessively prescriptive and heavy-handed, prejudging and imposing a regulation without allowing for necessary stakeholder input and expert review.

Just as Members of Congress should be working together to develop adequate solutions to these pressing issues, OSHA should be working with and listening to industry experts and stakeholders closest to the problem.

That is why this amendment requires OSHA to follow proper procedures in their rulemaking process, including inviting meaningful stakeholder participation, and responding to comments from the public.

The amendment also calls on OSHA to convene the already planned Small Business Regulatory Enforcement Fairness Act panel before proceeding with the rulemaking process.

This will ensure that small employers directly impacted by the rule have the chance to speak on it, allowing for a more informed solution that empowers workers and employers, not one that cripples them with overbearing Federal mandates

This amendment would also require OSHA to conduct an educational campaign on workplace violence prevention in healthcare and social services industries.

This initiative would target the regulated community and raise awareness of the issue while also increasing compliance with the eventual final rule.

Finally, despite the heavy burdens placed on our healthcare system responding to the pandemic, the Biden administration is considering a job-killing emergency, temporary standard on COVID–19 that will further bog down already overwhelmed businesses with sweeping and costly mandates at the very time that vaccines are widely available and the economy is recovering at a record pace.

As such, this amendment removes the unnecessary and problematic requirement that OSHA issue an interim final standard on workplace violence within 1 year, enabling these facilities to continue fighting COVID–19 and allowing our entire economy to continue recovering from economic peril.

We all agree that our frontline workers have shown incredible courage in responding to this global health crisis and their efforts continue to be an invaluable part of our Nation's recovery.

We owe it to these heroes to provide a solution that keeps them safe at work without drowning employers in compliance costs or implementing overbearing rules and rushed regulations from Washington that do not take into account their meaningful input.

We owe these frontline workers the opportunity to have their say and their input. This amendment does just that, and I urge my colleagues to support it. Madam Speaker, I yield back the balance of my time.

Mr. COURTNEY. Madam Speaker, I rise in opposition to the amendment.

The SPEAKER pro tempore. The gentleman from Connecticut is recognized for 5 minutes.

Mr. COURTNEY. Madam Speaker, I again want to clarify for the record that Congress in the past has required interim standards in situations where there have been real acute problems in America's workforce. We did it for workers who were working in hazardous waste and hazardous disposal sites, and we did it for workers who were exposed to lead.

So, again, there is precedent for this. This is not having an interim standard where there is an urgent need to have some action for just a program standard for workers out there. We have done it in the past. And I think we have certainly heard enough from the other side that they acknowledge the severity of the problem and the incredible people that would benefit from having a standard out there that we should apply the interim rule in this case, which would take place a year from enactment and then the final standard 3½ years from enactment.

I want to be clear. When we drafted the bill, we put in language that requires a notice and comment section for both the interim standard and the final standard. Nobody is being foreclosed in terms of having an opportunity to weigh in.

Since 1996, OSHA has had voluntary recommendations and guidelines for workplace safety in healthcare settings. This thing has been knocking around for 25 years, and that is no secret here. We are not starting from a blank sheet of paper.

So, again, all the stakeholders know what some of the strategies are that could be employed to protect workers better, and what we are doing in the baseline of the bill is basically saying we are not going to sit back and let the dysfunctional history of OSHA dominate and really expose people needlessly to workplace violence.

Again, Mr. SCOTT went through the sad history over OSHA: 18 years for beryllium; 17 years for silica dust; 16 or 17 years for working in enclosed construction site spaces. OSHA is just notorious in terms of going slow, and, in fact, the last administration, which did try to convene the Small Business panel, postponed it five separate times, and today there is nothing scheduled. I mean, zero.

So, again, I appreciate the fact that the other side acknowledges the seriousness of the problem. Again, I think the bill acts on that by actually putting a clock on OSHA to move forward.

I will close by saying that the administration has weighed in, who actually is the executive branch that has control of OSHA, and, again, they submitted a letter titled: ''Statement of

Administration Policy'' on April 13 supporting this bill, and specifically the 1-year interim standard and the 42-month final standard timeline that is in the bill. I include that letter in the RECORD, Madam Speaker.

STATEMENT OF ADMINISTRATION POLICY

H.R. 1195—WORKPLACE VIOLENCE PREVENTION FOR HEALTH CARE AND SOCIAL SERVICE WORKERS ACT—REP. COURTNEY, D–CT, AND 145 COSPONSORS

The Administration strongly supports passage of H.R. 1195, the Workplace Violence Prevention for Health Care and Social Service Workers Act. This bipartisan legislation will lead to the development of Federal standards to ensure that health care and social service employers develop and implement plans to protect their staff, prevent and improve the response to workplace violence, and address existing barriers to reporting.

Even before the COVID–19 pandemic, incidents of violence against health care and social service workers have been on the rise. A 2016 Government Accountability Office study reported that rates of violence against health care workers are up to 12 times higher than rates for the overall workforce. In 2018, the Bureau of Labor Statistics reported that health care and social service workers were nearly five times as likely to suffer a serious workplace violence injury than workers in other sectors, and that healthcare workers accounted for 73 percent of such injuries. In 2017, state government health care and social service workers were almost nine times more likely to be injured by an assault than private-sector health care workers. Front line employees in these settings interact with a range of patients, clients, and their families, often with little training or direction for how to handle interactions that may become violent. Workplace violence often causes both physical and emotional harm. Victims of these incidents often suffer post-traumatic stress that undermines their ability to continue their employment in that sector. This burdens a stretched health care workforce that has been severely impacted by the COVID–19 pandemic. There is currently no Occupational Safety and Health Administration (OSHA) standard that requires employers to implement violence prevention plans that would help reduce workplace violence injuries among health care and social service workers.

Under the Workplace Violence Prevention for Health Care and Social Service Workers Act, OSHA must issue an interim final standard in one year and a final standard within 42 months requiring employers in the health care and social service sectors to develop and implement a workplace violence prevention plan. Under such a standard, employers would need to ensure that health care and social service workers are directly involved in the development, implementation, and assessment of these plans. This will include identifying risks, specifying solutions, and requiring training, reporting, and incident investigations. It would also provide protections from retaliation for reporting violent incidents. Additionally, this legislation will protect health care and social service workers in the public sector in 24 states where those employees are not covered by OSHA protections.

The Administration commends the bipartisan support for the Workplace Violence Prevention for Health Care and Social Service Workers Act and urges swift passage of this legislation.

Mr. COURTNEY. Madam Speaker, respectfully I rise in opposition and recommend a ''no'' vote on Mr. KELLER's amendment, and I yield back the balance of my time.

The SPEAKER pro tempore. Pursuant to House Resolution 303, the previous question is ordered on the amendment offered by the gentleman from Pennsylvania (Mr. KELLER).

The question is on the amendment.

The question was taken; and the Speaker pro tempore announced that the noes appear to have it.

Mr. KELLER. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

The vote was taken by electronic device, and there were—yeas 168, nays 256, not voting 5, as follows:

[Roll No. 117]

YEAS—168

Aderholt
Allen
Amodei
Armstrong
Babin
Baird
Balderson
Banks
Barr
Bentz
Bergman
Bice (OK)
Bilirakis
Bishop (NC)
Bost
Brady
Buchanan
Bucshon
Burgess
Calvert
Carl
Carter (GA)
Carter (TX)
Chabot
Cheney
Cline
Cloud
Cole
Comer
Crawford
Crenshaw
Curtis
Davis, Rodney
DesJarlais
Diaz-Balart
Duncan
Dunn
Emmer
Estes
Fallon
Feenstra
Ferguson
Fischbach
Fitzgerald
Fleischmann
Foxx
Fulcher
Gallagher
Garbarino
Gimenez
Gonzales, Tony
Gonzalez (OH)
Granger
Graves (LA)
Graves (MO)
Griffith
Grothman
Guest
Guthrie
Hagedorn
Harris
Harshbarger
Hartzler
Hern
Herrera Beutler
Higgins (LA)
Hill
Hinson
Hollingsworth
Hudson
Huizenga
Issa
Jackson
Jacobs (NY)
Johnson (LA)
Johnson (OH)
Johnson (SD)
Jordan
Joyce (OH)
Joyce (PA)
Keller
Kelly (MS)
Kelly (PA)
Kim (CA)
Kinzinger
Kustoff
LaHood
LaMalfa
Lamborn
Latta
LaTurner
Lesko
Letlow
Long
Loudermilk
Lucas
Luetkemeyer
Malliotakis
Mann
McCarthy
McCaul
McClain
McHenry
McKinley
Meijer
Meuser
Miller (WV)
Miller-Meeks
Moolenaar
Mooney
Moore (AL)
Moore (UT)
Mullin
Murphy (NC)
Nehls
Newhouse
Norman
Nunes
Obernolte
Owens
Palazzo
Palmer
Pence
Pfluger
Reed
Reschenthaler
Rice (SC)
Rodgers (WA)
Rogers (AL)
Rogers (KY)
Rose
Rouzer
Rutherford
Salazar
Scalise
Schweikert
Scott, Austin
Sessions
Simpson
Smith (MO)
Smith (NE)
Smucker
Spartz
Steel
Stefanik
Steil
Steube
Stewart
Taylor
Tenney
Thompson (PA)
Timmons
Turner
Upton
Valadao
Van Duyne
Wagner
Walberg
Walorski
Waltz
Weber (TX)
Wenstrup
Williams (TX)
Wilson (SC)
Wittman
Womack
Young
Zeldin

NAYS—256

Adams
Aguilar
Allred
Arrington
Auchincloss
Axne
Bacon
Barragán
Bass
Beatty
Bera
Beyer
Biggs
Bishop (GA)
Blumenauer
Blunt Rochester
Boebert
Bonamici
Bourdeaux
Bowman
Boyle, Brendan F.
Brooks
Brown
Brownley
Buck
Budd
Burchett
Bush
Bustos
Butterfield
Cammack
Carbajal
Cárdenas
Carson
Cartwright
Case
Casten
Castor (FL)
Castro (TX)
Chu
Cicilline
Clark (MA)
Clarke (NY)
Cleaver
Clyburn
Clyde
Cohen
Connolly
Correa
Costa
Courtney
Craig
Crist
Crow
Cuellar
Davids (KS)
Davidson
Davis, Danny K.
Dean
DeFazio
DeGette
DeLauro
DelBene
Delgado
Demings
DeSaulnier
Deutch
Dingell
Doggett
Donalds
Doyle, Michael F.
Escobar
Eshoo
Espaillat
Evans
Fitzpatrick
Fletcher
Fortenberry
Foster
Frankel, Lois
Gaetz
Gallego
Garamendi
Garcia (CA)
García (IL)
Garcia (TX)
Gibbs
Gohmert
Golden
Gomez
Gonzalez, Vicente
Good (VA)
Gooden (TX)
Gosar
Gottheimer
Green (TN)
Green, Al (TX)
Greene (GA)
Grijalva
Harder (CA)
Hayes
Herrell
Hice (GA)
Higgins (NY)
Himes
Horsford
Houlahan
Hoyer
Huffman
Jackson Lee
Jacobs (CA)
Jayapal
Jeffries
Johnson (GA)
Johnson (TX)
Jones
Kahele
Kaptur
Katko
Keating
Kelly (IL)
Khanna
Kildee
Kilmer
Kim (NJ)
Kind
Kirkpatrick
Krishnamoorthi
Kuster
Lamb
Langevin
Larsen (WA)
Larson (CT)
Lawrence
Lawson (FL)
Lee (CA)
Lee (NV)
Leger Fernandez
Levin (CA)
Levin (MI)
Lieu
Lofgren
Lowenthal
Luria
Lynch
Mace
Malinowski
Maloney, Carolyn B.
Maloney, Sean
Manning
Massie
Mast
Matsui
McBath
McClintock
McCollum
McEachin
McGovern
McNerney
Meeks
Meng
Mfume
Miller (IL)
Moore (WI)
Morelle
Moulton
Mrvan
Murphy (FL)
Nadler
Napolitano
Neal
Neguse
Newman
Norcross
O'Halleran
Ocasio-Cortez
Omar
Pallone
Panetta
Pappas
Pascrell
Payne
Perlmutter
Perry
Peters
Phillips
Pingree
Pocan
Porter
Posey
Pressley
Price (NC)
Quigley
Raskin
Rice (NY)
Rosendale
Ross
Roy
Roybal-Allard
Ruiz
Ruppersberger
Rush
Ryan
Sánchez
Sarbanes
Scanlon
Schakowsky
Schiff
Schneider
Schrader
Schrier
Scott (VA)
Scott, David
Sewell
Sherman
Sherrill
Sires
Slotkin
Smith (NJ)
Smith (WA)
Soto
Spanberger
Speier
Stanton
Stauber
Stevens
Strickland
Suozzi
Swalwell
Takano
Thompson (CA)
Thompson (MS)
Tiffany
Titus
Tlaib
Tonko
Torres (CA)
Torres (NY)
Trahan
Trone
Underwood
Van Drew
Vargas
Veasey
Vela
Velázquez
Wasserman Schultz
Waters
Watson Coleman
Welch
Westerman
Wexton
Wild
Williams (GA)
Wilson (FL)
Yarmuth

NOT VOTING—5

Cawthorn
Cooper
Franklin, C. Scott
Stivers
Webster (FL)

□ 1116

Messrs. KIND, WESTERMAN, DeSAULNIER, Mrs. TORRES of California, Messrs. GIBBS, GOODEN of Texas, Ms. LEGER FERNANDEZ, Messrs. COSTA, CLYDE, GOHMERT, and MAST changed their vote from ''yea'' to ''nay.''

Mr. OWENS, Ms. CHENEY, and Mr. BANKS changed their vote from ''nay'' to ''yea.''

So the amendment was rejected.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

MEMBERS RECORDED PURSUANT TO HOUSE RESOLUTION 8, 117TH CONGRESS

Allred (Wexton)
Babin (Fallon)
Barragán (Beyer)
Buchanan (LaHood)
Cárdenas (Gonzalez, Vicente)
Crenshaw (Fallon)
Gomez (Pressley)
Gottheimer (Panetta)
Graves (MO) (Wagner)
Greene (GA) (Gosar)
Grijalva (García (IL))
Jayapal (Pocan)
Johnson (TX) (Jeffries)
Keating (Clark (MA))
Lawrence (Kildee)
Lawson (FL) (Evans)
Lieu (Beyer)
Lowenthal (Beyer)
McHenry (Banks)
Meng (Clark (MA))
Mfume (Wexton)
Moore (WI) (Beyer)
Moulton (Underwood)
Napolitano (Correa)
Neal (Lynch)
Nehls (Fallon)
Norcross (Pallone)
Omar (Pressley)
Payne (Pallone)
Porter (Wexton)
Rush (Underwood)
Sewell (DelBene)
Sires (Pallone)
Stefanik (Tenney)
Steube (Timmons)
Trahan (Lynch)
Walorski (Wagner)
Wasserman Schultz (Soto)
Watson Coleman (Pallone)
Wilson (FL) (Hayes)
Wilson (SC) (Timmons)

The SPEAKER pro tempore. The previous question is ordered on the bill, as amended.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

Mr. SCOTT of Virginia. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

The vote was taken by electronic device, and there were—yeas 254, nays 166, not voting 9, as follows:

[Roll No. 118]

YEAS—254

Adams
Aguilar
Allred
Auchincloss
Axne
Bacon
Barragán
Bass
Beatty
Bera
Beyer
Bishop (GA)
Blumenauer
Blunt Rochester
Bonamici
Bost
Bourdeaux
Bowman
Boyle, Brendan F.
Brady
Brown
Brownley
Bucshon
Bush
Bustos
Butterfield
Carbajal
Cárdenas
Carson
Cartwright
Case
Casten
Castor (FL)
Castro (TX)
Chu
Cicilline
Clark (MA)
Clarke (NY)
Cleaver
Clyburn
Cohen
Cole
Connolly
Cooper
Correa
Costa
Courtney
Craig
Crist
Crow
Cuellar
Davids (KS)
Davis, Danny K.
Davis, Rodney
Dean
DeFazio
DeGette
DeLauro
DelBene
Delgado
Demings
DeSaulnier
Deutch
Dingell
Doggett
Doyle, Michael F.
Escobar
Eshoo
Espaillat
Evans
Fitzpatrick
Fletcher
Fortenberry
Foster
Frankel, Lois
Gallego
Garamendi
Garbarino
Garcia (CA)
García (IL)
Garcia (TX)
Gimenez
Golden
Gomez
Gonzalez (OH)
Gonzalez, Vicente
Gottheimer
Graves (LA)
Green, Al (TX)
Griffith
Grijalva
Harder (CA)
Hartzler
Hayes
Herrera Beutler
Higgins (NY)
Himes
Horsford
Houlahan
Hoyer
Huffman
Jackson Lee
Jacobs (CA)
Jacobs (NY)
Jayapal
Jeffries
Johnson (GA)
Johnson (TX)
Jones
Joyce (OH)
Kahele
Kaptur
Katko
Keating
Kelly (IL)
Khanna
Kildee
Kilmer
Kim (CA)
Kim (NJ)
Kind
Kinzinger
Kirkpatrick
Krishnamoorthi
Kuster
Lamb
Langevin
Larsen (WA)
Larson (CT)
Lawrence
Lawson (FL)
Lee (CA)
Lee (NV)
Leger Fernandez
Lesko
Levin (CA)
Levin (MI)
Lieu
Lofgren
Lowenthal
Luria
Lynch
Malinowski
Malliotakis
Maloney, Carolyn B.
Maloney, Sean
Manning
Matsui
McBath
McCollum
McEachin
McGovern
McKinley
McNerney
Meeks
Meijer
Meng
Mfume
Moore (WI)
Morelle
Moulton
Murphy (FL)
Murphy (NC)
Nadler
Napolitano
Neal
Neguse
Newhouse
Newman
Norcross
O'Halleran
Ocasio-Cortez
Omar
Pallone
Panetta
Pappas
Pascrell
Payne
Perlmutter
Peters
Phillips
Pingree
Pocan
Porter
Pressley
Price (NC)
Quigley
Raskin
Reed
Rice (NY)
Rice (SC)
Rodgers (WA)
Ross
Roybal-Allard
Ruiz
Ruppersberger
Rush
Ryan
Salazar
Sánchez
Sarbanes
Scanlon
Schakowsky
Schiff
Schneider
Schrader
Schrier
Scott (VA)
Scott, David
Sewell
Sherman
Sherrill
Sires
Slotkin
Smith (NJ)
Smith (WA)
Soto
Spanberger
Speier
Stanton
Stauber
Stefanik
Stevens
Strickland
Suozzi
Swalwell
Takano
Thompson (CA)
Thompson (MS)
Titus
Tlaib
Tonko
Torres (CA)
Torres (NY)
Trahan
Trone
Underwood
Upton
Van Drew
Vargas
Veasey
Vela
Velázquez
Wasserman Schultz
Waters
Watson Coleman
Welch
Wexton
Wild
Williams (GA)
Wilson (FL)
Yarmuth
Young
Zeldin

NAYS—166

Aderholt
Allen
Amodei
Armstrong
Arrington
Babin
Baird
Balderson
Banks
Barr
Bentz
Bergman
Bice (OK)
Biggs
Bilirakis
Bishop (NC)
Brooks
Buchanan
Buck
Budd
Burchett
Calvert
Cammack
Carl
Carter (GA)
Carter (TX)
Chabot
Cheney
Cline
Cloud
Clyde
Comer
Crawford
Crenshaw
Curtis
Davidson
DesJarlais
Diaz-Balart
Donalds
Duncan
Dunn
Emmer
Estes
Fallon
Feenstra
Ferguson
Fischbach
Fitzgerald
Fleischmann
Foxx
Fulcher
Gaetz
Gallagher
Gibbs
Gohmert
Gonzales, Tony
Good (VA)
Gooden (TX)
Gosar
Granger
Graves (MO)
Green (TN)
Greene (GA)
Grothman
Guest
Guthrie
Hagedorn
Harris
Harshbarger
Hern
Herrell
Hice (GA)
Higgins (LA)
Hill
Hinson
Hollingsworth
Hudson
Issa
Jackson
Johnson (LA)
Johnson (OH)
Johnson (SD)
Jordan
Joyce (PA)
Keller
Kelly (MS)
Kelly (PA)
Kustoff
LaHood
LaMalfa
Lamborn
Latta
LaTurner
Letlow
Long
Loudermilk
Lucas
Luetkemeyer
Mace
Mann
Massie
Mast
McCarthy
McCaul
McClain
McClintock
McHenry
Meuser
Miller (WV)
Miller-Meeks
Moolenaar
Mooney
Moore (AL)
Moore (UT)
Mullin
Nehls
Norman
Nunes
Obernolte
Owens
Palazzo
Palmer
Pence
Perry
Pfluger
Posey
Reschenthaler
Rogers (AL)
Rogers (KY)
Rose
Rosendale
Rouzer
Roy
Rutherford
Scalise
Schweikert
Scott, Austin
Sessions
Simpson
Smith (MO)
Smith (NE)
Smucker
Spartz
Steel
Steil
Steube
Stewart
Taylor
Tenney
Thompson (PA)
Tiffany
Timmons
Turner
Valadao
Van Duyne
Wagner
Walberg
Walorski
Waltz
Weber (TX)
Wenstrup
Westerman
Williams (TX)
Wilson (SC)
Wittman
Womack

NOT VOTING—9

Boebert
Burgess
Cawthorn
Franklin, C. Scott
Huizenga
Miller (IL)
Mrvan
Stivers
Webster (FL)

□ 1148

Mr. COMER changed his vote from ''yea'' to ''nay.''

Messrs. RICE of South Carolina and KIM of New Jersey changed their vote from ''nay'' to ''yea.''

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. MRVAN. Mr. Speaker, had I been present, I would have voted "yea" on rollcall No. 118.

MEMBERS RECORDED PURSUANT TO HOUSE RESOLUTION 8, 117TH CONGRESS

Allred (Wexton)
Babin (Fallon)
Barragán (Beyer)
Buchanan (LaHood)
Cárdenas (Gonzalez, Vicente)
Crenshaw (Fallon)
Gomez (Pressley)
Gottheimer (Panetta)
Graves (MO) (Wagner)
Greene (GA) (Gosar)
Grijalva (García (IL))
Jayapal (Pocan)
Johnson (TX) (Jeffries)
Keating (Clark (MA))
Lawrence (Kildee)
Lawson (FL) (Evans)
Lieu (Beyer)
Lowenthal (Beyer)
McHenry (Banks)
Meng (Clark (MA))
Mfume (Wexton)
Moore (WI) (Beyer)
Moulton (Underwood)
Napolitano (Correa)
Neal (Lynch)
Nehls (Fallon)
Norcross (Pallone)
Omar (Pressley)
Payne (Pallone)
Porter (Wexton)
Rush (Underwood)
Sewell (DelBene)
Sires (Pallone)
Stefanik (Tenney)
Steube (Timmons)
Trahan (Lynch)
Walorski (Wagner)
Wasserman Schultz (Soto)
Watson Coleman (Pallone)
Wilson (FL) (Hayes)
Wilson (SC) (Timmons)

504 CREDIT RISK MANAGEMENT IMPROVEMENT ACT OF 2021

The SPEAKER pro tempore (Mr. CUELLAR). Pursuant to clause 8 of rule XX, the unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 1482) to amend the Small Business Act to enhance the Office of Credit Risk Management, to require the Administrator of the Small Business Administration to issue rules relating to environmental obligations of certified development companies, and for other purposes, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Kansas (Ms. DAVIDS) that the House suspend the rules and pass the bill.

The vote was taken by electronic device, and there were—yeas 411, nays 8, not voting 10, as follows:

[Roll No. 119]

YEAS—411

Adams
Aderholt
Aguilar
Allen
Allred
Amodei
Armstrong
Arrington
Auchincloss
Axne
Babin
Bacon
Baird
Balderson
Banks
Barr
Barragán
Bass

Beatty
Bentz
Bera
Bergman
Beyer
Bice (OK)
Biggs
Bilirakis
Bishop (GA)
Bishop (NC)
Blumenauer
Blunt Rochester
Boebert
Bonamici
Bost
Bourdeaux
Bowman
Boyle, Brendan F.
Brady
Brown
Brownley
Buchanan
Buck
Bucshon
Budd
Burchett
Burgess
Bush
Bustos
Butterfield
Calvert
Cammack
Carbajal
Cárdenas
Carl
Carson
Carter (GA)
Carter (TX)
Cartwright
Case
Castor (FL)
Castro (TX)
Chabot
Cheney
Chu
Cicilline
Clark (MA)
Clarke (NY)
Cleaver
Cline
Cloud
Clyburn
Clyde
Cohen
Cole
Comer
Connolly
Cooper
Correa
Costa
Courtney
Craig
Crawford
Crenshaw
Crist
Crow
Cuellar
Curtis
Davids (KS)
Davidson
Davis, Danny K.
Davis, Rodney
Dean
DeFazio
DeGette
DeLauro
DelBene
Delgado
Demings
DeSaulnier
DesJarlais
Deutch
Diaz-Balart
Dingell
Doggett
Donalds
Duncan
Dunn
Emmer
Eshoo
Espaillat
Estes
Evans
Fallon
Feenstra
Ferguson
Fischbach
Fitzgerald
Fitzpatrick
Fleischmann
Fletcher
Fortenberry
Foster
Foxx
Frankel, Lois
Fulcher
Gallagher
Gallego
Garamendi
Garbarino
Garcia (CA)
García (IL)
Gibbs
Gimenez
Gohmert
Golden
Gomez
Gonzales, Tony
Gonzalez (OH)
Gonzalez, Vicente
Good (VA)
Gooden (TX)
Gosar
Gottheimer
Granger
Graves (LA)
Graves (MO)
Green (TN)
Green, Al (TX)
Greene (GA)
Griffith
Grijalva
Grothman
Guest
Guthrie
Hagedorn
Harder (CA)
Harris
Harshbarger
Hartzler
Hayes
Hern
Herrell
Herrera Beutler
Hice (GA)
Higgins (LA)
Higgins (NY)
Hill
Himes
Hinson
Hollingsworth
Horsford
Houlahan
Hoyer
Hudson
Huffman
Issa
Jackson
Jackson Lee
Jacobs (CA)
Jacobs (NY)
Jayapal
Jeffries
Johnson (GA)
Johnson (LA)
Johnson (OH)
Johnson (SD)
Johnson (TX)
Jones
Jordan
Joyce (OH)
Joyce (PA)
Kahele
Kaptur
Katko
Keating
Keller
Kelly (IL)
Kelly (MS)
Kelly (PA)
Khanna
Kildee
Kilmer
Kim (CA)
Kim (NJ)
Kind
Kinzinger
Kirkpatrick
Krishnamoorthi
Kuster
Kustoff
LaHood
LaMalfa
Lamb
Lamborn
Langevin
Larsen (WA)
Larson (CT)
Latta
LaTurner
Lawrence
Lawson (FL)
Lee (CA)
Lee (NV)
Leger Fernandez
Lesko
Letlow
Levin (CA)
Levin (MI)
Lieu
Lofgren
Loudermilk
Lowenthal
Lucas
Luetkemeyer
Luria
Lynch
Mace
Malinowski
Malliotakis
Maloney, Carolyn B.
Maloney, Sean
Mann
Manning
Mast
Matsui
McBath
McCarthy
McCaul
McClain
McClintock
McCollum
McEachin
McGovern
McHenry
McKinley
McNerney
Meeks
Meijer
Meng
Meuser
Mfume
Miller (IL)
Miller (WV)
Miller-Meeks
Moolenaar
Mooney
Moore (AL)
Moore (UT)
Moore (WI)
Morelle
Moulton
Mrvan
Mullin
Murphy (FL)
Murphy (NC)
Nadler
Napolitano
Neal
Neguse
Nehls
Newhouse
Newman
Norcross
Norman
Nunes
O'Halleran
Obernolte
Ocasio-Cortez
Omar
Owens
Palazzo
Pallone
Palmer
Panetta
Pappas
Pascrell
Payne
Pence
Perlmutter
Perry
Peters
Pfluger
Phillips
Pingree
Pocan
Porter
Pressley
Price (NC)
Quigley
Raskin
Reed
Reschenthaler
Rice (NY)
Rice (SC)
Rodgers (WA)
Rogers (AL)
Rogers (KY)
Rose
Rosendale
Ross
Rouzer
Ruiz
Ruppersberger
Rush
Rutherford
Ryan
Salazar
Sánchez
Sarbanes
Scalise
Scanlon
Schakowsky
Schiff
Schneider
Schrader
Schrier
Schweikert
Scott (VA)
Scott, Austin
Scott, David
Sessions
Sewell
Sherman
Sherrill
Simpson
Sires
Slotkin
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (WA)
Smucker
Soto
Spanberger
Spartz
Speier
Stanton
Stauber
Steel
Steil
Steube
Stevens
Stewart
Strickland
Suozzi
Swalwell
Takano
Taylor
Thompson (CA)
Thompson (MS)
Thompson (PA)
Tiffany
Timmons
Titus
Tlaib
Tonko
Torres (CA)
Torres (NY)
Trahan
Trone
Turner
Underwood
Upton
Valadao
Van Drew
Van Duyne
Vargas
Veasey
Vela
Velázquez
Wagner
Walberg
Walorski
Waltz
Wasserman Schultz
Waters
Watson Coleman
Weber (TX)
Welch
Wenstrup
Westerman
Wexton
Wild
Williams (GA)
Williams (TX)
Wilson (FL)
Wilson (SC)
Wittman
Womack
Yarmuth
Young
Zeldin

NAYS—8

Brooks
Casten
Escobar
Gaetz
Garcia (TX)
Massie
Posey
Roy

NOT VOTING—10

Cawthorn
Doyle, Michael F.
Franklin, C. Scott
Huizenga
Long
Roybal-Allard
Stefanik
Stivers
Tenney
Webster (FL)

□ 1219

So (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Ms. TENNEY. Mr. Speaker, had I been present, I would have voted "yea" on rollcall No. 119.

Ms. TENNEY. Mr. Speaker, I would have voted by proxy today for Ms. STEFANIK of New York District 21. Had I been present, she would have voted "yea" on rollcall No. 119.

Ms. ROYBAL-ALLARD. Mr. Speaker, on April 16, 2021, I was unavoidably detained by a meeting with the U.S. Small Business Administration Administrator, and was not present for one roll call vote on a bill considered under suspension of the House rules.

Had I been present, I would have voted: Aye on Roll Call 119, on the motion to suspend the rules and pass H.R. 1482, the 504 credit Risk Management Improvement Act of 2021.

MEMBERS RECORDED PURSUANT TO HOUSE RESOLUTION 8, 117TH CONGRESS

Allred (Wexton)
Babin (Fallon)
Barragán (Beyer)
Buchanan (LaHood)
Cárdenas (Gonzalez, Vicente)
Crenshaw (Fallon)
Gomez (Pressley)
Gottheimer (Panetta)
Graves (MO) (Wagner)
Greene (GA) (Gosar)
Grijalva (García (IL))
Jayapal (Pocan)
Johnson (TX) (Jeffries)
Keating (Clark (MA))
Lawrence (Kildee)
Lawson (FL) (Evans)
Lieu (Beyer)
Lowenthal (Beyer)
McHenry (Banks)
Meng (Clark (MA))
Mfume (Wexton)
Moore (WI) (Beyer)
Moulton (Underwood)
Napolitano (Correa)
Neal (Lynch)
Nehls (Fallon)
Norcross (Pallone)
Omar (Pressley)
Payne (Pallone)
Porter (Wexton)
Rush (Underwood)
Sewell (DelBene)
Sires (Pallone)
Steube (Timmons)
Trahan (Lynch)
Walorski (Wagner)
Wasserman Schultz (Soto)
Watson Coleman (Pallone)
Wilson (FL) (Hayes)
Wilson (SC) (Timmons)

ELECTING MEMBERS TO THE JOINT COMMITTEE OF CONGRESS ON THE LIBRARY AND THE JOINT COMMITTEE ON PRINTING

Ms. SCANLON. Madam Speaker, I send to the desk a resolution and ask unanimous consent for its immediate consideration in the House.

The Clerk read the title of the resolution.

The SPEAKER pro tempore (Ms. JACOBS of California). Is there objection to the request of the gentlewoman from Pennsylvania?

There was no objection.

The text of the resolution is as follows:

H. RES. 321

Resolved,

SECTION 1. ELECTION OF MEMBERS TO JOINT COMMITTEE OF CONGRESS ON THE LIBRARY AND JOINT COMMITTEE ON PRINTING.

(a) JOINT COMMITTEE OF CONGRESS ON THE LIBRARY.—The following Members are hereby elected to the Joint Committee of Congress on the Library, to serve with the chair of the Committee on House Administration and the chair of the Subcommittee on the Legislative Branch of the Committee on Appropriations:

(1) Mr. Butterfield.
(2) Mr. Rodney Davis of Illinois.
(3) Mr. Loudermilk.

(b) JOINT COMMITTEE ON PRINTING.—The following Members are hereby elected to the Joint Committee on Printing, to serve with the chair of the Committee on House Administration:

(1) Mr. Raskin.
(2) Ms. Leger Fernandez.
(3) Mr. Rodney Davis of Illinois.
(4) Mr. Loudermilk.

The resolution was agreed to.

A motion to reconsider was laid on the table.

SENATE SHARED EMPLOYEE ACT

Ms. SCANLON. Madam Speaker, I ask unanimous consent to take from the Speaker's table the bill (S. 422) to allow Senators, Senators-elect, committees of the Senate, leadership offices, and other offices of the Senate to share employees, and for other purposes, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Pennsylvania?

There was no objection.

The text of the bill is as follows:

S. 422

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Senate Shared Employee Act".

SEC. 2. ALLOWING SENATORS, COMMITTEES, LEADERSHIP OFFICES, AND OTHER OFFICES OF THE SENATE TO SHARE EMPLOYEES.

(a) IN GENERAL.—Section 114 of the Legislative Branch Appropriation Act, 1978 (2 U.S.C. 4576) is amended—

(1) by inserting ''(a)'' before ''Notwithstanding'';

(2) by striking ''position, each of'' and all that follows through the period at the end and inserting the following: ''qualifying position if the aggregate gross pay from those positions does not exceed—

''(1) the maximum rate specified in section 105(d)(2) of the Legislative Branch Appropriation Act, 1968 (2 U.S.C. 4575(d)(2)), as amended and modified; or

''(2) in a case where 1 or more of the individual's qualifying positions are positions described in subsection (d)(2)(B), the maximum rate specified in section 105(e)(3) of the Legislative Branch Appropriation Act, 1968 (2 U.S.C. 4575(e)(3)), as amended and modified.''; and

(3) by adding at the end the following:

''(b)(1) For an individual serving in more than 1 qualifying position under subsection (a), the cost of any travel for official business shall be paid by the office authorizing the travel.

''(2) Messages for each electronic mail account used in connection with carrying out the official duties of an individual serving in more than 1 qualifying position under subsection (a) may be delivered to and sent from a single handheld communications device provided to the individual for purposes of official business.

''(3)(A) For purposes of the Ethics in Government Act of 1978 (5 U.S.C. App.), the rate of basic pay for an individual serving in more than 1 qualifying position under subsection (a) shall be the total basic pay received by the individual from all such positions.

''(B) For an individual serving in more than one qualifying position under subsection (a), for purposes of the rights and obligations described in, or described in the provisions applied under, title II of the Congressional Accountability Act of 1995 (2 U.S.C. 1311 et seq.) related to practices used at a time when the individual is serving in such a qualifying position with an employing office, the rate of pay for the individual shall be the individual rate of pay received from the employing office.

''(c)(1) If the duties of a qualifying position under subsection (a) include information technology services and support, an individual may only serve in the qualifying position and 1 or more additional qualifying positions under such subsection if the individual is in compliance with each information technology standard and policy established for Senate offices by the Office of the Sergeant at Arms and Doorkeeper of the Senate.

''(2) Notwithstanding subsection (a), an employee serving in a qualifying position in the Office of the Secretary of the Senate or the Office of the Sergeant at Arms and Doorkeeper of the Senate may serve in an additional qualifying position only if—

''(A) the other qualifying position is with the other Office; or

''(B) the Committee on Rules and Administration of the Senate has approved the arrangement.

''(d) In this section, the term 'qualifying position' means a position that—

''(1) is designated as a shared position for purposes of this section by the Senator or other head of the office in which the position is located; and

''(2) is one of the following:

''(A) A position—

''(i) that is in the office of a Senator; and

''(ii) the pay of which is disbursed by the Secretary of the Senate.

''(B) A position—

''(i) that is in any committee of the Senate (including a select or special committee) or a joint committee of Congress; and

''(ii) the pay of which is disbursed by the Secretary of the Senate out of an appropriation under the heading 'INQUIRIES AND INVESTIGATIONS' or 'JOINT ECONOMIC COMMITTEE', or a heading relating to a Joint Congressional Committee on Inaugural Ceremonies.

''(C) A position—

''(i) that is in another office (excluding the Office of the Vice President and the Office of the Chaplain of the Senate); and

''(ii) the pay of which is disbursed by the Secretary of the Senate out of an appropriation under the heading 'SALARIES, OFFICERS AND EMPLOYEES'.

''(D) A position—

''(i) that is filled pursuant to section 105 of the Second Supplemental Appropriations Act, 1978 (2 U.S.C. 6311); and

''(ii) the pay of which is disbursed by the Secretary of the Senate out of an appropriation under the heading 'MISCELLANEOUS ITEMS'.''.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall take effect beginning on the day that is 6 months after the date of enactment of this Act.

The bill was ordered to be read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

LEGISLATIVE PROGRAM

(Mr. SCALISE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SCALISE. Madam Speaker, I rise for the purpose of inquiring of the majority leader the schedule for next week. I yield to the gentleman from Maryland (Mr. HOYER).

Mr. HOYER. Madam Speaker, I thank the gentleman for yielding.

Madam Speaker, on Monday, the House will meet at noon for morning-hour debate and 2 p.m. for legislative business, with votes expected no earlier than 6:30 p.m.

On Tuesday, the House will meet at 10 a.m. for morning-hour debate and 12 p.m. for legislative business.

On Wednesday, the House will meet at 12 p.m. for legislative business.

On Thursday, the House will meet at 9 a.m. for legislative business, with last votes no later than 3 p.m.

We will consider several bills under suspension of the rules. The complete list of suspension bills will be announced by the close of business today.

In addition, Madam Speaker, we will consider bills relating to justice and civil rights: H.R. 1333, the NO BAN Act, which prevents origin-based discrimination against those seeking to visit our country to do business, see family, or engage in tourism, rejecting the previous administration's policy of banning arrivals from predominantly Muslim countries; H.R. 1573, the Access to Counsel Act, which reaffirms key American principles of justice with regard to immigrants' rights to counsel during status hearings; and then lastly, H.R. 51, standing for the 51st State. H.R. 51 is the Washington, D.C. Admission Act, to admit the District of Columbia as a State and provide equal representation in Congress for its residents.

That will be our schedule for the week to come. The following 2 weeks in April will be our committee workweeks so that the committees can produce additional product for consideration on the floor of the House of Representatives.

Mr. SCALISE. Madam Speaker, I know, just yesterday, one of the Members of the House Democrat leadership team, Chairman NADLER, introduced a bill to pack the Supreme Court.

This is a proposal that we have seen in other countries. Unfortunately, it is in mostly socialist countries. If you look at some of the examples, in 2004, Venezuelan dictator Hugo Chavez packed his court, and the result was totalitarian dominance for his socialist regime. Congressman GIMENEZ, who himself fled Cuba, fled a communist regime, said just recently on court-packing:

> Packing the courts is a tactic used by brutal dictatorships to consolidate the socialist power, which resulted in tens of thousands of court rulings in its favor, basically destroying the country.

I wanted to ask the gentleman, is that court-packing bill a bill that the majority is going to be bringing to the floor or even marking up in committee? I yield to the gentleman from Maryland.

Mr. HOYER. I have not had a discussion with Mr. NADLER, but as the gentleman knows, we have a lot of work to do on the floor of the House of Representatives, and we intend to get that work done. We have not considered bringing to the floor the bill to which the gentleman refers.

Did the gentleman in his research find any instances in any authoritarian country where they refused to consider a constitutional appointee to their Supreme Court that the President, with 10 months on his term, sent down to the United States Senate or some other body in those countries?

Mr. SCALISE. Madam Speaker, I haven't read the Constitution of Venezuela, but I know in the Constitution of the United States, it actually gives the Senate the advise-and-consent role, the responsibility, as it relates to Supreme Court picks. Obviously, that has been kept.

The borking incident was probably the most embarrassing, egregious abuse that started this back-and-forth, where individual Supreme Court picks became more personally scrutinized. That process has been abused in cases like Bork.

Even the Kavanaugh hearing got out of control, where disgraceful false allegations were made.

But in the end, the Senate's advise-and-consent role is part of the United States Constitution. I don't know if the gentleman is suggesting that that

should be changed. I don't see it. Even with a Democratic majority right now, I wouldn't suggest changing that process that is in our Constitution.

Mr. HOYER. Will the gentleman yield?

Mr. SCALISE. I yield to the gentleman from Maryland.

Mr. HOYER. Madam Speaker, I don't know about the Nadler bill, but I do know that the Constitution says nothing about the Senate's ability to simply refuse to consider an appointee of the President of the United States. I don't think the Founders had any concept that that would be the case when they gave the power of appointment to the President of the United States.

□ 1230

And then when that occurred, when the present Attorney General was appointed to the Supreme Court, MITCH MCCONNELL said, We are not going to consider it, ten months before the end of the term of a President of the United States. And then they said the reason being is because we have an election coming up in just a few months—in that case, it was 8 months—and the next President ought to appoint.

Madam Speaker, that deep principle enunciated by Mr. MCCONNELL, by Mr. GRAHAM, and others—who was the chairman of the Committee on the Judiciary, that deep principle was abandoned immediately when it became politically pragmatic for the Republican Party to do so and steal a Supreme Court justice.

So he can talk about socialism all he wants. What a distraction that is. A failure to want to discuss on the merits of the issues.

So what do they do, Madam Speaker? They talk about socialism or communism or dictatorship, none of which we have in the United States of America.

Now, we just lost a President of the United States that, in my experience—and I have served with many Presidents of the United States—was the most authoritarian-seeking President with whom I have served.

Madam Speaker, so I tell my friend that we are going to focus on issues important to the American people. We want to pass a jobs bill to make sure that America is competitive in the 21st century. We want to pass a jobs bill to make sure that families have good-paying jobs that they can support themselves and their families. We want to support bills that build America back better. I want an America that makes sure that everybody can ''make it in America,'' not only manufacture it in America but make it in America. That is what we are going to be focused on.

Madam Speaker, we hope that the debate is on the merits of those proposals, not some aspersion of some ideological tinge that they may think their supporters regale at.

Mr. SCALISE. Madam Speaker, I thank the gentleman for yielding back. This is the bill. It is not even a page and a half, but the real change in law by the Member of House Democratic leadership Chairman NADLER, says, ''A Chief Justice of the United States and 12 Associate Justices, any eight of whom shall constitute a quorum.'' So in essence, a hostile takeover of the United States Supreme Court, not going through the traditional process that has been in place for over 100 years.

And I think the gentleman knows, if you go back historically, the President in power when the Senate was led by a different party—I can't recall a case in generations where if in the election year there was a vacancy in the Supreme Court it was filled.

And everybody in the country knew that that was an issue in the election of 2016. In fact, it was probably one of the deciding issues that helped elect President Trump, was that there was that vacancy and the public wanted to be engaged in the direction of the country, as well as the direction of the court. It was absolutely a heavily debated item in the 2016 Presidential election and President Trump won that election.

But, again, I have never heard anybody suggesting changing the Constitution to take away the Senate's advise and consent role. But we do see here a bill that was filed just this week by a leader in the Democratic Party to have a hostile takeover of the Supreme Court, similar to what has been done in socialist countries. And I think it is important to point to who has proposed those kinds of changes in the past, and what it has led to. And I know President Biden himself is on the record many times criticizing heavily the idea of packing the Supreme Court.

Now, that was before he was President. Now that it would be him that would be able to appoint these extra judges, I don't know if his position has changed. But it is a dangerous precedent. It is the kind of precedent that exists in Soviet-style nations. I sure hope it is not here.

But Mr. NADLER did just say yesterday when asked about Speaker PELOSI's position, he said, ''Speaker PELOSI and others will come along.'' So I was just wondering if that was something that the gentleman was planning on bringing to the floor that would be a divisive issue as opposed to things that we could work together on, like infrastructure, that would be unifying.

And obviously, there is a lot of talk about infrastructure. This is something that there is tremendous interest in on both sides of the aisle. I know Chairman DEFAZIO, as well as Ranking Member SAM GRAVES, have had a lot of conversations about things that we could agree on. And I would hope that would be the approach that we take, unlike the bill that over 90 percent of which had nothing to do with the COVID—the $1.9 trillion spending bill, which was hyper-partisan.

Madam Speaker, I hope we approach this in a bipartisan way. Because as I said, there are clearly Members on both sides that want to agree on an infrastructure bill and have lots of areas of agreement if we are talking about infrastructure. And by infrastructure, I think most Americans—if you asked them what they thought was infrastructure, they would say roads, bridges, ports, waterways, and broadband.

Once you get into social policy and Green New Deal-type policies or tax hikes that would make America the highest rate above Communist China in terms of tax policy—the National Association of Manufacturers said that the kind of proposal that is being floated in the partisan approach would kill over 1 million American jobs.

So I appreciate the gentleman from Maryland talking about jobs. Why would we want to approach this in such a partisan way that we would threaten millions of jobs, that we would make America uncompetitive again, and Communist China would have a lower tax rate than America? Hopefully, we do the bipartisan approach and not a partisan approach.

And I yield to the gentleman to enlighten us on what direction is being approached right now.

Mr. HOYER. The gentleman refers to Communist China, apparently wants to follow that example. A communist authoritarian government that owns most of the manufacturing capability in China—not all of it. It is ironic that in two different debates in less than 5 minutes that the gentleman would point to China as the example of what perhaps we ought to do, when their tax policy is approximately 100 percent, except what they want to allow their citizens to have.

Madam Speaker, let me just close on that point with: The Supreme Court has been packed.

Mr. SCALISE. Madam Speaker, I thank the gentleman.

Finally, I want to bring up the crisis that our Nation is facing at our southern border. And this has been a crisis that has been brewing for months. It is not an overnight problem, but it is an executive order-created problem when President Biden on day one got rid of some policies that were working incredibly well.

And every border patrol agent that I have talked—and I was on the border last week, Thursday and Friday, in McCollum, Texas, and in Donna, Texas, at the Donna processing facility—every border agent said the same thing. They said getting rid of the remain in Mexico policy, that one action alone opened up the floodgates to a surge, thousands of people a day crossing our border illegally.

Then you couple that with the deterioration of the Northern Triangle agreements. And, yes, it was President Trump who negotiated those agreements with Mexico, with Honduras, with El Salvador, with Guatemala. And maybe President Biden just doesn't like the fact that President Trump did

something that was working well. Why doesn't he renegotiate those agreements and call them his own? But they were working.

Madam Speaker, now today, it is so out of control that we have, for example, at the Donna processing facility, a facility designed for about a 250-person capacity—when I was visiting that facility last Friday, there was over 4,000 people—young kids, primarily—crammed into that facility, in those holding cells like sardines.

In fact, yesterday, we had a committee hearing with Dr. Fauci and CDC Director Walensky. And I asked them specifically about what is going on down at our southern border; showed them some of the pictures that have been taken.

And if you look at the CDC guidance that is out there on how we, as American citizens, have to conduct ourselves—if you own a restaurant, for example, whether it is in Baltimore, New Orleans, or anywhere else, if there is a capacity limit, and if that limit was 250 people, if there were 4,000 people in that restaurant, it would be shut down today. And I asked both Dr. Fauci and Dr. Walensky: Would that facility be in violation of CDC guidelines? And both of them said, Yes, in testimony under oath.

And then I talked to them about what is happening at our southern border. And I asked them: Are these conditions in compliance with CDC guidance? Both Dr. Fauci and Dr. Walensky said: No, this is not.

We talked about the Donna detention facility and the inhumane treatment of these young children by the Biden administration in that facility. And I asked Dr. Fauci: Is that facility, the conditions in which they are treating those young kids by the Biden administration in compliance with the CDC guidance? And Dr. Fauci said: No. And Dr. Walensky, the CDC director, testified the exact same way, that: No, those are not in compliance. And in fact, as we know, they are coming across from Mexico.

Do you know that the CDC guidance designates Mexico as the most dangerous nation right now? Along with probably a few others, but they are the most dangerous in terms of COVID transmission.

So CDC guidance encourages American citizens not to go to Mexico, but they say if you do come back from Mexico, you are mandated by the CDC to show a COVID-negative test before you, as an American citizen, can come back into the United States.

Do you know that not one of these people are being tested for COVID when they come in illegally across the Rio Grande from Mexico? And then many of them are being put on airplanes, without ID, being paid for mostly by the taxpayers—put on airplanes to fly off into cities all across the country. Border patrol agents have told us at least 15 percent of these people that crossed illegally are COVID-positive.

So I asked Dr. Walensky and I asked Dr. Fauci: Does that process by the Biden administration violate CDC's guidance on travel from Mexico? And they both testified that, yes, in fact, it does. That if they are getting on an airplane, they should be testing negative for COVID. None of them are, and in fact, some of them are known to be COVID-positive, being put on airplanes, flying to cities all across this country.

It is going on right now. It was going on Friday. About half the plane that I was on when I flew from McAllen back home had people with folders that said: I do not speak English, and it had a city on it. And it was multiple cities.

But this is what the Biden administration is doing in violation of CDC guidance that you and I have to follow, that our constituents who are seeing their livelihoods crushed, their restaurants closed down—many that won't open again ever—because they have to play by the rules that CDC and their States issue. And yet, the Biden administration is exempting themselves from this.

Madam Speaker, now we have legislation, I would like to bring up to the majority leader, that would fix this:

My colleague, Mrs. MILLER-MEEKS, requires that a COVID test be done before someone is released from CPB custody.

Ms. HERRELL wants to prohibit DHS from ceasing title 42.

There is a bipartisan bill by Mr. KATKO and Mr. CUELLAR, which establishes a regular migration surge border response fund.

Madam Speaker, I would like to ask the gentleman if he would bring those bills to the floor to address this crisis at the border that is not only a humanitarian crisis and a national security crisis, but it is a Biden-created crisis that is violating the very CDC guidance, according to Dr. Fauci, that American citizens have to follow.

Madam Speaker, I yield to the gentleman.

Mr. HOYER. Madam Speaker, we have a situation that is heart-wrenching and unacceptable. And it must be dealt with. In part, this situation comes because of the draconian policies of the previous administration.

It comes also because Republicans have refused, in both Houses, to come to agreement on a comprehensive immigration reform bill. So we have chaos as a result because our immigration system, as I believe almost every Member of your side of the aisle and every Member of my side of the aisle believes, is broken.

Now, unfortunately, what we see in that picture is broken systems causing great danger, apprehension, and fear among many people who are fleeing to America for refuge. It has, of course, Lady Liberty at the head of the harbor, the Hudson River, raises her torch and says, ''That is what America is for.''

Now, having said that, this situation is unacceptable. It is unacceptable for humanitarian reasons. It is unacceptable for the safety of not only those people that are in that picture, but for American citizens as well.

Madam Speaker, now it is my understanding that the CDC's existing pandemic public health order for closed borders is, in fact, being followed. In Texas, Arizona, New Mexico, California, unaccompanied children crossing the border are tested—are tested—by the Department of Health and Human Services. The migrants entering ICE facilities are tested, and they are quarantined if they test positive.

So protections are trying to be effective, and this administration is working very hard to ensure the safety of Americans and the safety of these many children who have come across the border.

□ 1245

None of them have been taken out of the arms of their parents. None of them have been made orphans by this administration.

I didn't hear the gentleman lamenting the fact that we had hundreds of children who had been taken out of the arms of their parents, and then they could not be found—that is, their parents. They could not be reunited with their parents.

This is a challenge. It is not a partisan challenge. It is a challenge for America. It is a challenge for us all.

This administration is working to try to come to a solution that is both humanitarian and effective. I am hopeful that they will proceed in accomplishing that objective.

The gentleman mentions the policies of the Trump administration, which substantially underfunded its own policies of trying to help the Northern Triangle countries. When I say help the triangle countries, unfortunately, the leadership of those countries, in too many instances, is not trying to help itself. So, we see panicked people fleeing.

Madam Speaker, I don't know whether the gentleman from Louisiana, my friend, Mr. SCALISE, saw the pictures of two children being dropped over the fence—by the way, that very large fence, billions of dollars of fence. Smugglers dropped two children over the fence. That is how secure it was.

The tragedy of those children being dropped over that fence alone, I don't care where they are from or who they are, but my faith teaches me that they may be strangers, but they are brothers and sisters.

In that context, we need to come to grips, and I am hopeful that the gentleman will support the administration's desire to get a comprehensive immigration bill adopted in this Congress.

In 2013, the Senate passed, Madam Speaker, a bill which was supported by Democrats and Republicans, 14 Republican Members of the United States Senate. We pleaded with the Republican leadership to bring that bill to the floor. They will say they brought a

bill to the floor, and they did bring a bill to the floor, and almost nobody thought it was effective in accomplishing the objective of having an immigration system that would work.

So, I tell the gentleman, the pictures that he is displaying ought to concern us all deeply. We ought to urge all of our colleagues to cooperate and work toward making sure that we don't have scenes like that and that we have the ability to deal with this surge at the border in a humane way.

But no one in the previous administration can wash their hands of the responsibility of creating a situation which—the gentleman says Mexico is adjudged to be one of the most dangerous nations on Earth for COVID–19. The previous administration said to people trying to seek solace and health and safety: Stay. Stay in the most dangerous nation on Earth for COVID–19.

I don't know whether that is a very humane policy. That is not a sanctuary for people who are in dire straits.

We said ''no'' to some people who came here from Germany. We said, no, you can't come in. Many of them returned in the 1930s and early 1940s and were slaughtered. They came here for sanctuary and found none.

That doesn't mean we can take everybody, but it does mean that we need to deal with it in a humanitarian way, in a way that honors our values and honors these people as our fellow human beings.

So, I tell the gentleman, in conclusion, that these are sad scenes, and we need to respond to them in a humanitarian way, but also a smart way. We need to respond to the cause as well as the effect.

Mr. SCALISE. As we talk about asylum, let's be clear, America has laws on how someone can seek asylum. I haven't seen anybody suggest that those laws are just repealed, and you just take somebody's word that if they say they want to come to America to seek asylum, to come in today and jump ahead of everyone else.

Mr. HOYER. Will the gentleman yield on the asylum issue?

Mr. SCALISE. I yield to the gentleman from Maryland.

Mr. HOYER. Does the gentleman believe we ought to obey America's laws on asylum?

Mr. SCALISE. I think we ought to obey America's laws on immigration across the board. If you look at the asylum laws, there is a process to seek asylum.

In fact, every year, people are granted that asylum if they prove their case. That is where the law comes into play, which is being ignored right here.

What President Trump did when there was a surge in 2019, he confronted it, as a leader should do. He talked to people on the ground. He talked to our Border Patrol agents, who are the ones who have to deal with this crisis on a daily basis.

In fact, 40 percent of our Border Patrol agents tonight at midnight, like Thursday night at midnight last week, when I was with those Border Patrol agents, 40 percent of them were pulled off of guarding our border, where their primary mission is to stop drug cartels from smuggling fentanyl, cocaine, and heroin into our country, which they are doing now at much higher levels, killing Americans all across the country.

Forty percent of them pulled away because they are going to be changing diapers in the Donna detention facility tonight because that is what they are being tasked to do by the Biden administration. That is not their job. It is not why they signed up. Their morale is incredibly low.

Well over roughly 90 percent of people who say they are coming here to seek asylum, those cases are rejected by the courts. Rejected. In fact, it is kind of hard to make an asylum claim here when the parents of many of these kids you are seeing here paid thousands of dollars to the drug cartels to smuggle their kids and themselves into the United States. It is hard to claim economic asylum, which is the case many of them plead, when you paid $4,000 to try to come here illegally when there is a legal process to come here, not just the normal legal process where you can wait to come into America legally, where we let a million people into our country every year, the most generous nation in the world, America. But when they go around that system, that is where it overwhelms our system. That is what is going on right now.

President Trump confronted it, not by saying no one can come in, but by saying you have to follow our laws if you want to come here. If you want to seek asylum, you have to request it like everyone else. They allowed them to even come through South and Central American countries but stay in Mexico. Mexico agreed with this, and there was an orderly system. You got to hear your claim in a very expedient way.

Today, they are given a piece of paper when they come across the border illegally, saying: Come show up maybe 5 years from now.

Good luck with that. Then, they are given a free plane ticket, without an ID, to just be sent off to some other State. I saw manila envelopes, and once you got below the ''I do not speak English,'' Dallas was on one, Philadelphia was on one, New Jersey was on one.

I don't know what is going to happen to them when they land in New Jersey if they can't speak English. What school system are they going to be placed in? Who is then going to be responsible for this breakdown at our southern border, which was created by President Biden, which he could fix today?

I have urged President Biden to go down to the border and see this for himself, to see how inhumane he is treating kids, in violation of his own CDC guidelines, which Dr. Fauci verified yesterday.

If you read the child abuse and neglect laws of the State of Texas where this facility is, this is a violation of the child abuse and negligent laws at the President Biden-run facility.

Again, President Trump went and negotiated with Mexico, went and negotiated with those Northern Triangle countries to resolve the surge. This could be resolved as well, and you don't need to reinvent the wheel because there was a method for how to resolve it legally, using the legal system that America has.

Sure, I would agree it needs reforms, not an amnesty reform, where you send a magnet not only across South and Central America but around the world that America's borders are open, because that is the message today. As the gentleman knows, there are at least six people on the terrorist watch list who have come across America's southern border. I am not talking about from South and Central American countries, but from Middle Eastern countries, from Eastern European countries. Those are just the ones we know of that we have caught, and the Biden administration won't share that data with the media. The Biden administration wouldn't even let the press into this facility, which is a national disgrace.

I could imagine what the press would have said if the Trump administration was housing kids in a 33-person facility. There are over 400 crammed into a 33-person cell in the middle of a pandemic.

Again, Dr. Fauci said this violates every protocol there is when we are trying to get our economy reopened. Other countries have to control COVID, too, but in America, we are trying to control it.

Here is where the double standard and hypocrisy are driving people nuts. If any American citizen ran their business in America like this, they would be shut down by the Federal Government today. Yet, people can come here illegally, and the Biden administration is running this facility in violation of those very same guidances.

Do you know what happened to them? They are given a free airplane ticket, put on an airplane, possibly with COVID, and sent into some interior State of America. We don't even know where they are going. The Biden administration won't share that.

We have asked for a meeting, by the way. Our leadership team, Leader MCCARTHY and I, have asked for a meeting with President Biden to talk about this crisis, and he refuses to meet with us about it. Just ignoring a problem will not make it go away. If we are going to find a solution to this—again, I listed a number of bills, including some that are bipartisan, that would start solving this problem.

President Biden doesn't even want to go. He put Vice President HARRIS in charge of this mess, and she won't even

go down to the border, maybe because she doesn't want to be associated with President Biden's debacle.

She was put in charge of it. She is the Vice President of the United States. She has a responsibility to go down there. She should have gone there weeks ago, but she still hasn't been.

Maybe if they saw that, if they looked into the eyes of these young kids—one of the first girls we ran into might have been 10 years old, a girl in one of these cells, and she was crying. We asked her: Why are you crying? And she said: I don't want to be here.

She is an orphan. The gentleman talked about orphans. All of these kids, there are no parents with them. They don't want to be here. Many were crying because they are jammed into these cells for 20 hours a day, at least 15 percent with COVID, 6 inches apart, not 6 feet apart. That is what the Biden administration is doing right now.

President Trump fixed this problem. Again, if President Biden just doesn't like President Trump, call it his own name. We don't care. The template, if he doesn't want to do what actually worked, then do something else that works. But just doing this, it is not only a national disgrace, Dr. Fauci and Dr. Walensky said it is a violation of the CDC protocols that every American taxpayer has to follow. And they don't. Exempting themselves from a problem, but making everybody else comply with it, is no way to instill confidence in the American people.

I hope the President goes down there. I hope the President resolves this issue. He should meet with us. He said he wanted to unify the country. He said he wanted to work with everybody. It is time he starts following through on those promises.

Mr. HOYER. Donald Trump didn't fix the problem; he delayed the problem. That is what happened. That is what those pictures reflect.

He didn't fix the problem. He would say to those kids: Get out of here. Go back to Mexico. Maybe you have a parent there, maybe you have somebody who will take care of you, but get out of here.

That was one way to ''solve'' the problem, I presume. Those kids didn't go away. The fear that they have for being home didn't go away.

Now, I have said, Madam Speaker, this is something that we all need to deal with from a compassionate standpoint, from a legal standpoint, and from a human standpoint, which I guess is redundant to ''compassionate.'' But the fact of the matter is that President Trump did not solve this problem; he simply delayed it.

When he left, the pressure was so great because they did not believe that this President would simply throw them to the wolves, take them from their parents, treat them as refuse.

We need to deal with this, and, hopefully, we will. Hopefully we will get comprehensive immigration reform.

I will say again that one of the reasons that we have the problem of not adjudicating these people quickly is because we don't have enough judges. And the reason we don't have enough judges, which were included both in the 2013 bill and the subsequent reform bills, is because we haven't passed bills to provide the judges on the theory that if we don't provide the judges, then we won't be able to approve asylum and people won't be able to get in.

Madam Speaker, I am at the end of this circuitous argument.

□ 1300

Mr. SCALISE. Madam Speaker, these are children being thrown to the wolves, and it is not President Trump who is doing it. It could end, and I hope we can work together to solve this problem.

Madam Speaker, I yield back the balance of my time.

UNIONIZATION

(Mr. LEVIN of Michigan asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. LEVIN of Michigan. Madam Speaker, I rise in support of the Protecting the Right to Organize, or PRO, Act.

In 1987, I was arrested for standing on a public sidewalk.

My crime?

I was seeking to help hospital workers organize with SEIU. That was one of many experiences I had demonstrating how American elections for workers to form a union are more like political elections in a dictatorship than in a democracy.

The recent union election at an Amazon warehouse in Alabama shows just how stacked the deck is against workers. It shows the power wielded by companies large and small and the lengths they will go to keep owners and executives reaping the benefits of growing productivity, even at the expense of their workers' very dignity.

It shows the urgent need for change. The Senate must send the PRO Act to the President's desk.

RECOGNIZING SIKH MASTER GURU TEGH BAHADUR

(Mr. THOMPSON of Pennsylvania asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. THOMPSON of Pennsylvania. Madam Speaker, I rise today to recognize and congratulate the American and global Sikh community as they celebrate the 400th birth anniversary of their ninth Sikh Master Guru Tegh Bahadur.

Master Guru Tegh Bahadur lived a very meaningful life. He was one of the 10 gurus who founded Sikhism.

Islam was imposed during the reign of Mughal Emperor Aurangzeb. Hindu temples were destroyed and turned into mosques, and the emperor persecuted those who would not convert to Islamic law.

Guru Tegh Bahadur spoke out amid the persecution. He refused to convert to Islam and, in 1675, he was beheaded in Delhi. He is celebrated in the Sikh community because of his heroic efforts in defending religious freedoms. Because of his efforts to protect human rights, he is often referred to as Srishti Chadar, protector of humanity.

Madam Speaker, Master Guru Tegh Bahadur's memory inspires us to work even harder to support religious freedoms for everyone everywhere.

RECOGNIZING OFFICERS JEFFREY JOHNSON AND MICHAEL POLLACK

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

Mr. MALINOWSKI. Madam Speaker, as we mourn the victims of another senseless mass shooting in America, I rise to recognize two police officers in my district: Jeffrey Johnson and Michael Pollack of the Westfield Police Department, who prevented a potential mass shooting in my district in 2019.

On June 13 of that year, Officers Johnson and Pollack responded to a call at Tamaques Elementary School in Westfield, where they were met with a man armed with a .45-caliber gun, hollow-point bullets, and 130 rounds of ammunition; an arsenal much of which is not legal in New Jersey, but which he had obtained legally in another State.

The officers disarmed and arrested the man, potentially saving the lives of teachers, staff, and kids. The officers recently received the Hero Award from our Union County Prosecutor's Office, and I continue to honor their heroism here on the House floor today.

This incident is another reminder that while we have strong gun laws in New Jersey and one of the lowest rates of gun violence fatalities in the country, as a result, many of our neighboring States do not. As long as our gun laws are inconsistent across State lines, those who wish to commit mass murder will find the means to do so.

AMERICAN STEEL FOR AMERICAN INFRASTRUCTURE

(Mr. FORTENBERRY asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. FORTENBERRY. Madam Speaker, a long time ago, I made the decision to stand by the people who grow our food, protect our country, and make our stuff. Now, for a moment, if we could put aside the ever-expanding definition of infrastructure, I think we could agree on a basic principle: if we are going to ask American taxpayers to fund new American infrastructure, then we need to use American companies, American steel, and American labor.

It is especially important that American-made steel not be outsourced for fabrication to nations with lax environmental standards and lax labor

standards. As this pandemic has so forcefully and painfully shown us, an overreliance on a foreign supply chain makes us vulnerable.

Madam Speaker, how about this: a ''Made in America'' label on all products used in American public works across the country. On that, perhaps, we can agree.

HOUSE DEMOCRATS' FIRST 100 DAYS

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

Mr. AGUILAR. Madam Speaker, earlier this week, we marked the 100th day of the 117th Congress, and I rise today to reflect on some of the progress we have made in the House.

In our first 100 days, we passed the Equality Act to ensure full equality under the law for our LGBT community.

We removed the ratification deadline from the ERA to extend that same equality to all American women.

We passed the Dream and Promise Act, giving young immigrants who call this country home a chance to build their lives here.

We passed the George Floyd Justice in Policing Act to reform our broken system of policing.

We took meaningful, lifesaving action to prevent gun violence and stop further tragedies.

The recent tragedies our country has endured have further highlighted the need for the Senate to take action quickly on these bills.

We passed the American Rescue Plan, the most important and ambitious investment in the American people into nearly a century. This bold legislation gives us a roadmap to help us build back better and to emerge from this pandemic stronger than ever. It has helped 50 percent of Americans receive a lifesaving vaccine and put money in the pockets of people.

I am so proud of all we have achieved, and I know our work is just getting started.

LIMB LOSS AND LIMB DIFFERENCE AWARENESS MONTH

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

Mr. LAMALFA. Madam Speaker, April is Limb Loss and Limb Difference Awareness Month. More than 2 million Americans live with limb loss or limb difference, and an additional 28 million are at risk of amputation surgery. It is estimated that more than 500 Americans lose a limb each day. With great advances in prosthetics, sometimes we may not even know that those around us may be missing a limb.

There are many causes of limb loss, some not immediately apparent to us, including, number one, vascular disease, 54 percent of which includes diabetes.

Americans of all ages, from children to our seniors, are affected. Eighty-eight percent are over 45 years old. Of course, many of our brave servicemembers suffer injuries resulting in limb loss, over 1,500 currently from Iraq and Afghanistan.

Each of these Americans has their own story and faces unique challenges. Many amputations result from some preventable disease and have preventable issues, such as diabetes and peripheral vascular disease. This is another reason to raise awareness of limb loss and educate ourselves and others about what it is like to live with limb loss and limb difference.

END U.S. INVOLVEMENT IN THE WAR IN AFGHANISTAN

(Ms. JACOBS of California asked and was given permission to address the House for 1 minute.)

Ms. JACOBS of California. Mr. Speaker, I rise today to express my support for ending U.S. involvement in the war in Afghanistan.

Mr. Speaker, wars are supposed to end. In the time that we have been in Afghanistan, I have graduated from middle school, I have graduated from high school, I have graduated from college and grad school, worked at the U.N. and the State Department, started two organizations, and was elected to Congress.

I represent San Diego, a proud military community, and one that knows better than most the human cost of war. Ending this war does not invalidate those sacrifices. It recognizes them. We are indebted to the thousands of servicemembers who answered the call to serve, and we remember those who never came home. It is in their honor that we look to the next challenge.

Now it is time to prioritize diplomatic and humanitarian work in Afghanistan, to reassert Congress' authority on war powers, and to focus our efforts on the security needs of the future, not the past.

RECOGNIZING DASIA TAYLOR OF IOWA CITY

(Mrs. MILLER-MEEKS asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. MILLER-MEEKS. Mr. Speaker, I rise today to recognize a young woman in my district who is making strides in the field of medical science.

Mr. Speaker, 17-year-old Dasia Taylor of Iowa City is currently in the research phase for her groundbreaking invention: surgical sutures that change color when a wound becomes infected.

These sutures will be an asset to both doctors and patients to catch post-surgical infections early on when they can be treated more easily with antibiotics. This, in turn, will save lives.

For her intellect, research, and ingenuity, Dasia was recently recognized among the top 40 finalists in the 80th Regeneron Science Talent Search, one of the most prestigious science and mathematics competitions in the United States for high school scholars.

I could not be prouder of Dasia and excited for the next generation of women scientists who are working towards building a better future for generations to come.

AMERICA'S OPIOID EPIDEMIC

(Mrs. CAROLYN B. MALONEY of New York asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. CAROLYN B. MALONEY of New York. Madam Speaker, I rise to speak on a commonsense bill I introduced to promote accountability for America's opioid crisis. The opioid epidemic has taken almost as many lives as the COVID–19 crisis.

The Sackler family has amassed billions of dollars, in large part, through the sales of Purdue Pharma's OxyContin. Members of the Sackler family have been directly involved in the company's efforts to flood our communities with this dangerous painkiller and to mislead the public on the danger it poses to their health. Purdue has declared bankruptcy, and members of the Sackler family are seeking legal releases from individual lawsuits brought against them by government entities.

My bill, H.R. 2096, the SACKLER Act, ensures that individuals accused of wrongdoing by government actors, like the Sacklers, are prevented from evading responsibility through bankruptcy proceedings.

I ask my colleagues for their support in this crucial effort to ensure accountability for the harm the Sacklers have inflicted on our communities, and to promote justice for lives lost to the opioid epidemic.

CRISIS AT THE SOUTHERN BORDER

(Ms. TENNEY asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. TENNEY. Madam Speaker, there is a crisis at our Nation's southern border, as you heard when our minority whip STEVE SCALISE outlined it earlier.

Last month, more than 170,000 illegal immigrants were encountered and rescued by border agents at our southern border, and almost 19,000 of them were children, the most ever in a single month.

This is a humanitarian catastrophe, as cartels are profiting at record levels from this egregious human trafficking scheme.

I visited the border, including a child processing center at the El Paso Sector, and witnessed this firsthand. I left with an even deeper sense of respect and admiration for the men and women of U.S. Customs and Border Protection

agency and those other agencies tasked to assist them.

Chief Gloria Chavez leads her force along the El Paso Sector with incredible tenacity, courage, compassion, and great energy. The team of agents under her command are doing an excellent job in a nearly impossible situation. These terrific people are overwhelmed because of the dangerous and inhumane policies now coming from Washington. I am grateful to Chief Chavez and her team for their insights.

Human trafficking is a nonpartisan issue. We must come together to stop it. We must finish the border wall, improve barrier technology around the wall, and we must reform this disastrous immigration policy.

□ 1315

HONORING THE LIFE OF DENNIS CAPRARA

(Mr. PANETTA asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PANETTA. Madam Speaker, the Salad Bowl of the world lost a key ingredient this week with the sudden passing of Dennis Caprara. In his 74 years, Dennis contributed so much to our leading industry of agriculture and our fundamental identity in the Salinas Valley.

A true local boy, Dennis grew up in Gonzales, grew fond of farming, and grew to appreciate the hard work and sound judgment necessary to succeed in agriculture.

Starting RC Farms and RC Packing, Dennis and his family became the definition of what it means to be a successful family farm.

But Dennis was not just a farmer, he was a leader; chairman of the Grower-Shipper Association, director of the Salinas Valley River Coalition, and a distinguished fellow at a local college.

Dennis also gave back to the community that gave him so much; as a member of the Swiss Rifle Club, and always attending the local livestock auctions where he and his wife, Janice, were active bidders, supporting the kids of 4H and FFA.

Dennis was a friend and a mentor to many, including myself. And although he often fondly called me a donkey, not necessarily referring to my political party, he offered so much more to those who knew him, who worked with him, who listened to him, and who loved him.

Madam Speaker, today we mourn the loss of Dennis Caprara. But because of Dennis, every day we realize that the Salad Bowl of life tastes so good, not just because of its products, but also because of its people.

HONORING THE SERVICE OF LA HABRA CHIEF OF POLICE JERRY PRICE

(Mrs. KIM of California asked and was given permission to address the House for 1 minute.)

Mrs. KIM of California. Madam Speaker, I rise today to offer some words of appreciation to someone in my 39th Congressional District in California who deserves special Congressional recognition.

For 30 years, La Habra Chief of Police Jerry Price has unselfishly served and protected our community in the La Habra Police Department.

Chief Price joined the La Habra Police Department in 1991 and quickly rose through the ranks across multiple bureaus, most recently serving as chief of police for the past 8 years.

Chief Price always set an example for other officers and the community, always having a positive attitude and serving with pride. He also has actively mentored and prepared others for success in law enforcement.

It is because of these admirable qualities that Chief Price has earned many awards and accolades, not only from the La Habra community, but also from other outside law enforcement agencies.

I thank Chief Jerry Price for his 30 years of service and the past 8 years as chief of police, and I offer my sincere congratulations on his retirement.

HONORING THE SERVICE OF MRS. FRANCES PERCIVAL

(Mrs. BICE of Oklahoma asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. BICE of Oklahoma. Madam Speaker, I rise today to honor the work of Mrs. Frances Percival, who has dedicated 63 years of her life to the students of Millwood School District.

Mrs. Percival began her service in 1958 as a volunteer with the Millwood School District, and then served in the Parent Teacher Association for several years. She was affectionately known as ''Mrs. P'' and a ''homeroom mother''.

Fifty-one years ago, Mrs. P made the decision to run for the school board and was successful. In her five decades on the board, she was the recipient of many awards, including the National School Boards Association Award for Distinguished Service.

In addition to being a strong leader, Mrs. Percival said her mission was to teach Millwood students to appreciate life and show respect for humanity.

Madam Speaker, we should let Mrs. Percival's story be an inspiration for us all to focus on improving the lives of our children, our communities, and our schools.

Individuals like Mrs. Percival hold together schools and communities across this Nation. I thank Mrs. P for her years of service, and I wish her the best in her well-deserved retirement.

ISSUES OF THE DAY

The SPEAKER pro tempore (Ms. JACOBS of California.) Under the Speaker's announced policy of January 4, 2021, the gentleman from Texas (Mr. GOHMERT) is recognized for 60 minutes as the designee of the minority leader.

Mr. GOHMERT. Madam Speaker, I saw one study that indicated that these masks are very helpful; that, by wearing a mask, you have two-tenths of 1 percent less chance of getting COVID. So hurray for that two-tenths of 1 percent, especially for those of us who have had it or have had vaccinations. But I look forward to getting our freedom back at some point.

But you can't have a free society if the media is dishonest. When the Founders fought for the right to have free media, they anticipated that there should always be a majority of the media who would be willing to expose media who were dishonest.

But we are living in a dangerous time, when what used to be called the mainstream media is anything but honest; and that was played out before our very eyes and ears as Project Veritas had a CNN—well, as this article says—a CNN head, but he had leadership, and he admitted quite a great deal about the abuses of CNN, the manipulativeness of CNN.

This article from The Epoch Times—which, by the way, is under fire from the Chinese Communist Party, so since this administration seems to side with the Chinese Communist Party a great deal, they may be coming after The Epoch Times the way the Chinese Communist Party is. But we will wait and see if that happens.

But this story, dated April 14, says a CNN head has personally intervened to order the cable network staff to display the number of people who have died from COVID–19 in the broadcast, according to a CNN technical director who was caught on hidden camera making the comments. The goal was to boost ratings, the director said, explaining fear really drives numbers and is the thing that keeps you tuned in.

That is rather tragic.

A former segregationist President, Democrat, named Franklin D. Roosevelt, had said, quite eloquently: ''The only thing we have to fear is fear itself.'' And he was right that that should be a big concern.

But what we are hearing from the undercover tape is that CNN sees fear as the best way to increase ratings.

So another article from The Gateway Pundit: ''CNN director caught on hidden camera saying the network is 'trying to help' BLM by only pushing stories that implicate White people.''

Well, that is unfortunate. What that shows is that CNN doesn't mind being racist. It is very unfortunate that we would stir up that kind of animosity; have a major news network, or what used to be a major news network, CNN, pushing racist divides.

Madam Speaker, I have been joined by a friend—hopefully, she doesn't mind me calling her a friend because that is the way I see her—from New York, an extraordinary Member of Congress. I am thrilled she is back.

I yield to the gentlewoman from New York (Ms. TENNEY).

Ms. TENNEY. Madam Speaker, I appreciate the gentleman yielding.

I just wanted a moment to take the opportunity to share something that I launched this week with Representative GARCÍA from California, and that is the Election Integrity Caucus.

In that caucus, our mission is to make sure that we have and preserve integrity in our election process, and that we have people understand just how important the right to vote is and why it is such a sacred act and a cornerstone of our constitutional Republic and the democratic principles that we hold dear.

A lot of people don't realize how important their right to vote is, and we just want to make sure that people understand that. We don't want it to be undermined.

We think that the Speaker's signature legislation, H.R. 1, undermines the integrity of the right to vote. We think every person who has a legal right to vote should vote in every election, but just once, not multiple times.

One of the things I wanted to mention because I just have a few minutes here, is that we would love to have all the Members join the caucus. Obviously, we would love to have a bipartisan caucus, but I am reaching out to everyone across the Nation to support our efforts to try to bring integrity to our election process and to understand how sacred the right to vote is.

I think it is really great that MIKE GARCIA, the Representative from California, who won by 333 votes, is joining me. I won by 109 votes in upstate New York in one of the longest election cycles in the Nation and did not even get sworn in until February 11.

So we just wanted to make sure everyone understands that we want to expand the number of people that vote. You know, you hear all the time that the Republicans want to suppress the vote. Nothing could be further from the truth.

We know so many great Americans through our Nation's history that have lost life and limb for this sacred right to vote privately, and we want those people to exercise that right and feel that their vote actually counts.

I think one thing that my race and Representative GARCÍA's—also our colleague, MARIANNETTE MILLER-MEEKS, who recently was confirmed the winner again in Iowa's Second District—shows is that every vote does count. And it should be something that people joyfully do, is to exercise that right to vote because I think a lot of people don't realize, we have a self-governing constitutional Republic; it is by and for the people.

I think one of the enduring themes, one of the reasons I love our former President Lincoln was that he used to talk about: Can we save the Republic? Can we be self-governing? And we want to be sure that we preserve all of that and how great this country is by actually forming this Election Integrity Caucus to travel around the country and encourage people to register to vote, and to vote.

And I will add, I just visited the border. And we have a great community of refugees where my district is up in New York's 22nd District, and I can't tell you how excited so many of these people are when they finally get to be citizens, and when they have a chance to vote, and when they have a chance to vote privately without somebody looking over their shoulder or knowing how they voted.

We just want to make that act sacred, and we want to make everyone aware that they have the opportunity to vote, and their vote is secure, and no one is going to take their vote or dilute their vote. We need to make sure that we preserve the integrity of our voter rolls.

It is interesting; I come from New York, and people think of New York as being this liberal bastion, which it is. But Article II of New York's Constitution talks about the right of suffrage.

In my own district, the first women to vote in New York State voted in Lisle, New York, in my district of New York. So we know how sacred that right is for women to have the right to vote. Susan B. Anthony and Elizabeth Cady Stanton all hailed from New York State, so we have a great tradition of voting, and we want to lead the way toward that.

I know that we would love to have the gentleman join if he is interested in joining our caucus.

Mr. GOHMERT. Madam Speaker, I appreciate the gentlewoman's efforts, and I would be thrilled to join that caucus. That is absolutely meritorious, and it should be something that all of us work to support together.

Yet, we get cast, as Republicans, as wanting to limit the number of voters, when actually, we want more voters; but we need to have people vote legally, not multiple times, not voting after you no longer have a pulse, but voting as citizens. So I am thrilled. I yield to the gentlewoman from New York.

Ms. TENNEY. And we have many safeguards in place to reserve that right to vote, but also to encourage people to go out and realize that their vote does count. And wouldn't it be great if every legal citizen voted in every election? That would be a true self-governing Republic that we all aspire to maintain and preserve.

Once again, I cannot emphasize enough, we urge everyone to join the caucus, including our Democratic friends. I think they would like what we are going to be standing for. We are going to be preserving and protecting the votes in all districts across the entire Nation, and I think it is going to be an exciting initiative.

I thank the gentleman for being willing to join. I know my time is limited today, but I wanted to take advantage of this. And I want to also thank the gentleman for taking this opportunity to be in this amazing place.

□ 1330

It is an honor to be elected to this great body, with so many good Members on both sides of the aisle, and to be able to do the business here for the people of our country in such a tough time, in so many ways, as we are emerging, hopefully, from the pandemic.

I am grateful that you take this time and talk about the news and events of the day that may sometimes get missed in the mainstream media. I am grateful to you, and I want to wish you the best and everyone a great weekend.

Let's talk about election integrity.

Mr. GOHMERT. Madam Speaker, it brings to mind being in Iraq back in 2005. Iraq had just had its first true fair election, and people stood in line for hours and hours.

In talking to a police chief, he pointed out one place where there was a very long line. We knew that radical Islamists were going to try to disrupt the election. There was a suicide bomber who was found in the line, and a policeman grabbed him, threw himself on top of the suicide bomber. The bomb was set off, and the policeman and the radical Islamist were both killed.

I said: Wow. Did the voters come back?

He looked a little surprised and said: They never left the line. They knew if they got out of the line and did not vote, that the policeman would have given his life for nothing. They wanted the policeman's life to count, and they were not going to be intimidated by a suicide bomber trying to prevent them from voting, so they stayed in line to vote.

Too many Americans have come to think of voting as too onerous, that they don't really have time to do it, that it doesn't really matter, when, actually, as we hear and find over and over, elections do have consequences.

It is important that if you are legally allowed to vote, you should vote. It is unfortunate that there is a push to have people who don't understand—they are not citizens. They haven't been educated yet to understand what it takes to preserve a republic, which has allowed us to drift toward a more Orwellian-style government, a totalitarian, more socialist government.

Yes, you have to have a totalitarian government in order for socialism to succeed. Khrushchev finally came to grips with that. True communism is where everybody shares and shares alike, and there is no government.

I remember doing a report in college about a commission that Khrushchev set up to figure out a plan to move to where there was no government and just pure communism, pure sharing. Ultimately, they disbanded the commission because they realized there is no way to have no totalitarian government.

If you are going to have communism or socialism, the government has to be big, powerful, and totalitarian enough to take from those who earn and give to those who don't.

Anyway, elections are important. The next national election, of course, will be in 2022. That is something we need to be working toward making sure is fair. But it is difficult when you have entities like CNN that are more interested in ratings, scaring people, and supporting the Democratic Party than they are in reporting the news. It really makes it difficult to have free and fair elections when people are being deceived.

It was also interesting that since James O'Keefe, who founded Project Veritas, getting the truth out, he had the video of a leader at CNN exposing exactly what CNN was about: helping the Democratic Party and scaring Americans.

Twitter, being part of the high-tech oligarchy, has banned Project Veritas. O'Keefe, the founder, was first banned, and then, later, it was indicated he was banned permanently for violating the Twitter rules on platform manipulation and spam.

So, according to Twitter, if you expose the truth about somebody or some entity that Twitter is figuratively in bed with, then Twitter will ban you because they don't want the truth out there. They don't want the truth about Americans being manipulated by entities like CNN, Twitter, Facebook, or Google. They don't want the American people finding that out, so they will ban you.

When any entity is powerful enough that it can prevent people from, say, learning about the Vice President's family member, who may have engaged in an impropriety, or from finding out that, actually, when the current President, at that time a candidate for President, was saying that Russia was paying bounties to kill American soldiers, which people promoting the story, at least some of them, knew was not true, knew was not likely true, that they want that falsity out there. They want to hurt a candidate with false news.

I don't know what the Supreme Court will end up doing, but the Sullivan case is there, requiring malice to be shown by a public figure in order to prevail in a lawsuit. But it ought to be clear, especially with things like this video exposing that CNN is out to destroy MATT GAETZ, out to deceive the American public, out to fearmonger to increase ratings even though it hurts America. They don't care. It is okay, in CNN's leadership mind, to harm America if it helps their ratings.

We have seen the same thing from Major League Baseball and some international corporations. They are okay with doing business with the Chinese Communist Party and benefiting them, helping them, making money for them, if it makes money for the corporation or the sport, even though it is greatly to the detriment of millions or, in the case of the Chinese Communist Party, hundreds of millions or a billion people.

It is okay, in the minds of some of these people. It is okay to be totally hypocritical and hurt Black-owned businesses in Atlanta, where they are so prevalent, and move the All-Star Game to a place that is substantially White if it makes you appear woke, even though you are hurting African-American businesses and helping White businesses.

It is okay to help the Chinese Communist Party, which is trying to destroy America. They are trying to get to a place where the American economy could collapse, and China would survive that economically. If they get to that place, then you will see them taking additional actions, rather profoundly, to bring down our economy and leave them remaining as the only, at that point, superpower.

We have to be more wise than we have been. We need to call out corporations or entities in the United States that are out to help the enemies of the United States and stir up divisiveness within the United States if they think it creates a profit.

We are seeing that with CNN. We are seeing that with Major League Baseball. It is just a sad time in America.

This article from Epoch Times says: ''Twitter pointed to a section in the company's rules, which states: 'You can't mislead others on Twitter by operating fake accounts,' and 'you can't artificially amplify or disrupt conversations through the use of multiple accounts.' ''

Well, Twitter really has to stretch in order to come up with a basis for banning someone who is promoting truth and is exposing truth that CNN did not want exposed and, obviously, Twitter did not want exposed.

This is a story by Allum Bokhari, ''Twitter Permanently Blacklists James O'Keefe After CNN Expose.'' This article also mentions: ''In the first video, Chester admits that CNN's negative coverage of unproven allegations against Representative MATT GAETZ is 'propaganda' because GAETZ is a 'problem for the Democrats.' ''

Yes, I am told, he is nice-looking. I don't see it, but I am told he is nice-looking. He comes across well. I do hear that. I see him come across well. He is quite smart, quite clever, and insightful.

The CNN leader says: ''It would be great for the Democratic Party to get him out. So we are going to keep running those stories to keep hurting him.''

''In further undercover footage posted today, Chester can be heard admitting that CNN is unlikely to give a great deal of attention to the race of a mass shooter in its coverage if they 'aren't White.' ''

''Chester also admits that 'a bunch of Black men' have been responsible for recent violent attacks against Asian Americans and that this is a problem because 'the optics of that are not good' and CNN is 'trying to help BLM.' ''

BLM, let's be fair, they are trying to establish socialism and get rid of the constitutional government we have and move to a more Orwellian, socialist type of government.

''This is pure censorship for political reasons because he has successfully exposed CNN,'' talking about Twitter banning O'Keefe. That is a comment from Robby Starbuck on Twitter.

My friend MATT GAETZ says: ''O'Keefe exposes CNN for lying about me and Donald Trump for propaganda. Then Twitter suspends him.''

Conservative commentator John Cardillo says: ''If the left weren't terrified, they wouldn't be banning people.''

□ 1345

So, anyway, it is rather tragic that Twitter has joined in to become a part of, figuratively, the ministry of truth that Orwell talked about in his novel ''1984.'' I mean, Orwell was apparently in a great deal of pain, dying of cancer, had been through brutal cancer treatments. Some think that is where he came up with the idea of some of the torture that was utilized by the ministry of love, which would arrest people with whom they disagreed and would torture them for hours, days, weeks, months, or many years, whatever was necessary to finally get them to change their story.

But the ministry of truth were the ones that were constantly rewriting history to serve the interests of this totalitarian government, and that appears to be exactly what we are beginning to see from many in our own media in the United States.

I was struck the summer that I was an exchange student to the Soviet Union, how Pravda always—it was like the ministry of truth that Orwell wrote about. They would change any story in order to make the Soviet Government the prime player, the prime interested party. They would lie about anything.

In the summer of 1973, I was intrigued by what they were saying about this Watergate thing, that that was clearly stirred up by the Democrats against Richard Nixon because Nixon had had the courage to be the first U.S. President to go to the Soviet Union and to reach out to create a viable relationship with the Soviet Union. So the Democrats were totally manufacturing Watergate just because Nixon had dared to be friendly toward the Soviet Union.

Well, we know that was not the case, but that is the way the Soviet Union would use the media, Pravda, to lie about what was going on to make them the central players in everything.

Obviously, Watergate was real. There was a manipulation of the law. If you listen to some of the tapes or read some of the transcripts of the Nixon tapes, you are struck by the inconsistency and the ability of a President of the United States to be two-faced in talking to different people and the manipulative approach to being President.

So, hopefully, the truth will all come out. Apparently, unless Twitter and CNN change their approach to news,

the truth will not come from Twitter, will not come from CNN. But, hopefully, emerging news sources will take the place of the once great CNN, unless CNN begins to report more truthfully. That would be a welcome change.

And we can all hold onto that hope that springs eternal in the human breast, that maybe someday somebody will take over at CNN that will see CNN's viewership surge because they have decided finally to be going after real news and truth instead of manipulating things for the Democratic National Committee or an entity like Black Lives Matter.

Of course, they matter. But that is not what BLM is about. They are about moving America toward socialism. They are about destroying the nuclear family, which the War on Poverty helped do for Black families, and now it is all families. We have seen that happen, and Thomas Sowell and Candace Owens have both covered that very effectively in their recent books.

This article from Joel Pollak, April 16: ''Patrisse Cullors, a co-founder of Black Lives Matter, told interviewer Marc Lamont Hill on Thursday that there is no contradiction between her radical left-wing politics and owning four homes because she is providing for extended family.

''In the interview on 'Black News Tonight,' Hill asked Cullors, also known as Khan-Cullors after spouse Janaya Khan, about the truth of reports that she had bought four homes since 2016—including a $1.4 million compound in the remote Topanga Canyon neighborhood of L.A. and a vacation home with an airplane hangar in Georgia—and that she and her spouse had considered buying exclusive property in the Bahamas also.

''The reports prompted criticism from within the Black Lives Matter movement''—and I would hope that it would—''and questions about her source of funds.

''She replied that 'never taken a salary from Black Lives Matter Global Network Foundation,' and that she had other sources of income from her work as a college professor, as a TV producer, an author, and a YouTube content creator.

''In a statement, the Black Lives Matter Global Network Foundation said she had not received any compensation from the group since 2019, though she had received $120,000 from the group since 2013 for performing specific duties.

''She added: 'Organizers should get paid for the work that they do.' ''

But, now, having spent a summer in the Soviet Union, I know how socialism is supposed to go, and there were Soviet friends that were somewhat disenfranchised with the Socialist way of doing things. They said, yeah, we all receive about the same amount of money, but those who have leadership positions or political power, they get to buy things the rest of us don't buy. We have all got about the same money to spend, but we don't have access to the things that they do.

So in a true Socialist country, people that want power, if you have a shoe store, then we saw it back then, they would take the best shoes and save them for people in political positions of power. So when those power brokers come in, then they get to pick from the best shoes while all the rest are told, well, you either take these or you don't get any; there just are no others.

If you were a power broker, yeah, you had about the same amount to spend as everybody else. But everybody else was told there is no toilet paper, whereas the power brokers would be taken to the back and allowed to buy toilet paper. Those were the days, and that is normally the way it works.

On one occasion I was surprised because a cleaning lady appeared that she was going to be running and telling on this Soviet citizen.

And I said: Why would she go tell on you?

And he said: Look, in your country, you can get ahead by working harder and making more money. In our country, we all make about the same. So the only way you can get ahead is if you step on other people. So, yes, she will go tell on me, and she will go up a little bit in power because that is how you get ahead here in the Soviet Union. You step on other people, and that elevates you.

So that is where some are wanting to take the United States, where everybody is getting about the same amount of money, except that, apparently, we have leaders like this in the BLM movement who think—and she said she is ''a trained Marxist''—''and your lived practice.''

Those are her words. But she is not—well, she says: ''The way that I live my life is a direct support to Black people, including my Black family members, first and foremost. . . . I see my money as not my own. I see it as my family's money as well.''

But a true Socialist would not say that because a true Socialist says everybody shares and shares alike, from those according to their ability to those according to their needs. So your family can't be foremost if you are a true Socialist. So there is some confusion here on what is true socialism, and Ms. Cullors does not have that down very well.

According to the article, she is buying a $1.4 million compound in an exclusive part of Los Angeles and a vacation home with an airplane hangar in Georgia.

No, no, no, that is not supposed to happen. If you are a true Socialist, you share and share alike. You may think you have earned all this money, as she said she had, doing all these different things, but a true Socialist would say: No, but we are going to share that with everybody.

Apparently she would appropriately think: I have all this additional ability that others don't have, so you should take my money away from me, from those according to their ability, and give it to those according to their needs.

So she has got a ways to go before she understands the socialism that she is trying to force on the United States.

The article goes on to read: ''The point of the criticisms, she said, was 'to discredit me, but also to discredit the movement.' She added: 'We have to stay focused on white supremacy.''

Yeah, don't look behind the curtains at the guy that is manipulating things, as we saw in the ''Wizard of Oz.'' No, no, keep looking over here at what we will call white supremacy.

Anyway, ''She responded to claims that Black Lives Matter should distribute funds to the Black community by noting that while she was sympathetic, the organization was not a 'charity' and was not the government.''

So she has got a ways to go before she really understands the socialism she is trying to force on everybody else.

She says: ''Our target should be calling on Congress to pass reparations.''

Well, she doesn't understand that true reparations in a Socialist society would take from somebody that had $1.4 million to spend on a home and spread it out to everybody else. So she could never own a $1.4 million home. But, anyway, hopefully others will help her and any other leaders with Black Lives Matter who don't understand what they are trying to force on America, and we will see if that actually happens.

Now, I heard our majority leader in what some call a colloquy or soliloquy, whatever you want to call it, talking about compassion for those who are foreigners. It strikes me, there are so many people across America in the lamestream media and even on this floor who think it is compassionate to lure people across miles, hundreds or thousands of miles even, across horrendous terrain; have them pay drug cartels, which thoroughly oppress a country like Mexico; have as much, maybe, as 25, 30 percent of young women raped, we are told, often repeatedly on that journey; have many girls subjected to a life of sex trafficking in order to pay back the money they owe to the drug cartels. Others subjected to human trafficking and drug trafficking in order to pay back the money they owe to the drug cartels. Creating a life as a servant, as a bondsman to the drug cartels, where people have no hesitation to cut off fingers, hands, arms, or heads and put on pikes, like some honest policemen have had happen, as a message from the drug cartels that: You don't mess with us.

Somehow that is compassionate to add to the billions of dollars the drug cartels have to terrorize a country or hemisphere. But if you really look closely enough at this problem on our southern border, you will find that is not compassionate at all.

□ 1400

The most compassionate, caring, neighborly, Christian thing we could do for the people of Mexico would be to secure our southern border, cut the billions of dollars going to the drug cartels that they use to terrorize a continent, just cut that down to a trickle. They may always make some, but you can cut it to a trickle if we secure our southern border.

And then Mexico, because of the incredible people in Mexico, some of the hardest workers in the world and with natural resources in excess of most of the countries in the world—and actually a better location between the Atlantic and Pacific; yes, we are between the Atlantic and Pacific in the United States, but it is closer across Mexico from one ocean to the other. They are in a prime location. They ought to be a top economy in the world. And the only thing that appears to be holding them back, the one thing is the corruption from the drug cartels that has greatly increased under this new administration. It is a boon to the drug cartels that President Biden is helping their human trafficking business as he is.

Now, he doesn't look at it, I am sure, as helping the drug cartels. He is looking at it as helping the Democratic National Committee down the road when they can give amnesty and make them voters, but that is so hurtful to Mexico.

How about cutting the power of the drug cartels and allowing Mexico to keep its own citizens and central American countries that are being depleted of good, hardworking people, letting them keep their citizens, getting rid of the corruption. We are the main source of the funding for the corruption south of our border.

Compassion would dictate that we stop funding the corruption instead of turning a blind eye to that corruption that we are funding through the drugs, sex trafficking, human trafficking, cut that down to nothing or very little and watch how our good neighbors will explode with a vibrant economy, not with terrorism the drug cartels use.

CHIP ROY has a bill to name the two main drug cartels as terrorist organizations, and I think that is exactly what we should do. That would allow more resources to go towards stopping the terrorism and the corruption within Mexico and within Central America. That is what a good neighbor would do. That is what real compassion is. Compassion is not luring people to situations that destroy their lives.

The indentured servitude that the drug cartels subject these people to is just unfathomable, and it is unfathomable that educated people, including here in Washington, D.C., would say, oh, yes, that is a good thing that we lure people here, even though they become indentured to the drug cartels.

I have mentioned before, I have been there all hours of the day and night, but especially at night because it is easier to get drugs across—in the dark, that is. So the drug cartels totally control who comes across, when they come across, and in what numbers they come across.

And as the Border Patrol, when they are down there and they don't have supervisors watching over them every moment, they will tell you, we know when we have a big group come across and we are all having to come together to get them in process, that that is when they are bringing in large amounts of drugs or some high-value customer perhaps from a Middle Eastern country; a place like Yemen, where two terrorists were picked up on the terrorist watch list. But, of course, if they are not going to be able to get through customs because they are on the terrorist watch list, well, for goodness' sake, all they have to do is come to Mexico. The drug cartels will charge them extra money, somewhere north of $35,000 or so, maybe much more than that, but they make a lot of money if somebody wants to come and is on the terrorist watch list.

I was told down there, if you are coming from China, you are probably going to pay $35,000 or more; but some of the Middle Easterners, they will pay a lot more than that to avoid being detected coming in.

So let's be compassionate. Let's allow countries south of our border to keep their citizens and grow a vibrant economy where people won't have to come begging to the United States. They will have their own vibrant economy, and they will be blessed immeasurably because of it.

A TRIBUTE TO FORMER SPEAKER BOEHNER

Mr. GOHMERT. Madam Speaker, I do want to say a special word of tribute. I know our former Speaker Boehner has been in the media recently, and I have been asked about comments he has made about some of us.

Speaker Boehner was an interesting Speaker. I don't know if he knows who Machiavelli was, but he employed some of those tactics. I remember July, I believe it was, of 2011, when he was pushing a big sequester deal. I got up at conference and said—I haven't seen it, but I read that he apparently said that I didn't make sense. But I stood up at conference. And I can understand sometimes his mind was a little clouded. I might not seem to make sense, but I pointed out this sequester deal is a mistake. It is a terrible mistake because you are going to cost billions of dollars for the military, to our own defense. That is our own security.

I actually said in front of the whole conference, when I was in high school, a friend's father was in a poker game, and he thought he had a hand that nobody could beat. He was out of money, so he put his home on the table, and somebody had a hand that beat him, and he lost his home in a card game. And I have known since that time that you never gamble with your own security, your family's security, your country's security.

Speaker Boehner said: Louie, listen, those sequesters will never happen.

And I said: Of course they are going to happen.

And he said: No, because we have the super committee that will reach an agreement; because, if they don't, cuts to Medicare will happen.

I forget if it was $200 billion or $300 billion.

And I said: Of course there will be no agreement, because ObamaCare cut $716 billion from Medicare, from our seniors' coverage for healthcare. And they did it without a single Republican House vote. So the only way in 2012 the Democrats will be able to run a commercial that says Republicans cut Medicare is for the Democrats to prevent an agreement by the super committee. So the cuts will take place to Medicare, and the defense and the Democrats will get a twofer, I explained to Speaker Boehner. They will be able to cut the defense, which they have been wanting to do, and there will be a cut to Medicare that they will blame on Republicans' unwillingness to compromise.

As I recall, there were a couple of Senators that even proposed a way to raise fees that wouldn't be called taxes, and there was an article that said Democrats thought that was going to get a deal worked out. Then they met with Democratic leaders and they had to come back and say: You really made a good-faith offer, but we are told there won't be a deal.

Well, I tried to explain that that is what would be coming just as it happened, but as the Speaker has now admitted, I didn't make sense to him because he had said those sequesters will never happen. That was in July. Before the end of the year, he had to come before the Republican conference and explain why the sequesters were going to happen, but we are going try to minimize the damage.

I also remember another summer when there was a short, funds were running out for a particular area of our budget of our appropriations, and we were going to have to do something before we went out on August break. I asked my dear friend THOMAS MASSIE: Have you talked to MCCONNELL? Are we going to get a deal on this?

And he said: Yes, I was at breakfast with him this morning, and he said he and Boehner had an agreement, and we are going to extend the funds for a couple of months, and they are going to throw in some additional money to help veterans. They have got it all worked out.

So we are listening as Speaker Boehner gets up, and he says: ''You know, what often happens is the Senate passes something and leaves town and they jam us, and then we have to pass what the Senate passed. But here is what we are going to do''—he even put his finger in the air—''we are going to pass a bill, and we are going to extend this a couple months''—the funding—''we are going put some money in there

for veterans, and then we are going to pass it, and we are going to leave town, and we are going to jam the Senate.''

And most of the House Republicans jumped to their feet and were giving him a standing ovation because the Speaker just told us we were going to jam the Senate, even though, according to what Senator MCCONNELL told another Kentuckian, he and Boehner had a deal worked out. But it got Speaker Boehner a standing ovation and big loud cheers, not from my friend, Representative MASSIE, and myself because we knew what the truth was.

But, anyway, some people, I hear, miss those days where he was Speaker and did things like that, or totally missed an opportunity on Cut, Cap, and Balance Act. Speaker Boehner said that could never pass the House of Representatives. We assured him it could, and it would if he would just bring it to the floor.

So Speaker Boehner finally agreed, and he brought it to the floor, and it passed and it was a huge victory, a huge day. But by that very afternoon, he was already talking about scrapping that and working a deal with the Senate. In other words, he had no intention of carrying out the will of the House as we had just passed it, which would have been great for lowering the indebtedness and getting America on a financially secure path. He was already scrapping the big victory we had before it even had a chance to be discussed in the Senate.

□ 1415

So I know there is some that miss those days, but if God grants us the chance to be in the majority again, we can't go back to those days of manipulation. We have got to be straightforward with the American people. We have got to have leaders that will do that. And we have got to be about the business of turning this country back to where freedom is the watchword for the day, not government oppression, not government putting businesses out of business, but letting freedom reign for real once again.

Madam Speaker, with that, I yield back the balance of my time.

The SPEAKER pro tempore. Members are reminded to refrain from engaging in personalities toward the President.

A SYMBOL OF NATIONAL CHANGE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 4, 2021, the gentleman from Texas (Mr. GREEN) is recognized for 60 minutes as the designee of the majority leader.

Mr. GREEN of Texas. Madam Speaker, and still I rise.

I rise to call to the attention of our Nation a symbol of national shame. And I rise to give commentary as I read a letter that I intend to send to certain colleagues. This is not a letter that I enjoyed producing, that I enjoyed writing, but it is necessary, in my opinion, to call to the attention of my colleagues a symbol of national shame, the Russell Senate Office Building.

This building is right here on the campus in Washington, D.C. It is a building with the name of a person who should not be honored in such a way. It reads—and for our purposes today, I will simply say, ''Dear Colleague.''

It is with love of country above politics that I send this request to remove the name of the racist Democrat—commentary: I will be saying some things about Democrats today because this involves Democrats—remove the name of the racist Democrat, Richard Russell, from the Senate office building named in his honor and revert to using the building's original name, the Old Senate Office Building until the Senate selects another nominee who will be honored.

The letter goes on to say:

In 1972, the Old Senate Office was renamed the Russell Senate Office Building, hence for 49 years, the Old Senate Office Building has been a symbol of national shame bearing the name of an unapologetic white supremacist.

Richard Brevard Russell, Jr., was a segregationist who worked throughout his career to disenfranchise and dehumanize people of color in our country, especially Black Americans.

He participated in his first filibuster of a civil rights bill in 1935. And in 1937, he was a part of the filibuster against antilynching legislation. In his 1936 reelection campaign, Russell committed himself to preserving and ensuring white supremacy in the social and economic, as well as the political life of our Nation. He also blocked the passage of a 1942 bill to eliminate poll taxes, and stated:

> If progressives want to force social equality and commingling of races in the South, I can tell you now that you are doomed to failure.

In 1956, Russell coauthored the ''Southern Manifesto'' with Senator Strom Thurmond in opposition to integration of public schools after the Supreme Court unanimously ordered it in Brown v. The Board of Education.

In 1964, during a civil rights movement, he proposed a voluntary relocation program, a racial relocation program to adjust the imbalance of the African-American population between the 11 States of the old Confederacy and the rest of the Union.

My dear friends, this causes me to reflect upon the Trail of Tears. The Trail of Tears, quite similar but not nearly the same as what happened. The Trail of Tears was from 1938 to 1939, when the Cherokee Nation was forced to give up its land east of the Mississippi and to move to an area that we now know as Oklahoma. Thousands died. Thousands. Many others suffered; they cried. It was a trail of tears.

I suppose this was then-Senator Russell's contemporary version of what could have been a Trail of Tears for African Americans. What a shame and sinful thing to propose that people simply be relocated because you have the power to do it, not because it was the right thing to do, not because it was a thing that would be done with some degree of honor and dignity. It was done because he had the power and he had a racist mentality, Democrat Senator Richard Russell.

That same year, Russell and 17 fellow Democrats—all senators—along with one Republican—let me pause for just a moment. Some things will bear repeating. I will repeat that. But I know that there seems to be this unwritten rule that you don't say negative things about Democrats if you are a Democrat. But there is a higher calling, and we all have to speak the truth about injustice and that trumps any of these rules related to politics. You have to put country above politics, and the people within the country should be always placed in a position such that justice will prevail.

So I will read again: That same year, Russell and 17 fellow Democratic senators, along with one Republican, led the 60-day filibuster against the Civil Rights Act of 1964. I don't care what party they were in; it was wrong.

When this filibuster failed and President Lyndon B. Johnson signed the Civil Rights Act of 1964 into law, Russell, a Democrat, led a southern boycott of the 1964 Democratic National Convention as an act of rebellion. He was wrong then and it is wrong now.

Regrettably, dear friends, our Nation's history is stained with the bigotry of men like Russell. And although racism still dwells in our country, we do not have to honor it, and that is what we are doing with the Russell Senate Office Building. We are honoring bigotry and racism. We are honoring, in a sense, the anti-Semitism and the hate and the bigotry that he espoused and was proud to do so. He never repented. He never atoned. And taxpayer dollars are being used to maintain this facility, the Russell Senate Office Building.

Friends, by reverting the name of the Russell Senate Office Building back to the Old Senate Office Building, we are given the opportunity to atone for honoring this bigotry for 49 years, as well as we are given the opportunity to honor someone worthy of having a Senate office building named in their honor. This would be the appropriate thing to do.

And by the way, I, in no way, advise that a certain name should be utilized. I simply say remove the name of Russell, and after removing the name of Russell, let it revert to the name that it had, the Old Senate Office Building. And in so doing, the Senate has time to select a new nominee, another person to be honored.

No building maintained with taxpayer dollars should bear the name of Richard Brevard Russell, Jr.

To this end—and it actually reads ''therefore''—I will introduce a resolution calling on the Senate to remove

the shameful name of Richard Brevard Russell, Jr., from the taxpayer-maintained Senate office building bearing his name. And I am going to request serious consideration of this resolution in the 117th Congress.

But that is not all that I plan to do. I shall not go into great detail about the rest of what I intend to do, but I will say this: When I go over next to the building, I will go over there to stand in the area where there is a statue of Richard Russell, Senator Richard Russell, a statue. There is a rotunda. He is the prominent figure; there are no other statues in that rotunda. If you traverse the Capitol, you will find many statues but none, in my opinion, honored to the extent that Richard Russell is being honored. He has an area unto himself.

I am going to go there, and I am going to point out that this is the statue that we have to move. I am going to talk about it from the statue itself, and I am going to point out some things about the statue, because we can't tolerate this kind of legacy being perpetuated. It is time to end it. It is time to stop glorifying bigotry and hate with taxpayer dollars.

How can we insist on renaming military bases that bear the names of racist Confederate generals and others, or military people, and then have an office building that we traverse on a daily basis that we are in and out of that is named after a racist and a bigot? How do we justify this?

We have the power—not the House—but the Senate has the power to change this. I will ask that the Senate change it, but I will also go over to the Senate. And I want to let the world see what's going on in that hallowed facility wherein we allow to occur what we desire to change—and what we are changing, in fact, in other facilities. It is time to change it.

Madam Speaker, I believe that this change should take place immediately. It has been 49 years. We have had enough time to consider it.

Madam Speaker, 49 years under various Presidents; 49 years Democrats in control, Republicans in control.

□ 1430

Some would say that we are just realizing how insidious this invidious behavior has been. Well, now that we know, we ought to move posthaste to change that which we could have changed many years ago.

I love my country. I have great respect for people who hold public trust. But I do believe that when we hold public trust, it is important for us to point out these kinds of circumstances that demean the reputation of the United States of America.

This symbol of national shame puts a stain on the notion that we believe in liberty and justice for all. It puts a stain on the notion that all persons are created equal, endowed by their creator with certain inalienable rights, among them, life, liberty, and the pursuit of happiness. It puts a stain on the notion that we would speak to the world about their shortcomings but won't address one that the government has the power to change. It is shameful. This has to change.

Now, there are some who would want the change to take place, but they don't want it to appear as though someone has called this change to the attention of people and that they somehow will feel that it was done because it was called to the attention of the public.

Friends, when others speak out about injustices against other subsets of society, I have always been there to fight for that change, and I will continue to be there to fight for that change. It doesn't have to originate with me. If it is something that requires a righteous movement to make a positive change, I am going to be a part of that.

I am going to continue to support and fight for the rights of persons in all the various subsets of society who have been discriminated against. Just today, I was on the floor to fight for the rights of people who work in certain venues, who are being hurt, harmed, and some even die. That is my calling. That is why I was sent to Congress. I wasn't sent here to go along by trying to get along, not calling to the attention of my constituents and this country the changes that have to be made.

This is where I stand. This is where I will not retreat from. This is a position that means something to me and my constituents, and it ought to mean something to every person in this country.

Madam Speaker, I thank you for the time. I thank the leadership for the time. And I thank the people who have taken the time to hear these words. But there is much more to be said and much more to be done about a symbol of national shame.

Madam Speaker, I yield back the balance of my time.

BIDEN ADMINISTRATION FAILURES CREATING BORDER CRISIS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 4, 2021, the Chair recognizes the gentleman from Wisconsin (Mr. GROTHMAN) for 30 minutes.

Mr. GROTHMAN. Madam Speaker, just prior to coming to Washington this week, I spent a couple of days down at the Mexican border to see for myself exactly what was going on down there.

I visited the El Paso sector. I would like to thank the Border Patrol, ICE, the ranchers, and local law enforcement for being so helpful and informative to the nine Congressmen who were in the El Paso sector over the weekend.

Our goal was to see over the last few months how things have changed, and in the last 5 months, things have changed dramatically at the border.

For one thing, illegal apprehensions are way up. In March, we had 172,000 illegal apprehensions, and that doesn't include, of course, the people who snuck across without being apprehended. This time last year, in March, there were 34,000 illegal apprehensions. What could cause an increase from 34,000 to 172,000?

It was painful not only to hear about the numbers but to see row after row of young children on mats just waiting for something to happen.

Now, what has happened? What happened at the border to get a fivefold increase in 1 year, as well as seeing all these children in almost inhumane conditions waiting to be taken away to somebody who they hope will take care of them?

First of all, this administration got rid of the migrant protection protocol. Donald Trump, I am sure in very difficult negotiations, had Mexico agree to hold people south of the border pending hearings for asylum. That was a huge benefit.

Secondly, we had agreements with Central American countries so that when people came here from other Central American countries or South America, they would be held south of the Mexican border.

Third, we changed things to the old-fashioned catch and release, where we touched people, but then when we are dealing with families, we let them in the United States pending a hearing on immigration. We changed title 42 to allow more people to come into this country, whether or not they have COVID.

Finally, we have a President who, during the campaign, made many different statements indicating that illegal immigration was not going to be a problem during his administration, whether he was promising free medical care, supporting sanctuary cities, ending the public charge rule. And President Trump had said: Immigrants coming here, we don't want you here if you are going to wind up on welfare.

It is no wonder they were wearing Biden T-shirts. We make stimulus payments to people who are here illegally.

Given all these changes, is it a surprise that so many people want to come here? In addition to the fact that the changes in the laws themselves cause people to get to the Mexican border to come here, it is advertising to the world that the United States does not care about immigration laws.

Now, we have to do something. We have dug ourselves a deeper hole in our relations with both El Salvador and Mexico. It is important to treat our Latin American cousins with respect. But in February, the President of El Salvador, President Bukele, was not given an audience when he showed up in this country in February. Is that the type of way we should treat our Central American allies when we want people held south of the border?

The Mexican President feels that President Biden has made himself out to be the migrant President. Mexico does not like this free-for-all at our

southern border in which we are strengthening the control of the drug cartels.

But, again, our relationship is going south there. The migrant protection protocol, in which we are holding prospective applicants for asylum south of the border, has ended.

Another thing that I think is causing this problem is the actions of the President and Vice President. Three weeks ago now, our Vice President was appointed to be in charge for the administration on what goes on at the southern border. She hasn't been there yet. This has to raise red flags all over the world.

Do the Vice President and the President get along? Right now, it is not hard to find articles by talking heads. Did the Vice President want this position? Has she accepted the position with any enthusiasm? Why, for 3 weeks, in what to me is probably the second biggest crisis, maybe the biggest, at least the second biggest crisis the United States has undergone in the last 6 years, why do we have a person in charge of the crisis who has not gone down to the border? Does she consider this a serious problem or not?

I would love it if she gave a speech, a wholehearted speech, saying that she does believe we have a problem on the border, and she is going to do something.

I am going to divert a little bit from my discussion on what is going on at the border. I want the Biden administration to also give a little thought to how this looks to other countries around the world. I don't like the United States to have enemies—and I don't consider these countries necessarily enemies—but there are times when, clearly, we are being challenged by Russia, China, Iran, and other countries around the world.

How does the United States look to other countries when we can't even secure our southern border, when it looks like we are not even trying to secure our southern border? I want the Biden administration to think that the complete inaction at the southern border, allowing tens of thousands of people to cross every month, sends a message around the world that this administration is not yet fully engaged.

The Vice President has said she wants to deal with root causes. If root causes mean people making less money than in the United States, I mean, we are going to have open borders forever.

We have something great here in the United States, and if we feel that some people would rather live here, or they are not materially as well off as in the United States, I will tell you, if we are not going to secure the border until that is solved, we are not going to solve this problem until we have over a billion new people in this country.

We noticed other things on the border. We noticed the stopping of building the wall. It is not until you are down there that you see all the planks that are supposed to be put together on the wall just sitting there in the sun. Somebody presumably paid for these things. I don't know why, since we had all the pieces for a wall down there, that we didn't at least try to build it for another month or 6 weeks so that the material down there could at least have been used.

I want to point out, by the way, with regard to the wall, because some people think it cost money, compared to the alternative, not only people coming in this country using the services we provide, but we were told at the southern border that when you have the old-fashioned barbed wire, you maybe should have two or three Border Patrol agents per mile. But when you have the wall, you need one agent for every 2 miles. There is a tremendous savings in the number of people you need in Border Patrol at the border if you had the wall.

The idea of stopping it mid-construction, where you have all these metal beams spread out just lying in the southern sun, is very frustrating.

Another thing to point out is that we met with ranchers down there. How difficult it must be for ranchers to see members of drug cartels walking across their land. Wouldn't that just scare you to death? A horrible thing.

We look at the human toll of people sneaking into this country because they are escorted into the country by the drug cartels. A lot of people don't realize this. Another reason so many people are pushed across the border, and another organization that will educate people around the world that you ought to come to the United States, is the Mexican drug cartels.

Why do they do that? They do that because they are charging 3,000 bucks a head for every Mexican person who comes across the border. They are charging $5,000 a head for every Central American. They are charging $8,000 to $10,000 a head for every Brazilian.

As long as the drug cartels are making money at the border, is it any surprise that we have such a surge here, as they attract people or encourage people to come to the United States?

I want to make another point about these poor children at the border. What goes on right now is that the children come to the border. If they are unaccompanied, we hold them, looking for somewhere to put them in the United States. It is very heart-rending to see all these kids without anybody there.

But right now, under the current protocols, if you have a child who has parents in Honduras, but you give them a piece of paper saying that he has an aunt and uncle in New York, rather than send that child back to his parents, they send them to the aunt and uncle in New York, who are here illegally.

Does that make any sense? That is what is going on.

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One thing that really irritates the Border Patrol down there is they know that if American parents were to send a 5-year-old child, let's say, and drop him off at the Milwaukee airport and hope he shows up in the airport in Miami the next day, Child Protective Services would be there saying: What is wrong with the parents?

Here at the southern border, we are co-conspirators on these dangerous trips for the children, some of which wind up dying, and many of them wind up being sexually assaulted, which is just a horrible thing.

Another thing that we found out at the border is that the amount of hardcore illegal drugs is rocketing up. I know some people may say that is an old story. The week before I went to the border, I happened to visit with the DEA in Milwaukee. Last year alone, in Milwaukee County, 540 people died of illegal drug overdoses. When I talked to the people at the DEA in Milwaukee, they felt it was entirely possible that all 540 people were poisoned to death with drugs either brought across the southern border or ingredients for drugs brought across the southern border.

Madam Speaker, look at the skyrocketing number of people who are dying of hardcore drugs.

Why is that?

We should have anticipated it.

The powerful Mexican drug cartels are going to make money. There was a time, maybe 10 years ago, when marijuana coming across the southern border was common. But now as more American States legalize marijuana—Washington, Colorado, and what have you—there is so much marijuana being produced in the United States that there is no money to be made by importing marijuana from Mexico.

I heard an anecdote of marijuana being brought here from Mexico, and it was being carted around the Southern United States, looking for somebody to take it. Nobody would take it because you can have higher quality marijuana growing legally here in the United States.

So what are the Mexican drug cartels going to do?

They are going to import in this country more heroin, more meth, and especially more fentanyl. That is what we are seeing at the border.

So rather than being a time to cut back and saying that we don't care as much about the border, now is the time with the increasing number of fentanyl deaths—540 in Milwaukee County alone last year from fentanyl and the other drugs, which is a shocking number—now is the time to dial up enforcement at the border. But instead, it seems, we are going the opposite way.

I don't know what is going on that you want to let more fentanyl in the country, Madam Speaker. I know there are some people who say that it is a victimless crime or what have you, but you tell that to the families of the 540 people who died last year in Milwaukee County. That is another result of this lax, devil-may-care attitude, as far as what is going on down there.

So the question is: What to do?

Maybe Mexico will not go back to the old agreement, but I think the President should beg Mexico to go back to the migrant protection protocol where one more time we are allowed to hold people on the Mexican side of the border pending hearings as to whether they are eligible for asylum.

Secondly, we have to hire more Border Patrol.

I want to go back and explain something. I talked about the 170,000 people in March who are touched by the Border Patrol. That doesn't include people whom they don't catch. The more the Border Patrol has to deal with the children on the southern border, the less time they have to guard the border. So there is clearly a significant increase in people crossing the border because they know the Border Patrol is no longer there. They are dealing with paperwork for the children that they have to process, and that has to be the priority.

If you are going to go down this path, President Biden, and not care about the southern border or not reinstate the migrant protection protocol with Mexico, at least hire more Border Patrol agents so we can process the people you are letting in this country; and don't leave these huge swaths of the southern border wide open.

Because of that, people I have talked to guess—this is a guess—that whereas, last year, maybe 10,000 people a month were crossing the southern border without the Border Patrol touching them, now it is more like 30,000 people a month. What a disaster.

We should amend the Flores agreement, which is what is requiring us to take so many of these children and ship them around the United States. We should be able to send them back to their native country.

We should try to undo the damage we have done with the way we have treated the El Salvadorean President and see if he can, one more time, assist us in preventing people from all around the world coming up from south of Mexico.

Since the metal beams used to put together a wall are just sitting there in the hot sun, we should at least, at a minimum—it would be great to build a whole wall—use up the raw materials for the wall that are sitting down there. Actually, it is more than a wall; it is a whole wall system. Just don't have those metal beams just sitting there in the desert forever.

Above all, President Biden and Vice President Harris, show you care. Show you care. Let the world know that the United States does not have an open border for anybody to come across the border, be they criminal, especially people coming across with that fentanyl. Show that you care. Hold a press conference.

It would be nice if Vice President Harris would show that she accepted her new job with some enthusiasm. Again, the talking heads I read right now imply that maybe she didn't even want the job.

So, please, President Biden, show you care before we have 200,000 people a month coming in the country. Show you care a little about the fentanyl crisis, as we are approaching 90,000 people a year dying in this country of illegal drugs, most of which come across the southern border. Show you care about those little children sitting in row after row of mattresses on our southern border. Show you care about the drug cartels and the way they are corrupting the Mexican Government and beginning to corrupt the United States. Say you want to stop the system in which they are able to make so much money sneaking people in this country. Show you care about the poor ranchers on the southern border, who have been there for generations and now have to be scared to death to go out late at night and can't let their children ride their horses on their land for fear of what will happen to them.

If you won't do it, we have to call upon the public and other Members of Congress to let the Biden administration know that the current situation is completely untenable. You have to step up to the plate and do something.

Madam Speaker, I yield back the balance of my time.

BILL PRESENTED TO THE PRESIDENT

Cheryl L. Johnson, Clerk of the House, reported that on April 14, 2021, she presented to the President of the United States, for his approval, the following bill:

H.R. 1868. To prevent across-the-board direct spending cuts, and for other purposes.

ADJOURNMENT

The SPEAKER pro tempore. Pursuant to section 11(b) of House Resolution 188, the House stands adjourned until noon on Monday next for morning-hour debate and 2 p.m. for legislative business.

Thereupon (at 2 o'clock and 52 minutes p.m.), under its previous order, the House adjourned until Monday, April 19, 2021, at noon for morning-hour debate.

OATH FOR ACCESS TO CLASSIFIED INFORMATION

Under clause 13 of rule XXIII, the following Member executed the oath for access to classified information;

Julia Letlow

EXECUTIVE COMMUNICATIONS, ETC.

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

EC–826. A letter from the Army Federal Register Liaison Officer, Department of the Army, Department of Defense, transmitting the Department's final rule — Admission to the United States Military Academy [Docket ID: USA-2020-HQ-0008] (RIN: 0702-AB09) received April 12, 2021, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Armed Services.

EC–827. A letter from the Secretary, Division of Corporation Finance and Investment Management, U.S. Securities and Exchange Commission, transmitting the Commission's interim final rule — Holding Foreign Companies Accountable Act Disclosure [Release No.: 34-91364; IC-34227; File No.: S7-03-21] (RIN: 3235-AM84) received April 12, 2021, 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.

EC–828. A letter from the Associate General Counsel for Legislation and Regulations, Office of Housing-Federal Housing Commissioner, Department of Housing and Urban Development, transmitting the Department's final rule — Manufactured Home Construction and Safety Standards; Delay of Effective Date [Docket No.: FR-6149-F-04] (RIN: 2502-AJ49) received March 16, 2021, 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.

EC–829. A letter from the Assistant General Counsel for Regulatory Affairs, Pension Benefit Guaranty Corporation, transmitting the Corporation's final rule — Allocation of Assets in Single-Employer Plans; Interest Assumptions for Valuing Benefits received April 1, 2021, 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.

EC–830. A letter from the Regulations Coordinator, Health Resources and Services Administration, Department of Health and Human Services, transmitting the Department's final rule — Implementation of Executive Order on Access to Affordable Life-Saving Medications, Delay of Effective Date (RIN: 0906-AB25) received April 12, 2021, 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.

EC–831. A letter from the Director, Office of Congressional Affairs, U.S. Nuclear Regulatory Commission, transmitting the Commission's issuance of regulatory guide — Setpoints for Safety-Related Instrumentation (RG 1.105, Revision 4) received April 15, 2021, 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.

EC–832. A letter from the Director, Office of Congressional Affairs, U.S. Nuclear Regulatory Commission, transmitting the Commission's issuance of regulatory guide — Training and Qualification of Security Personnel at Nuclear Power Reactor Facilities (RG 5.75, Revision 1) received April 15, 2021, 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.

EC–833. A letter from the Director, Office of Acquisition Policy, Office of Government-wide Policy, General Services Administration, transmitting the Administration's final rule — Federal Acquisition Regulation; Technical Amendment [FAC 2021-05; Docket No.: FAR-2021-0052, Sequence No. 1] received March 16, 2021, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Oversight and Reform.

EC–834. A letter from the Director, Office of Acquisition Policy, Office of Government-wide Policy, General Services Administration, transmitting the Administration's Small Entity Compliance Guide — Federal Acquisition Regulation; Federal Acquisition Circular 2021-05 [Docket No.: FAR-2021-0051, Sequence No. 2] received March 16, 2021, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-

121, Sec. 251; (110 Stat. 868); to the Committee on Oversight and Reform.

EC–835. A letter from the Yeoman Petty Officer First Class, U.S. Coast Guard, Department of Homeland Security, transmitting the Department's temporary final rule — Safety Zone; Lower Mississippi River, Mile Marker 368 through 370, Natchez, MS [Docket Number: USCG-2021-0071] (RIN: 1625-AA00) received April 1, 2021, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

EC–836. A letter from the Yeoman Petty Officer First Class, U.S. Coast Guard, Department of Homeland Security, transmitting the Department's temporary interim rule — Safety Zone; Arkansas River, Mile Marker 126.6, Little Rock, AR [Docket Number: USCG-2021-0123] (RIN: 1625-AA00) received April 12, 2021, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

EC–837. A letter from the Director, Legal Processing Division, Internal Revenue Service, transmitting the Service's IRB only rule — Personal Protective Equipment Treated as Deductible or Reimbursable Medical Care Expense (Announcement 2021-7) received April 12, 2021, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Ways and Means.

EC–838. A letter from the Regulations Coordinator, Centers for Medicare and Medicaid Services, Department of Health and Human Services, transmitting the Department's interim final rule — Medicare Program; Medicare Coverage of Innovative Technology (MCIT) and Definition of ''Reasonable and Necessary'', Delay of Effective Date [CMS-3372-IFC] (RIN: 0938-AT88) received April 1, 2021, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); jointly to the Committees on Energy and Commerce and Ways and Means.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Ms. LOFGREN: Committee on House Administration. House Resolution 316. Resolution providing for the expenses of certain committees of the House of Representatives in the One Hundred Seventeenth Congress (Rept. 117–18). Referred to the House Calendar.

Mrs. CAROLYN B. MALONEY of New York: Committee on Oversight and Reform. H.R. 51. A bill to provide for the admission of the State of Washington, D.C. into the Union; with an amendment (Rept. 117–19, Pt. 1). Referred to the Committee of the Whole House on the state of the Union.

Mr. NADLER: Committee on the Judiciary. H.R. 1333. A bill to transfer and limit Executive Branch authority to suspend or restrict the entry of a class of aliens; with an amendment (Rept. 117–20, Pt. 1). Referred to the Committee of the Whole House on the state of the Union.

Mr. NADLER: Committee on the Judiciary. H.R. 1573. A bill to clarify the rights of all persons who are held or detained at a port of entry or at any detention facility overseen by U.S. Customs and Border Protection or U.S. Immigration and Customs Enforcement; with amendments (Rept. 117–21). Referred to the Committee of the Whole House on the state of the Union.

DISCHARGE OF COMMITTEE

Pursuant to clause 2 of rule XIII, the Committees on Rules, Armed Services, the Judiciary, and Energy and Commerce discharged from further consideration. H.R. 51 referred to the Committee of the Whole House on the state of the Union.

Pursuant to clause 2 of rule XIII, the Committees on Foreign Affairs, Homeland Security, and Intelligence (Permanent Select) discharged from further consideration. H.R. 1333 referred to the Committee of the Whole House on the state of the Union.

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. PRICE of North Carolina:

H.R. 2610. A bill to amend the Higher Education Act of 1965 to require institutions of higher education to report revenue generated by each sports team, and for other purposes; to the Committee on Education and Labor.

By Mrs. NAPOLITANO:

H.R. 2611. A bill to amend title XIX of the Social Security Act to remove the exclusion from medical assistance under the Medicaid Program of items and services for patients in an institution for mental diseases, and for other purposes; to the Committee on Energy and Commerce.

By Mr. LAMALFA (for himself, Mr. NEWHOUSE, Mr. JOHNSON of South Dakota, Mr. MCCARTHY, Mr. WESTERMAN, and Mr. CRAWFORD):

H.R. 2612. A bill to provide for forest landscape projects, and for other purposes; to the Committee on Agriculture, and in addition to the Committees on Natural Resources, 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. NEWHOUSE (for himself, Ms. SPANBERGER, and Ms. PINGREE):

H.R. 2613. A bill to amend the Food, Agriculture, Conservation, and Trade Act of 1990 to establish a competitive grant program under which the Secretary of Agriculture provides grants to land-grant colleges and universities to support agricultural producers in adopting conservation and innovative climate practices, and for other purposes; to the Committee on Agriculture.

By Mr. GRIFFITH:

H.R. 2614. A bill to provide for the retrocession of the District of Columbia to Maryland, and for other purposes; to the Committee on the Judiciary, and in addition to the Committees on Oversight and Reform, and 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. BALDERSON (for himself and Ms. CRAIG):

H.R. 2615. A bill to amend the Small Business Act to allow certain applicants for paycheck protection program second draw loans to select a 90-day period to demonstrate eligibility, and for other purposes; to the Committee on Small Business.

By Ms. BROWNLEY (for herself, Mr. MOULTON, Ms. NORTON, Mr. FOSTER, Mr. PHILLIPS, Mr. PETERS, Mrs. NAPOLITANO, Mr. SHERMAN, Ms. BASS, Mr. CLEAVER, Mr. VAN DREW, Mr. GARAMENDI, Mr. KIM of New Jersey, Mr. VELA, Ms. ESHOO, Mr. CROW, Ms. NEWMAN, Mr. CRIST, Mr. ZELDIN, Mr. RYAN, Mr. SEAN PATRICK MALONEY of New York, and Ms. OMAR):

H.R. 2616. A bill to amend the Omnibus Crime Control and Safe Streets Act of 1968 to provide for the eligibility of Transportation Security Administration employees to receive public safety officers death benefits, and for other purposes; to the Committee on the Judiciary.

By Mr. CONNOLLY (for himself and Mr. HICE of Georgia):

H.R. 2617. A bill to amend section 1115 of title 31, United States Code, to amend the description of how performance goals are achieved, and for other purposes; to the Committee on Oversight and Reform.

By Mr. DAVIDSON (for himself, Mr. BUDD, Mr. PALMER, Mr. GIBBS, and Mr. GUEST):

H.R. 2618. A bill to provide for congressional review of the imposition of duties and other trade measures by the executive branch, and for other purposes; to the Committee on Ways and Means, and in addition to the Committee on Rules, 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. FISCHBACH (for herself, Mrs. HARTZLER, Mr. SCALISE, Mr. ADERHOLT, Mr. HICE of Georgia, Mr. BIGGS, Mr. LAMALFA, Mr. MANN, Mr. ALLEN, Mr. CARTER of Georgia, Mr. DIAZ-BALART, Mr. MOONEY, Mr. HUDSON, Mr. KELLY of Mississippi, Mr. BILIRAKIS, Mr. DUNCAN, Mr. BABIN, Mrs. MILLER of Illinois, Mr. JACKSON, Mr. WALTZ, Mrs. BOEBERT, Mr. LATURNER, Mr. EMMER, Mrs. MCCLAIN, Mr. ROSE, Mr. HARRIS, Mrs. LESKO, Mr. GROTHMAN, Mr. BUDD, Mr. OWENS, and Mr. STAUBER):

H.R. 2619. A bill to prohibit Federal funding to entities that do not certify the entities will not perform, or provide any funding to any other entity that performs, an abortion; to the Committee on Energy and Commerce.

By Mr. FOSTER (for himself, Mrs. CAROLYN B. MALONEY of New York, Mr. MEEKS, Mr. CASTEN, Ms. VELÁZQUEZ, Mr. GARCÍA of Illinois, Ms. SCHAKOWSKY, and Ms. DEAN):

H.R. 2620. A bill to amend the Securities Exchange Act of 1934 to prohibit mandatory pre-dispute arbitration agreements, and for other purposes; to the Committee on Financial Services.

By Mr. FULCHER:

H.R. 2621. A bill to direct the Secretary of Agriculture to carry out a forestry education and workforce development grant program, and for other purposes; to the Committee on Education and Labor, and in addition to the Committee on Agriculture, 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. GONZALEZ of Ohio (for himself, Mr. JOYCE of Pennsylvania, Mr. BALDERSON, Mr. RESCHENTHALER, and Mr. DIAZ-BALART):

H.R. 2622. A bill to establish limitations regarding Confucius Institutes, and for other purposes; to the Committee on Education and Labor.

By Mr. GOTTHEIMER (for himself and Mr. UPTON):

H.R. 2623. A bill to amend the Internal Revenue Code of 1986 to restore the amount of the orphan drug tax credit, 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. GRAVES of Louisiana (for himself and Mr. LARSEN of Washington):

H.R. 2624. A bill to amend title 49, United States Code, to establish a program to track potential sources of airborne debris to prevent the collision of aircraft with such debris, and for other purposes; to the Committee on Transportation and Infrastructure.

By Mr. JACOBS of New York:

H.R. 2625. A bill to amend title 40, United States Code, to include Wyoming County in the region covered by the Northern Border Regional Commission, and for other purposes; to the Committee on Transportation and Infrastructure, and in addition to the Committee on Financial 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. KELLY of Illinois (for herself, Mr. DANNY K. DAVIS of Illinois, Mr. QUIGLEY, Mr. CASTEN, Mrs. BUSTOS, Mr. RUSH, and Ms. NEWMAN):

H.R. 2626. A bill to redesignate the Pullman National Monument in the State of Illinois as the Pullman National Historical Park, and for other purposes; to the Committee on Natural Resources.

By Mrs. LAWRENCE (for herself, Mr. GOMEZ, and Ms. DEAN):

H.R. 2627. A bill to amend the Higher Education Act of 1965 to increase the period of eligibility for Federal Pell Grants, and for other purposes; to the Committee on Education and Labor.

By Mr. MEEKS:

H.R. 2628. A bill to amend the Fair Debt Collection Practices Act to extend the provisions of that Act to cover a debt collector who is collecting debt owed to a State or local government, to index award amounts under such Act for inflation, to provide for civil injunctive relief for violations of such Act, and for other purposes; to the Committee on Financial Services.

By Mr. PAPPAS (for himself, Ms. CASTOR of Florida, Mr. PALLONE, Ms. SCHAKOWSKY, Mr. KILMER, Ms. LEE of California, Mr. LOWENTHAL, Ms. SÁNCHEZ, Mr. BLUMENAUER, Ms. ESHOO, Ms. KUSTER, Ms. NORTON, Mr. CRIST, Mr. CARSON, Mr. DESAULNIER, Mr. TORRES of New York, Ms. STRICKLAND, Mrs. HAYES, Ms. SCANLON, Ms. BASS, Mr. QUIGLEY, and Mr. COSTA):

H.R. 2629. A bill to amend title 18, United States Code, to prohibit gay and trans panic defenses; to the Committee on the Judiciary.

By Mr. PAPPAS (for himself and Mr. PALLONE):

H.R. 2630. A bill to amend the Temporary Reauthorization and Study of the Emergency Scheduling of Fentanyl Analogues Act to extend until September 2021, a temporary order for fentanyl-related substances; to the Committee on Energy and Commerce, and in addition to the Committee on 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. PAYNE (for himself, Mr. GALLEGO, Mr. RUSH, Mr. TAKANO, Mr. GRIJALVA, Ms. PORTER, Mr. SOTO, Mr. BUTTERFIELD, Mr. VAN DREW, Ms. PRESSLEY, and Mr. SIRES):

H.R. 2631. A bill to amend titles XVIII and XIX of the Social Security Act to provide for coverage of peripheral artery disease screening tests furnished to at-risk beneficiaries under the Medicare and Medicaid programs without the imposition of cost-sharing requirements, to amend title XXVII of the Public Health Service Act to require group health plans and health insurance issuers offering group or individual health insurance coverage to provide coverage for such screening tests furnished to at-risk enrollees of group health plans and group or individual health insurance coverage without the imposition of cost sharing requirements, and for other purposes; 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. PETERS (for himself and Mr. BARR):

H.R. 2632. A bill to eliminate any subsidies for flood insurance coverage under the National Flood Insurance Program for new construction, and for other purposes; to the Committee on Financial Services.

By Mr. SCHWEIKERT (for himself, Mr. WENSTRUP, and Mrs. MILLER of West Virginia):

H.R. 2633. A bill to amend the Internal Revenue Code of 1986 to increase and expand the credit for carbon oxide sequestration; to the Committee on Ways and Means.

By Ms. SEWELL:

H.R. 2634. A bill to amend the Internal Revenue Code of 1986 to provide a credit for American infrastructure bonds, and for other purposes; to the Committee on Ways and Means.

By Mr. TONKO (for himself and Ms. ROSS):

H.R. 2635. A bill to reauthorize certain leasing on the Outer Continental shelf, and for other purposes; to the Committee on Natural Resources.

By Mr. TRONE (for himself and Mr. JOYCE of Pennsylvania):

H.R. 2636. A bill to direct the Secretary of Health and Human Services to submit to Congress a report on the security and resilience of the United States medical supply chains, and for other purposes; to the Committee on Energy and Commerce.

By Mr. WALTZ (for himself, Mr. GOSAR, Mr. WESTERMAN, Mr. LUCAS, Mr. WEBER of Texas, Mr. STAUBER, Mr. GONZALEZ of Ohio, Mr. SESSIONS, Mr. BAIRD, Mr. TIFFANY, Mr. NEWHOUSE, Mr. GOHMERT, and Mr. RESCHENTHALER):

H.R. 2637. A bill to promote the domestic exploration, research, development, and processing of critical minerals to ensure the economic and national security of the United States, and for other purposes; to the Committee on Natural Resources, and in addition to the Committees on Science, Space, and Technology, Small Business, the Judiciary, 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 Mrs. WATSON COLEMAN (for herself, Mr. RUTHERFORD, Ms. OMAR, Mr. SMITH of New Jersey, Mr. BOWMAN, Ms. BUSH, Mr. PASCRELL, Mr. CÁRDENAS, and Mr. CARSON):

H.R. 2638. A bill to establish a grant program to provide amounts to public housing agencies to install automatic sprinkler systems in public housing, and for other purposes; to the Committee on Financial Services.

By Mr. KINZINGER (for himself and Mr. PHILLIPS):

H.J. Res. 41. A joint resolution to establish a National Committee on Fiscal Responsibility and Reform; to the Committee on Rules.

By Ms. SCANLON (for herself and Mr. RODNEY DAVIS of Illinois):

H. Res. 321. A resolution electing Members to the Joint Committee of Congress on the Library and the Joint Committee on Printing; considered and agreed to.

By Mr. KRISHNAMOORTHI:

H. Res. 322. A resolution expressing the Sense of Congress that the Eagle Staff shall be recognized as the first flag of the sovereign Native American Tribal nations and the first flag of the Americas, and to encourage programs promoting the cultural significance of the Eagle Staff; to the Committee on Natural Resources.

By Ms. NORTON:

H. Res. 323. A resolution recognizing the enduring cultural and historical significance of emancipation in the Nation's capital on the anniversary of President Abraham Lincoln's signing of the District of Columbia Compensated Emancipation Act, which established the ''first freed'' on April 16, 1862, and calling upon the House of Representatives and Senate to pass the Washington, D.C. Admission Act; to the Committee on Oversight and Reform.

By Ms. NORTON:

H. Res. 324. A resolution recognizing the historic abolitionist events surrounding the Pearl, and honoring its legacy in American history; to the Committee on Oversight and Reform.

By Mr. ROUZER:

H. Res. 325. A resolution recognizing linemen, the profession of linemen, the contributions of these brave men and women who protect public safety, and expressing support for the designation of April 18, 2021, as National Lineman Appreciation Day; to the Committee on Energy and Commerce.

By Mrs. TORRES of California (for herself, Mr. FITZPATRICK, Ms. NORTON, Mr. RUSH, and Ms. ESHOO):

H. Res. 326. A resolution supporting the goals and ideals of National Public Safety Telecommunicators Week; to the Committee on Energy and Commerce.

MEMORIALS

Under clause 3 of rule XII, memorials were presented and referred as follows:

ML-8. The SPEAKER presented a memorial of the Legislature of the State of Maine, relative to Resolution S.P. 312, memorializing the United States Department of Agriculture, Food and Nutrition Service to include certain nonfood essentials in the Supplemental Nutrition Assistance Program; to the Committee on Agriculture.

ML-9. Also, a memorial of the Legislature of the State of Maine, relative to Resolution S.P. 297, memorializing the President of the United States and the United States Congress to establish a National Infrastructure Bank; to the Committee on Energy and Commerce.

ML-10. Also, a memorial of the Legislature of the State of North Dakota, relative to Senate Concurrent Resolution No. 4010, clarifying the 1975 ratification by the 44th Legislative Assembly of the proposed 1972 Equal Rights Amendment to the Constitution of the United States only was valid through March 22, 1979; to the Committee on the Judiciary.

ML-11. Also, a memorial of the Legislature of the State of North Dakota, relative to House Concurrent Resolution No. 3001, urging Congress to temporarily amend cargo carrying truck length and weight restrictions on state highways and interstates that are a part of the National Network to allow North Dakota and surrounding states to conduct a road train pilot program and to permanently amend the restrictions to allow road trains on the National Network highways and interstates if the pilot program is successful; to the Committee on Transportation and Infrastructure.

ML-12. Also, a memorial of the Legislature of the State of Maine, relative to Resolution

S.P. 332, memorializing the Federal Government to eliminate the windfall elimination provision that penalizes Maine state retirees; to the Committee on Ways and Means.

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. PRICE of North Carolina:
H.R. 2610.
Congress has the power to enact this legislation pursuant to the following:
As described in Article 1, Section 1, ''all legislative powers herein granted shall be vested in a Congress of the United States, which shall consist of a Senate and House of Representatives.''
Article I, Section 8, Clause 1 of the Constitution provides Congress with the authority to ''provide for the common Defense and general Welfare'' of Americans.
In the Department of Education Organization Act (P.L. 96–88), Congress declared that ''the establishment of a Department of Education is in the public interest, will promote the general welfare of the United States, will help ensure that education issues receive proper treatment at the Federal level, and will enable the Federal Government to coordinate its education activities more effectively.'' The Department of Education's mission is to ''promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.''

By Mrs. NAPOLITANO:
H.R. 2611.
Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8, clause 1

By Mr. LAMALFA:
H.R. 2612.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, clause 18

By Mr. NEWHOUSE:
H.R. 2613.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8

By Mr. GRIFFITH:
H.R. 2614.
Congress has the power to enact this legislation pursuant to the following:
Article I Section 8 Clause 17

By Mr. BALDERSON:
H.R. 2615.
Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8 of the U.S. Constitution

By Ms. BROWNLEY:
H.R. 2616.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8 of the U.S. Constitution

By Mr. CONNOLLY:
H.R. 2617.
Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8 of the United States Constitution.

By Mr. DAVIDSON:
H.R. 2618.
Congress has the power to enact this legislation pursuant to the following:
U.S. Constitution Article I Section 8, clause 3

By Mrs. FISCHBACH:
H.R. 2619.
Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8

By Mr. FOSTER:
H.R. 2620.
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, Clauses 1 and 18 of the United States Constitution.

By Mr. FULCHER:
H.R. 2621.
Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8, Clause 18

By Mr. GONZALEZ of Ohio:
H.R. 2622.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, clause 18 of the United States Constitution.

By Mr. GOTTHEIMER:
H.R. 2623.
Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8, Clause 1

By Mr. GRAVES of Louisiana:
H.R. 2624.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clauses 3 and 18 of the United States Constitution

By Mr. JACOBS of New York:
H.R. 2625.
Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8 of the United States Constitution.

By Ms. KELLY of Illinois:
H.R. 2626.
Congress has the power to enact this legislation pursuant to the following:
Clause 18 of section 8 of Article 1 of the Constitution

By Mrs. LAWRENCE:
H.R. 2627.
Congress has the power to enact this legislation pursuant to the following:
Article 1 Section 8, Clause 1 of the Constitution of the United States.

By Mr. MEEKS:
H.R. 2628.
Congress has the power to enact this legislation pursuant to the following:
Article 1.

By Mr. PAPPAS:
H.R. 2629.
Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8, Clause 18 of the United States Constitution states that ''Congress shall have the authority to make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by the Constitution in the Government of the United States, or in any Department or Officer thereof.''

By Mr. PAPPAS:
H.R. 2630.
Congress has the power to enact this legislation pursuant to the following:
Under Article I, Section 8, Clause 3: [The Congress shall have Power] To regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes

By Mr. PAYNE:
H.R. 2631.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8: ''The Congress shall have Power To . . . regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes''

By Mr. PETERS:
H.R. 2632.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8

By Mr. SCHWEIKERT:
H.R. 2633.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clause 18 of the U.S. Constitution: The Congress shall have Power 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. SEWELL:
H.R. 2634.
Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8, Clause 1 of the U.S. Constitution

By Mr. TONKO:
H.R. 2635.
Congress has the power to enact this legislation pursuant to the following:
This bill is enactd pursuant to the power granted to Congress under Article I, Section 8, Clause 3 of the United States Constitution.

By Mr. TRONE:
H.R. 2636.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8 of the Constitution of the United States.

By Mr. WALTZ:
H.R. 2637.
Congress has the power to enact this legislation pursuant to the following:
Article IV, Section 3, clause 2 and Article 1, Section 8, clause 18

By Mrs. WATSON COLEMAN:
H.R. 2638.
Congress has the power to enact this legislation pursuant to the following:
Article 1, 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 Mr. KINZINGER:
H.J. Res. 41.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clause 18 (Necessary and Proper Clause).

ADDITIONAL SPONSORS

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

H.R. 40: Mr. HOYER and Ms. LOIS FRANKEL of Florida.
H.R. 82: Mrs. BUSTOS and Ms. KUSTER.
H.R. 151: Mr. ALLRED and Ms. KAPTUR.
H.R. 240: Ms. STRICKLAND, Mrs. AXNE, and Ms. TITUS.
H.R. 263: Mr. RUTHERFORD.
H.R. 310: Mr. GROTHMAN.
H.R. 350: Mr. CLEAVER, Ms. WILLIAMS of Georgia, and Mr. DESAULNIER.
H.R. 379: Mr. LAWSON of Florida.
H.R. 471: Mr. HERN.
H.R. 540: Ms. WILLIAMS of Georgia.
H.R. 571: Ms. DAVIDS of Kansas, Mrs. NAPOLITANO, and Mr. SEAN PATRICK MALONEY of New York.
H.R. 695: Ms. SALAZAR.
H.R. 708: Mr. LAWSON of Florida.
H.R. 725: Mr. WITTMAN.
H.R. 751: Mr. WALBERG and Mrs. LESKO.
H.R. 790: Mr. HAGEDORN.
H.R. 793: Mr. VALADAO.
H.R. 804: Ms. KELLY of Illinois.

H.R. 816: Mr. NEAL.
H.R. 825: Mr. BRENDAN F. BOYLE of Pennsylvania.
H.R. 833: Mr. FITZPATRICK.
H.R. 843: Mr. BACON, Mr. SMITH of Missouri, and Mr. EMMER.
H.R. 852: Mrs. BUSTOS.
H.R. 962: Ms. BROWNLEY and Mr. PALLONE.
H.R. 988: Mr. BROOKS.
H.R. 993: Mr. ROSENDALE.
H.R. 1006: Mr. DESAULNIER.
H.R. 1011: Mrs. STEEL.
H.R. 1057: Mr. MOORE of Alabama, Mr. DUNN, and Mr. O'HALLERAN.
H.R. 1132: Mr. ROSENDALE.
H.R. 1155: Mr. ALLRED and Mr. GREEN of Tennessee.
H.R. 1179: Mr. C. SCOTT FRANKLIN of Florida.
H.R. 1285: Mr. KRISHNAMOORTHI.
H.R. 1297: Mr. TAKANO.
H.R. 1333: Mr. SCHNEIDER and Mr. CARTWRIGHT.
H.R. 1349: Ms. PINGREE.
H.R. 1362: Ms. SLOTKIN.
H.R. 1364: Mrs. MCBATH and Mr. CASTRO of Texas.
H.R. 1368: Ms. SHERRILL, Mr. CICILLINE, Ms. ESCOBAR, Ms. NORTON, and Mr. TAKANO.
H.R. 1387: Mr. MCGOVERN.
H.R. 1447: Mr. SIRES.
H.R. 1483: Mr. KILDEE.
H.R. 1582: Mr. HUFFMAN.
H.R. 1625: Mr. MANN and Mr. MOORE of Alabama.
H.R. 1627: Mr. CASE.
H.R. 1631: Ms. STRICKLAND.
H.R. 1690: Mr. JACOBS of New York.
H.R. 1770: Mrs. LESKO.
H.R. 1812: Mr. MAST and Mr. BARR.
H.R. 1884: Ms. DAVIDS of Kansas, Ms. JAYAPAL, and Ms. CHU.
H.R. 1888: Mr. SOTO.
H.R. 1996: Ms. NEWMAN, Mrs. BUSTOS, Ms. ESHOO, Mr. TIMMONS, Mr. DANNY K. DAVIS of Illinois, Ms. PORTER, Mr. DELGADO, Mrs. LEE of Nevada, Mr. COSTA, Ms. ROYBAL-ALLARD, Mr. TRONE, Mr. LARSEN of Washington, Ms. LEGER FERNANDEZ, Mr. GREEN of Texas, Ms. PINGREE, Mr. BOWMAN, and Ms. BUSH.
H.R. 2014: Mr. WELCH.
H.R. 2023: Mrs. MURPHY of Florida.
H.R. 2054: Ms. WILLIAMS of Georgia.
H.R. 2096: Mr. TONKO and Mr. DANNY K. DAVIS of Illinois.
H.R. 2100: Mr. JACKSON.
H.R. 2126: Mrs. MCBATH.
H.R. 2127: Mr. WENSTRUP and Mr. MCKINLEY.
H.R. 2163: Ms. BONAMICI, Mr. PALAZZO, Ms. BLUNT ROCHESTER, Ms. MANNING, Mr. FITZPATRICK, Mr. ALLEN, Ms. DELBENE, Mrs. WALORSKI, Mr. JOYCE of Pennsylvania, Mr. SUOZZI, and Ms. DEGETTE.
H.R. 2184: Mr. KILDEE.
H.R. 2191: Ms. LOIS FRANKEL of Florida and Mr. COHEN.
H.R. 2226: Mr. BLUMENAUER.
H.R. 2244: Mr. HUDSON, Mr. SCHRADER, Mr. LATTA, and Mrs. WAGNER.
H.R. 2251: Mr. PERRY.
H.R. 2283: Ms. LEGER FERNANDEZ.
H.R. 2294: Mrs. BICE of Oklahoma and Mrs. MILLER of West Virginia.
H.R. 2307: Ms. JACOBS of California, Mrs. BEATTY, Ms. NORTON, Ms. KELLY of Illinois, and Mr. LEVIN of California.
H.R. 2343: Mr. PERRY, Mrs. MILLER of Illinois, and Mrs. LESKO.
H.R. 2347: Mr. MORELLE, Ms. MACE, Ms. BONAMICI, Ms. STRICKLAND, Mr. CLEAVER, Mr. RUSH, Ms. WILD, and Mr. SUOZZI.
H.R. 2372: Mr. LEVIN of Michigan.
H.R. 2373: Mr. LEVIN of Michigan.
H.R. 2399: Ms. BONAMICI.
H.R. 2441: Mr. KHANNA, Mr. KATKO, and Mr. RICE of South Carolina.
H.R. 2445: Mr. BIGGS.
H.R. 2451: Mr. SIRES.
H.R. 2462: Mr. MOONEY.
H.R. 2466: Mr. HIGGINS of New York.
H.R. 2484: Mr. LEVIN of California.
H.R. 2515: Mr. GUEST, Mr. BURCHETT, Mrs. STEEL, Mr. ROSENDALE, Ms. HERRELL, and Mr. GOSAR.
H.R. 2520: Ms. HERRELL.
H.R. 2582: Mr. MEUSER.
H.R. 2583: Mrs. AXNE and Mr. BALDERSON.
H.R. 2586: Mr. LEVIN of Michigan.
H.R. 2590: Ms. JOHNSON of Texas and Ms. JAYAPAL.
H.R. 2600: Mr. MOORE of Alabama, Mr. AUSTIN SCOTT of Georgia, and Mr. BABIN.
H.R. 2604: Mr. GOOD of Virginia.
H.J. Res. 1: Mr. MOULTON.
H.J. Res. 11: Mr. WOMACK.
H.J. Res. 40: Ms. HERRELL, Mr. BISHOP of North Carolina, and Mr. BROOKS.
H. Res. 47: Mr. STAUBER and Ms. CLARKE of New York.
H. Res. 114: Mr. STAUBER and Ms. SALAZAR.
H. Res. 118: Mr. SIMPSON and Mr. MULLIN.
H. Res. 131: Ms. WEXTON.
H. Res. 157: Mr. JOHNSON of Louisiana.
H. Res. 240: Mrs. CAROLYN B. MALONEY of New York.
H. Res. 299: Mr. DESJARLAIS.
H. Res. 305: Mr. NUNES.
H. Res. 317: Mrs. KIM of California.
H. Res. 318: Mr. GUEST.

DISCHARGE PETITIONS

Under clause 2 of rule XV, the following discharge petition was filed:

Petition 1, April 14, 2021, by Mrs. CAMMACK on House Resolution 274, was signed by the following Members: Mrs. Cammack, Mrs. Wagner, Mr. Scalise, Mr. Cloud, Mrs. Miller-Meeks, Mrs. Kim of California, Mr. Feenstra, Mr. Higgins of Louisiana, Mr. McCarthy, Mr. Johnson of Louisiana, Mr. Balderson, Mr. Johnson of Ohio, Mr. LaMalfa, Mr. Lamborn, Mr. Murphy of North Carolina, Mr. Waltz, Mrs. Rodgers of Washington, Mr. Joyce of Pennsylvania, Mr. Latta, Mr. Luetkemeyer, Mr. Taylor, Mr. Meijer, Mr. Kustoff, Mrs. Walorski, Ms. Tenney, Mr. Guthrie, Mr. Huizenga, Mr. Hagedorn, Mr. C. Scott Franklin of Florida, Mr. Harris, Mr. Burgess, Mr. Barr, Mr. Davidson, Mr. Steil, Mr. Stivers, Mr. Armstrong, Mr. Green of Tennessee, Mr. Massie, Mr. Mooney, Mr. Smith of New Jersey, Mr. Buchanan, Mrs. Bice of Oklahoma, Mr. Donalds, Mr. Fallon, Mrs. Steel, Mr. Rosendale, Mr. Gallagher, Mr. Fleischmann, Mr. Gaetz, Mr. Rogers of Alabama, Mr. Womack, Mr. Fitzgerald, Mrs. Fischbach, Mr. Burchett, Mr. Westerman, Mr. Austin Scott of Georgia, Mr. Bishop of North Carolina, Mr. Banks, Mr. Sessions, Mr. Hudson, Mr. McKinley, Mr. Baird, Mr. Weber of Texas, Mr. Smith of Nebraska, Mr. Duncan, Mr. Newhouse, Mr. Pence, Mrs. Miller of Illinois, Mrs. Spartz, Mr. Williams of Texas, Mr. Johnson of South Dakota, Mr. Griffith, Mr. Smucker, Mr. Gimenez, Mr. Garcia of California, Mr. Bost, Ms. Granger, Mr. Emmer, Mr. Bentz, Ms. Herrera Beutler, Mr. Rogers of Kentucky, Mr. Hern, Mr. Ferguson, Mrs. McClain, Ms. Cheney, Mrs. Hinson, Mr. Amodei, Mr. Owens, Mr. Chabot, Ms. Van Duyne, Mr. Issa, Mr. Crawford, Mr. Hill, Mr. Webster of Florida, Mr. Carl, Mrs. Miller of West Virginia, Mr. Smith of Missouri, Mr. Rouzer, Mr. Jacobs of New York, Mr. Mullin, Mr. Carter of Texas, Mr. Kelly of Pennsylvania, Mr. Stauber, Mr. Calvert, Mr. Carter of Georgia, Mr. Loudermilk, Mr. Thompson of Pennsylvania, Mr. Meuser, Mr. Keller, Mr. Tiffany, Mr. Budd, Mr. Fulcher, Mr. Fortenberry, Mr. Wittman, Mr. Walberg, Mr. Bergman, Mr. Hice of Georgia, Mr. Moolenaar, Mr. Van Drew, Mr. Palmer, Mr. Bilirakis, Mr. Graves of Louisiana, Mrs. Harshbarger, Mr. Clyde, Mr. Gosar, Mr. Diaz-Balart, Ms. Letlow, Mr. Jackson, Mr. Jordan, Mr. Joyce of Ohio, Mr. Timmons, Mr. Valadao, Mr. Schweikert, Mr. Bacon, Mr. Zeldin, Mr. Kinzinger, Mr. Wenstrup, Mrs. Hartzler, Mr. Palazzo, Mr. Biggs, Mr. Rutherford, Mr. Moore of Alabama, Mr. Reed, Mr. Buck. Mr. Kelly of Mississippi, Mr. Posey, Mr. Rose, Mr. Aderholt, Mr. Nehls, Mr. Long, Mr. Turner, Mr. LaHood, Mr. Young, Mr. Gibbs, Mr. Grothman, Mr. DesJarlais, Ms. Foxx, Mr. Cline, Mr. Allen, Mr. Mast, Mr. Moore of Utah, Mr. Comer, Mr. Gohmert, Mr. Simpson, Mr. Rice of South Carolina, Mr. Fitzpatrick, Mr. Perry, Ms. Herrell, Mr. Tony Gonzales of Texas, Mr. Gonzalez of Ohio, Mr. Reschenthaler, Mr. Upton, Mr. Curtis, Ms. Malliotakis, Mr. Stewart, Mrs. Lesko, Mr. Garbarino, Mr. Estes, Mr. LaTurner, Mr. Gooden of Texas, Mr. Hollingsworth, Mr. McHenry, Mr. Brooks, Mr. Pfluger, Mr. Obernolte, Mr. McCaul, Mr. Mann, Ms. Salazar, Mr. Bucshon, Mr. Lucas, Mr. Arrington, Mr. Cole, Mr. Guest, Ms. Mace, Mr. Good of Virginia, Mr. Katko, Mr. Graves of Missouri, Mr. Dunn, Mr. Roy, Mr. Rodney Davis of Illinois, Mrs. Boebert, Mr. McClintock, Mr. Norman, Mr. Nunes, Mr. Brady.

EXTENSIONS OF REMARKS

RECOGNIZING DANIEL CROWLEY OF SIMSBURY, CONNECTICUT

HON. JAHANA HAYES

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Friday, April 16, 2021

Mrs. HAYES. Madam Speaker, I rise today to call your attention to National Former Prisoner of War Recognition Day, which takes place annually on April 9th. This day honors the men and women who fought two battles, one in combat and another in enduring untold brutality by our enemies.

April 9th is also the 79th anniversary of the start of the infamous 1942 Bataan Death March in the Philippines. Invading Imperial Japanese forces forced more than 80,000 American and Filipino soldiers, sailors, airmen, and Marines to walk 65 miles up the Bataan Peninsula in the tropical heat without food, water, or medical care while subjecting them to beatings, bayonetting, and beheading. Thousands died.

One of my constituents, Daniel Crowley of Simsbury, Connecticut, is a survivor of the Battle of Bataan. A member of the U.S. Army Air Corps, he was sent to Bataan in December 1941 after Japan destroyed the military airfields in the Philippines. He was part of the United States Army's Provisional Air Corps Infantry Regiment and fought in the historic Battle of the Points on the Peninsula.

Daniel avoided the Bataan Death March by swimming from Mariveles on Bataan through three miles of shark-infested and mined waters to the fortress island of Corregidor. There, he became part of the 4th Marines Regimental Reserve who fought a dangerous and desperate shore defense until Corregidor fell to Japan on May 6, 1942.

He was one of 300 Prisoners of War sent to build an airstrip on Palawan Island for the Japanese Army. Today this site serves as the Philippine Air Force's Antonio Bautista Air Base. Daniel was fortunate to be transferred off the island before the December 14, 1944 Palawan Massacre where the 150 Prisoners of War remaining on the island were doused with aircraft fuel, set afire, and machine gunned to death.

Instead, Daniel was shipped to Japan aboard a ''hellship'' to be a laborer in two copper mines: one owned by Hitachi Ltd. and the other, Ashio, owned by the Furukawa Company Group. He labored alongside Japanese and conscripted Korean miners as well as Allied and American Prisoners of War from the United States, United Kingdom, Singapore, Hong Kong, Dutch East Indies, Norway, Australia, and China.

After liberation in September 1945, Daniel returned home to Connecticut. He raised a family and became a storied salesman for Northwestern Mutual.

On January 4, 2021, Connecticut Governor Ned Lamont proclaimed ''Pacific War Heroes Day'' in Daniel's honor. After 76 years, Daniel, 98, finally received his long-denied Combat Infantryman Badge, a Prisoner of War Medal, and his previously unknown 1945 promotion to Sergeant in a ceremony held at the Air National Guard Base outside Hartford, Connecticut.

Madam Speaker, I ask my colleagues to join me in honoring now Sergeant Daniel Crowley for his extraordinary service to our country fighting tyranny and oppression. His and the more than 200 American Prisoners of War of Japan from Connecticut have a history we must never forget.

RECOGNIZING THE LIFE AND LEGACY OF DR. GILBERT SINCLAIR SMITH

HON. FREDERICA S. WILSON

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Friday, April 16, 2021

Ms. WILSON of Florida. Madam Speaker, I rise today to recognize the life and legacy of Dr. Gilbert Sinclair Smith.

Gilbert Sinclair Smith was born July 25, 1931, to the late Mr. Albert and Mrs. Gertrude Smith. He was raised in Miami, Florida in the community of Liberty City.

After graduating high school, he joined the United States Air Force. During his time in the service, he began to have a deep hunger and desire to whole-heartedly serve the Lord. It was then that he had a dream that led him to the book of Acts 1:7–8. He realized that he needed the power of the Holy Ghost and one week later at a revival, he received the gift of the Holy Ghost with the evidence of speaking tongues. The following Sunday morning, February 8, 1954, he preached his first sermon titled, ''You Must Be Born Again.'' Once he left the Air Force, he traveled around the United States of America evangelizing and preaching the Gospel of Jesus Christ. As a National Evangelist, he conducted tent revivals throughout America, Jamaica, Belize, and Honduras. In 1965, Dr. Smith went to Selma, Alabama to run a revival after Dr. Martin Luther King Jr.'s march. This march was later called Bloody Sunday.

In 1970 the Lord led Dr. Smith and his wife, Mrs. Geneva O. Smith, to begin the Apostolic Revival Center. The ministry started in a storefront church on 62nd Street and 14th Avenue in Miami, Florida. The ministry began with 7 adult members and a group of kids out of the projects of the Liberty City community in Miami, Florida. On May 31, 1971, the church was registered with the State of Florida an independent organization, ''Apostolic Evangelistic Association, Inc. Dr. Smith and his beautiful wife began supporting World Missionary Evangelism. They also assumed the responsibility of monthly support for three native missionaries working in Africa, India, and the Philippine Islands. Dr. Smith began an aggressive radio ministry, broadcasting on eight stations throughout Florida. The church experienced tremendous growth spiritually, financially and numerically, causing Dr. Smith and his wife to realize the need for a larger facility that would accommodate the needs of a growing church. They purchased the old Liberty Theater building, the church's current location, which became the Apostolic Revival Center, better known as the Shack, which has now been named a historical landmark.

In 1974, Dr. Smith and his wife began supporting a Pastor in Haiti. God blessed them to purchase land in Leogan and build their first mission church. Later a school was added onto the property.

In 1978, through Dr. Smith, the prison ministry to the incarcerated men of Miami-Dade and Broward counties was formed. This ministry covered the state of Florida and the entire east coast with annual campaigns in Attica Prison in New York. The prison ministry expanded to the women prisons and aftercare services to men scheduled for release from the Miami-Dade County jail system.

In 1981, as Dr. Smith and his wife continued their commitment to foreign missions, the Lord blessed the Apostolic Revival Center in Miami. The church purchased the adjacent properties across the street which covered the entire block of northwest 15th Avenue. The newly acquired property became the home of the Revival Center Child Care Center for children 6 weeks to 5 years old.

Dr. Smith supported a Bible Ministry in Israel which led to his dream of a minister in Nairobi, Kenya. Subsequently, he began a ministry in Kenya. Today, there are over 150 Revival Centers in Kenya from the plains, mountains and coast. Many years later, the call of God came for Dr. Smith to journey to Tanzania to establish a church in Dar Es Saalam. As a result, there are seven Revival Centers, a childcare center, and an orphanage in Tanzania.

In 1983, Dr. Smith and his wife opened the Distribution Center to help the needy with clothing and food with the help of the American Red Cross. This 501c3 program supplied thousands of families per month with food and food vouchers.

In 1986, the Apostolic Revival Center taped its first television broadcast. This is reported to be the longest-running African American TV ministry in South Florida. Dr. Smith and his wife purchased their own television equipment and began broadcasting from directly at the Apostolic Revival Center. In 1988, the ''Hope For Today'' television broadcast was formed and televised every Sunday on cable networks and satellites. ''Hope For Today'' broadcast expanded nationally.

In the early 1990's, the ministry expanded to the Caribbean Islands, Belize, Central American, and Georgetown Guyana. The Revival Center purchased and dedicated a church and school in St. Anns, Jamaica. Bibles were distributed to Russia through mission possible in Dallas. In 1998, Dr. Smith and his wife supported the work in Belize. There are 8 Revival Center churches in Nicaragua, 16 in Guyana, 2 in Haiti, 1 in Grenada and 2 in Trinidad with 2 schools.

In 2001, Dr. Smith established the Inner Strength Biblical Training Center. The biblical training center equipped men and women with the fundamental teaching of the Word of God. In 2004, Dr. Smith established the Apostolic Enrichment Center, Inc. The center assisted students with standardized testing and other tutoring needs. On October 27, 2009, City and County Commissioners honored Dr. Gilbert S. Smith with a street naming ceremony to co-designate a portion of Northwest 15th Avenue from 62nd Street to 79th Street, as ''Rev. Dr. Gilbert S. Smith Ave''.

Dr. Gilbert S. Smith is a true visionary and has been a pillar of the Miami ''Liberty City'' Community for more than 50 years. His home mission efforts have included helping to improve conditions of his local community such as, the ARC Street Ministry, Enrichment Center, Prison Ministry, and Distribution Center. His foreign mission continues to span over several different continents. Over 250 churches in Africa, 16 churches in Nicaragua, 13 churches in Guyana, 1 church in Grenada, 3 churches in Trinidad with schools.

Madam Speaker, I urge my colleagues and all Americans to please join me in recognizing Dr. Gilbert Smith for his contributions and for his commitment to our community, state and country.

RECOGNIZING BAYLOR UNIVERSITY MEN'S BASKETBALL TEAM

HON. PETE SESSIONS

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Friday, April 16, 2021

Mr. SESSIONS. Madam Speaker, I rise today to recognize Baylor University's men's basketball team as the 2021 NCAA National Champions. Eighteen years ago, Coach Scott Drew talked about coming to Baylor ''for a chance to win a national championship,'' A dream vocalized by one man turned reality by a team of men with great faith. A team that played as one. Oh yes, they had individuals and they were outstanding. But it was their teamwork mindset that achieved this victory.

This season, Baylor defeated more top-25 teams than the three other Final Four teams combined. These results prove that hard work, a determined mind, and a willing spirit can conquer any challenge. To say I am proud is an understatement. My hometown Baylor Bears have proved their abilities and I believe this is just the beginning of much more greatness to come. I wish these men as much success in future endeavors as they earned this season.

Congratulations men.

Sic 'em.

IN RECOGNITION OF THE PLEASANT HILL HIGH SCHOOL WRESTLING TEAM

HON. VICKY HARTZLER

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Friday, April 16, 2021

Mrs. HARTZLER. Madam Speaker, I rise today to recognize the Pleasant Hill High School wrestling team on winning the State Championship at the Missouri State High School Activities Association Class 2 wrestling tournament.

On March 11, the Pleasant Hill Roosters wrestling team won their first state championship in 25 years, finishing 37 points ahead of the second-place team.

The Roosters had nine individuals receive medals at the tournament: Sam Ewing, who won his 2nd state title, and Garret Lyons, Ryan Volland, Lane Snyder, Brayden Bush, Zach Redwine, Lane Brattin, Jacob Hanes, and Dalton Cole, who also placed. Each of these young men have made their school and their state proud.

I congratulate these hard-working athletes and the Pleasant Hill High School wrestling team on their impressive accomplishment. I am honored to represent them, and I wish them the best of luck in their future endeavors.

BONNIE ZEE DAY

HON. MARK POCAN

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Friday, April 16, 2021

Mr. POCAN. Madam Speaker, I rise to recognize Bonnie Zee with the following Proclamation:

Whereas, Bonnie Zee began her career as the elected Town of Albany Clerk in April of 1975 and has continued to serve as a valuable, and trusted asset to her community to this day; and

Whereas, Bonnie Zee's vast knowledge, dedication, and outstanding performance of her duties throughout her tenure has earned her the respect, and admiration of her community; and

Whereas, Bonnie Zee's service as Town of Albany Clerk resulted in efficient and effective Town government for nearly five decades;

Now, therefore, I hereby proclaim April 20, 2021 as Bonnie Zee Day in honor of her 46 years of public service to her community, the Town of Albany, and the State of Wisconsin. I join her friends, family, and colleagues in offering her best wishes on her much-deserved retirement.

IN HONOR OF EDITH BETTIS ON HER 100TH BIRTHDAY

HON. TIM BURCHETT

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Friday, April 16, 2021

Mr. BURCHETT. Madam Speaker, today, I recognize longtime East Tennessee resident Edith Bettis as she celebrates her 100th birthday.

Edith was born in Oconaluftee, North Carolina to Arthur and Ellen Chambers on April 16, 1921. She lived in Smokemont, North Carolina until age 11 when her family's land was made part of the Great Smoky Mountains National Park. She then moved to Sweetwater, Tennessee where she attended high school.

After briefly attending school in Oak Ridge, she moved to Detroit, Michigan to help with the war effort. During World War II, Edith worked on airplanes as a riveter, and after the war, she returned to East Tennessee to work in a Lenoir City hosiery mill.

Edith married her late husband, Clarence, in May of 1947, and they had 4 children: Janis, Charles, Nancy and Rickey. They were later blessed with 6 grandchildren and 4 greatgrandchildren.

It's my honor to wish Edith a happy 100th birthday and, on behalf of Tennessee's Second Congressional District, congratulate her on becoming a centenarian.

IN RECOGNITION OF LUNEATA HITE

HON. RASHIDA TLAIB

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Friday, April 16, 2021

Ms. TLAIB. Madam Speaker, I rise today to recognize and celebrate Ms. Luneata Hite, a long-time resident of Detroit in Michigan's 13th Congressional District as she celebrates her 105th birthday. Truly an amazing milestone to reach in life.

Born in New York in 1916, Ms. Hite spent part of her childhood in Texas before settling in Detroit, Michigan. She went on to attend The University of Michigan and pursued a career in social work. Ms. Hite takes pride in one of her most interesting and powerful work pursuits—helping to investigate restaurants accused of discriminating against African American patrons. This work should inspire us all in this Chamber as we continue to rid society of all forms of discrimination. In 1941 Ms. Hite married Sherman Johnson and was a devoted wife. Together they nurtured and raised three children in their home in Detroit.

Ms. Luneata Hite is cherished by her family, friends, and neighbors. Please join me in wishing her a very happy birthday, surrounded by love and light.

PERSONAL EXPLANATION

HON. TOM COLE

OF OKLAHOMA

IN THE HOUSE OF REPRESENTATIVES

Friday, April 16, 2021

Mr. COLE. Madam Speaker, for a vote on April 15, 2021. Had I been present, I would have voted YEA on Roll Call No. 114.

PERSONAL EXPLANATION

HON. JARED HUFFMAN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, April 16, 2021

Mr. HUFFMAN. Madam Speaker, I regret that I was unable to cast the following vote. Had I been present, I would have voted YEA on Roll Call 108.

LARA LARSON

HON. JENNIFER WEXTON

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Friday, April 16, 2021

Ms. WEXTON. Madam Speaker, I rise today to congratulate Ms. Lara Larson on her retirement and to thank her for over 30 years of dedicated public service with Fairfax County.

Lara dedicated her career to supporting the Fairfax-Falls Church Community Services Board (CSB), which provides services for people of all ages who have mental illnesses, substance use disorders, or developmental disabilities. She contributed her wisdom and guidance to the staff agency-wide, and especially with the CSB Communications Team. Her career is exemplary of her commitment to the many residents of Fairfax County, and the Cities of Fairfax and Falls Church.

I thank Lara for all the years of faithful service to her community and wish her all the best in her future endeavors.

DEPARTURE OF KAREN LLOYD, DIRECTOR OF THE VETERANS HISTORY PROJECT

HON. RON KIND

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Friday, April 16, 2021

Mr. KIND. Madam Speaker, on April 10, 2021, after sixteen years with the Library of Congress, including four and a half years as the director of the Veterans History Project (VHP), Karen Lloyd retired from public service. I want her to know that her many years of dedicated work at both the Library and Veterans History Project are very much appreciated.

Since the VHP was created following the passage of my bipartisan legislation in 2000, the program has had five Directors and developed a repository of over 111,000 individual collections in the Library's American Folklife Center—highlighting the experiences of American veterans from every major military conflict since World War I. Karen ably guided the Library's effort to collect, preserve, and make accessible these personal remembrances for use by future scholars, journalists, and historians. It's an important job and one that Karen clearly enjoyed doing.

Karen led efforts to increase the development of women veterans collections, and expanded outreach to Native/Indigenous veterans, working to ensure that the Library's collection reflected the broad diversity of America's military forces. She also devoted considerable resources to working personally with Members of the House to raise awareness about the program and grow the collection of veterans histories from every state. She can be proud of her efforts to increase the accessibility of the Veterans History Project as a constituent resource.

Before coming to the Library, Karen served fourteen years as a U.S. Army Aviator, six of them as a dustoff pilot, and was the first female Medical Service Corp Officer to receive Aviator Wings. She served another fourteen years as an Army comptroller in a variety of positions. She retired as a Colonel after twenty-eight years of military service. Before joining the Veterans History Project, Karen served in several positions at the Library—including the Offices of the Librarian and Strategic Planning, where she coordinated special projects and assessed Library program performance and risk management.

I have known and worked with Karen throughout her time as VHP director, and I can attest to the dedication and care that she brought to the job. Her passion for highlighting the stories of our nation's veterans was evident from every interaction and event held by the VHP over the years.

Karen leaves the Library well positioned to help usher in a new realm of collections stewardship and digital discovery. I wish Karen all the best in her next endeavors.

RECOGNIZING HARRIET SALARNO FOR HER WORK WITH CRIME VICTIMS UNITED

HON. DOUG LaMALFA

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, April 16, 2021

Mr. LAMALFA. Madam Speaker, Harriet Salarno is a remarkable woman who went through the greatest tragedy a parent can suffer, inspiring her to change the lives of families across the nation.

On September 3, 1979 her eldest daughter Catina was murdered execution style on her first day of college. After being thrust into the criminal justice system Harriet soon learned that crime victims had no voice or rights in the system. She mustered a strong resolve that only a remarkable woman can, and she began the fight for a voice for crime victims and survivors as well as for public safety in California and throughout the nation.

To accomplish her mission, she founded Crime Victims United, the only political action group of its kind in the nation dedicated to advocating for survivors of crime and for public safety. Starting in 1982, she began her work by successfully getting the legislature to amend the California constitution to include crime victims' rights (the first one in the history of the nation). Nearly forty years later, she endeavors daily to ensure the victims of crime, survivors, and first responders are not forgotten. Her efforts have led to state and national reforms including constitutional amendments, legislative and regulatory changes.

Her vision, passion, and mission is clear in her formidable resolve to educate those that are often the most forgotten in our society. To this day she can be found at the legislature or in communities educating and advocating for others about crime victims and public safety. Her commitment to never have another family feel the pain and isolation she has felt, remains clear and strong to this day.

Harriet has never forgotten what victims need most; someone to listen, someone to grieve with, and someone to support them in their darkest of times. At the age of 88, she still goes to her office daily answering phone calls and emailing letters to assist victims. She sends cards to families on the days of remembrance; and she strives to allow families not only to grieve but gather the strength to move forward.

Truly she has changed the lives of those in despair.

While creating this unique organization, she raised two daughters and grandchildren who also share the same aspirations for assisting victims, ensuring public safety, and she has served as their role model to inspire community service.

Harriet has given our world multiple generations of those who are the helpers of those who most need it in their darkest time. It has been my privilege to work with Harriet over the years and a true honor to call her my friend.

HONORING THE LATE STAFF SERGEANT SPECIALIST JOE HENRY MOORE

HON. FREDERICA S. WILSON

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Friday, April 16, 2021

Ms. WILSON of Florida. Madam Speaker, I rise today to recognize and honor the late Staff Sergeant Specialist Joe Henry Moore, a faithful servant of God, a veteran, beloved father and friend.

Whereas, Joe Henry Moore was born on July 27, 1922, on the clay hills of Greenville, Mississippi to the late Annie Edwards and George Henry Moore; and

Whereas, Staff Sergeant Specialist Joe Henry Moore, or ''Pops'', ''Poppa Joe'' and ''Whytaski'', as he was affectionately called was raised in Mississippi where he received his primary and secondary education at the Dry Bend School, a one-room classroom where he was taught by Mrs. Harvey. At an early age, ''Poppa Joe'' attended church with his family, at Union Chapel Missionary Baptist Church where he began his Christian journey with God. He was baptized in a creek called Deer Creek by Pastor G. H. Hankins on September 13, 1936; and

Whereas, Mr. Moore had a sincere desire to become a soldier to serve his country and joined the United States Army Air Corps December 2, 1942 at the tender age of 19 years old. While enlisted, he served during the Post Pearl Harbor, World War II, Normandy and the Korean Peacetime era. He held multiple positions to include Special Services in Le Harve, France. In this role, he was a Certified Sharpshooter and Marksman. Other assignments included: Projectionists/Librarian and became a Certified Master Chef. ''Poppa Joe'' became such an accomplished chef that he prepared meals for General George S. Patton. Staff Sergeant Specialist Moore was wounded while fighting for our freedom during the Pearl Harbor/World War II—Normandy era earning a number of distinguished honors and awards to include the following: The Silver Star Medal—for Gallantry in Action; the Bronze Battle Star of Normandy, France—25 July–September 1944; the Army Good Conduct Medal; The EAMETO Medal—Europe-African Middle Eastern Campaign Service Medal—issued by President Franklin D. Roosevelt; the Post Pearl Harbor Service Medal; the Carbine SS, GCM 5th Award and the Occupational Medal-German; and

Whereas, after serving his country for more than twenty years and returning the United States, Mr. Moore was employed as a Police Officer at the New Orleans Harbor Police Department and a Foreman at Pan American Life Insurance. Mr. Moore became a Mason and achieved the highest level as a 33rd degree Mason; and

Whereas, Staff Sergeant Specialist Moore continued serving God and later become an ordained Deacon. He joined the membership of Mt. Airy Baptist Church where he served faithfully on the Deacon ministry for many years. In 2009, after relocating to Miami, Florida, he joined the membership of New Birth Cathedral of Faith International under the Senior, pastoral teachings of Bishop Victor T. Curry. He was a faithful member and Deacon.

Whereas, Staff Sergeant Specialist Moore leaves to cherish his memories and moments

of his love, life, and legacy: his six children: Elder JoeAnn (Lucious, Jr.) Moore Taylor, Deacon Steven (Deborah) Moore, of Houston, TX, SSgt. George (Melonie) Henry Moore (USAF) of Orangeburg, SC, Psalmist Kimbur Lee Moore Santacruze of La Place, LA, Sgt. Felix Swanson (USAF) of Dallas, TX, Petty Officer 3rd Karl Moore (USAF) of Houston, TX; along with their mothers: Mrs. Alma L. Henderson and Ms. Minnie Moore; nine grandchildren: Dr. Jessica Diana Jones, Dr. Vincent Johnathan Jones II, Enisha (Galen) Santacruze-Joseph, Sophia Santacruze, Simeka Lou Taylor, Lucious Taylor III, and Tarilyn Taylor, Tatiana Taylor; three great-grands, Luke Daniel Bailey Jones, Farrah, Kayden Swanson and one soon-to-be great granddaughter whose name will be Princess Zoë; and

Now, therefore, be it resolved that I, FREDERICA S. WILSON, a member of the United States House of Representatives representing the 24th Congressional District of Florida, am honored to recognize the late Staff Sergeant Specialist Joe Henry Moore for his commitment, dedication and service to our country.

CELEBRATING LEADERSHIP ARKANSAS' XV GRADUATING CLASS

HON. BRUCE WESTERMAN

OF ARKANSAS

IN THE HOUSE OF REPRESENTATIVES

Friday, April 16, 2021

Mr. WESTERMAN. Madam Speaker, I rise today to extend my sincere congratulations to a new crop of emerging leaders from the Natural State.

Leadership Arkansas is a unique program grounded in the belief that real progress is achieved by bringing a diverse set of interests and backgrounds together. First introduced in 2005 by the Arkansas State Chamber of Commerce and Associated Industries of Arkansas, Leadership Arkansas recruits highly motivated individuals to experience first-hand the dynamic interactions between cities, industries, governmental units and the people they serve.

This year's graduating class includes: Allison Bermudez, Jill Bobo, Kent Bridger, Danna Caldwell, Nate Caldwell, John Cantabery, Jennifer Christman Cia, Sammie Cribbs, Jake Fair, Jill Floyd, Jay Geaney, Jeremiah Gentry, Maggie Jo Hansen, Nathan Harris, Jeff Hatley, Allison Hestand, Aaron Huntley, Chad Kinsley, Courtney Little, Rusty Meeks, Jennifer Morales, Joey Msall, David Orr, Ryan Pettigrew, Grace Rains, Brandon Resecker, Karen Shaw, Hunter Stuckey, Ventrell Thompson, Amy Williams, and Drew Williams.

More than 800 Leadership Arkansas alumni have gone on to accept roles of great responsibility in both the public and private sectors. I rise today to congratulate these graduates on this high honor and to thank them for their commitment to serving our home. I am encouraged by the example of leadership, excellence, and professionalism demonstrated by this year's class, and I look forward to seeing how these exceptional individuals will shape the future growth of the State of Arkansas and our Nation.

IN RECOGNITION OF NATIONAL INFERTILITY AWARENESS WEEK

HON. EDDIE BERNICE JOHNSON

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Friday, April 16, 2021

Ms. JOHNSON of Texas. Madam Speaker, I rise today to commemorate National Infertility Awareness Week and to salute the wonderful progress that has been made over the last four decades to help individuals have families who otherwise could not. It would shock most Americans to know that according to the Centers for Disease Control and Prevention, the disease of Infertility affects one in eight, or approximately 7.4 million, American women of reproductive age. The disease affects both men and women and it knows no barriers—it affects individuals of all races, religious backgrounds, and economic status. The good news is that since 1978, as a result of extraordinary medical advancements, millions of couples have been able to receive life affirming treatments that have resulted in the delivery of babies. While this is something that most of us take for granted, it is a painful and devastating struggle for millions of couples throughout the world.

As a nurse who has fought for medical advancements in cancer treatment and care, in Diabetes care, and in dozens of health screenings that bring hope of saving lives, I must admit to absolute amazement at the contributions that research scientists and Reproductive Endocrinologists have made in the advancement of Infertility treatments—including a procedure that allows young cancer patients to preserve their fertility prior to undergoing life saving chemotherapy treatments. Organizations like RESOLVE, the National Infertility Association, and the Alliance for Fertility Preservation advocate for the millions of individuals and couples in this country who need the help to have a family. Ms. Barb Collura, the CEO of RESOLVE, recently testified before Congress in support of fertility services for the countless military veterans whose service related injuries have rendered them infertile. I am pleased that these organizations, these Infertility warriors, are active in my own state of Texas as well as throughout the nation.

As a grandmother and great grandmother, and with Mother's Day around the corner, I salute Infertility warriors throughout the country and the world, who advocate on behalf of that most precious of gifts, that of family.

PERSONAL EXPLANATION

HON. HALEY M. STEVENS

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Friday, April 16, 2021

Ms. STEVENS. Madam Speaker, on April 15, 2021, I missed Roll Call Vote 112 on the Debarment Enforcement of Bad Actor Registrants Act. Had I been present, I would have voted YEA on Roll Call No. 112.

HONORING MORGAN MASSEY

HON. H. MORGAN GRIFFITH

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Friday, April 16, 2021

Mr. GRIFFITH. Madam Speaker, I rise in honor of Evan Morgan Massey of Richmond, Virginia, who passed away on March 10, 2021 at the age of 94. Morgan Massey was a business leader and philanthropist whose visionary leadership in the coal industry made an impact across the globe and certainly in the Ninth Congressional District of Virginia I represent.

Mr. Massey was born on December 29, 1926. He trained for service as an aviator during World War II and later graduated from the University of Virginia. He joined his family's firm, A.T. Massey Coal Company, in 1949. Mr. Massey helped drive the company from a midsize operation to one of the largest coal companies in the United States. The family sold the company to St. Joe Minerals in 1973, and Mr. Massey continued to run the company until he retired in 1991.

Following retirement, Mr. Massey extended his endeavors across the globe, developing operations abroad and championing new uses for coal. He expanded mining into China and Venezuela and founded the Evan Energy Company to improve coal mining safety in South America and China. Mr. Massey supported research such as that at Virginia Tech which generates rare earth minerals from coal and coal byproducts. A tireless innovator and entrepreneur, Mr. Massey remained active in his office daily even late in life.

Beyond his role in business, Mr. Massey served Richmond's philanthropic community through the Massey Foundation, founded by his uncle and father, and the Joan and Morgan Massey Foundation. His interests included higher education, medical research, and the development of new technologies, and his philanthropic support of these causes have improved the lives of many.

Mr. Massey's survivors include his daughters, Elizabeth Anne Massey, Susan Chapman Massey and Nancy Lee Massey; sons, Evan Morgan Massey, Jr. and his wife, Robin, John William Massey and his wife, Kelli, Charles Taylor Massey and his wife, Sarah and Craig Lewis Massey and his wife, Sky; 15 grandchildren and four great-grandchildren. I offer them my condolences on this loss of the great business leader and philanthropist.

FAREWELL TO AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF ROMANIA, GEORGE CRISTIAN MAIOR

HON. DEVIN NUNES

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, April 16, 2021

Mr. NUNES. Madam Speaker, I rise today to bid farewell to Ambassador George C. Maior, who will be ending his posting as Romania's Ambassador to the United States at the end of May. After serving as Ambassador to the United States since 2015, he will be greatly missed by all who have had the pleasure of working with him. He has consistently devoted his impressive reserves of energy,

enthusiasm, and wisdom in representing Romania, while working to develop the bilateral relationship between Romania and the United States.

Ambassador Maior's diplomatic career spans three decades. He joined the Romanian Ministry of Foreign Affairs in 1992 and served in the Department of Treaties and later the Department of Strategic Affairs. From 1997 to 1999, he served as the Chargé D'affaires at the Romanian Embassy in Dublin, Ireland and in 2004, he was conferred the rank of Ambassador.

Throughout his career, he has served in top positions dedicated to public service, including as State Secretary and head of the Department for Euro-Atlantic Integration and Defense Policy within the Romanian Ministry of National Defense.

In November 2004, Ambassador Maior was elected as Senator in the Romanian Parliament, where he served as Chairman of the Committee for Defense, Public Order and National Security; member of the Joint Committee for the Parliamentary Oversight on the Foreign Intelligence Service Activity; and member of the Senate Committee for Human Rights, Cults and Minorities.

In 2006, he was nominated to serve as the Director of the Romanian Intelligence Service (SRI). During his eight years as Director, the SRI bolstered its bilateral and multilateral partnerships with intelligence services around the world. Ambassador Maior was consistently recognized by the United States Government for his outstanding partnership and exceptional leadership in that position.

I wish Ambassador Maior and his wife Anamaria the greatest success and happiness as he moves to his next assignment as Romania's Ambassador to Jordan. While he will be missed in the United States, I am confident he will continue to emphasize the strategic importance of the bilateral relationship between our two nations.

IN RECOGNITION OF CONNIE DORL

HON. VICKY HARTZLER

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Friday, April 16, 2021

Mrs. HARTZLER. Madam Speaker, I rise today to acknowledge the service of Constance (Connie) Dorl, and to congratulate her on her March 26th retirement.

Connie has served at the USDA in Johnson and Henry counties for the last 31 years. She has helped many farmers, producers, and ranchers within these counties of Missouri's 4th District over those three decades. Connie has been with the USDA through all the years' changes and has never failed to help others through her work. It is dedicated professionals like Connie who enable our farmers to succeed and feed the world.

In addition to helping agricultural communities, Connie has also been a dedicated military spouse and mother. She has been able to balance these three elements of her life in such a successful way that she has been there for anyone in need. Those who know Connie can attest to her untiring support of her family and Missouri's agricultural communities.

I would like to recognize Connie's dedication and 31 years of service and congratulate her on her retirement.

PERSONAL EXPLANATION

HON. ANNA G. ESHOO

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, April 16, 2021

Ms. ESHOO. Madam Speaker, I was unable to be present during roll call vote number 106. Had I been present I would have voted YES.

PERSONAL EXPLANATION

HON. BLAINE LUETKEMEYER

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Friday, April 16, 2021

Mr. LUETKEMEYER. Madam Speaker, I was unable to be present for a recorded vote on April 15, 2021 during a period of time for H.R. 1502, the Microloan Improvement Act. Had I been present, I would have voted YEA on Roll Call No. 114.

RECOGNIZING THE LIFE AND LEGACY OF SHIRLEE LAFLEUR

HON. FREDERICA S. WILSON

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Friday, April 16, 2021

Ms. WILSON of Florida. Madam Speaker, I rise today to recognize the life and legacy of Shirlee Lafleur a beloved mother, wife, daughter, sister, friend, a community leader in South Florida, and a longtime member of my staff.

Shirlee Moreau was born on November 10, 1969, in Miami Beach, Florida to Eugenie V. Moreau and Avenant Moreau, Sr. She was the second of three children born to this union.

Shirlee found her true purpose in life on January 26, 2002, when she laid the foundation for one of the most beautiful and God-blessed families by marrying Pierre Paul Lafleur. Their love produced two talented and amazing daughters, Amanda and Samantha around whom they centered their lives, and who like their parents excel in the classroom and in the many activities in which they take part. While Shirlee was dedicated to helping others, she was even more devoted to her two blessings from God, always glowing and excited when talking about them.

God touched Shirlee in a very special way and she, in turn, touched the lives of so many others. A faithful member of Antioch Missionary Baptist Church, led by Reverend Arthur Jackson, III., she was very proud of her membership and was not shy about inviting others to find solace in the bosom of Christ. Shirlee had a very close and personal relationship with Christ. Her faith was grounded in belief in Psalm 18:2, ''The LORD is my rock, and my fortress, and my deliverer; my God, my strength, in whom I will trust; my buckler, and the horn of my salvation, and my high tower.''

Shirlee was especially proud of her American and Haitian heritage. She fought tirelessly for the rights and well-being of Haitians throughout the diaspora and was an unparalleled leader in the Haitian community and at the forefront of immigration issues, given Miami's unofficial status as the second capital of Haiti due to its large concentration of people of Haitian heritage. It was her Haitian roots and strong cultural beliefs in the importance of faith, family, and friends instilled in her by her mother, Eugenie Moreau, that made her such a dogged advocate for others.

Shirlee was an outstanding student at North Miami High School. Although she was quiet, she was well liked for her friendly nature and helpful attitude that would become the trademark of her life. As a flagette of the North Miami marching band, she began to blossom into the social butterfly that she would later become.

After graduating from high school, Shirlee continued to excel academically earning a degree in business administration from Florida International University. Even more impressive, Shirlee worked while in college to support herself, which is indicative of her independent spirit. Upon graduation, she developed what initially began as an internship into a permanent supervisory position with Dade's Team Metro. She was a natural for the position which required her to help Miami Dade residents resolve often complex issues with county services.

In 1998, she elevated her burgeoning career in public service by accepting a position as a legislative assistant in the office of then-Florida State Senator Kendrick B. Meek. Shirlee's commitment to helping her community shone even brighter as a member of Senator Meek's staff and she continued to be one of his most trusted staff members when he ascended to the United States House of Representatives.

Shirlee played a prominent role in several incidents that made national and international headlines. She was the central cog to many of the life-changing efforts that the congressional office undertook during her tenure. She was integral in helping to facilitate the efforts to liberate the nearly 300 Nigerian schoolgirls, known as the Chibok Girls, kidnapped by Boko Haram as part of the international #BringBackOurGirls campaign that I had pledged to wage until all of the girls are returned home. Shirlee helped coordinate documentation and travel for several of the girls who escaped their captors to find safe havens and a brighter future in the United States.

This effort was not the exception, but the norm. She worked through the night many times to stave off a deportation of parents who were casualties of a sometimes-harsh immigration system. Families were reunited and their stories made headlines, but Shirlee, a central figure in turning miraculous efforts into reality, was soon on to the next challenge within only a few minutes. Without exaggeration, her work has saved the lives of thousands who have sought refuge in our great nation.

In one of the rare times she was unable to avoid the spotlight, she was recognized in a May 2013 Miami Herald article for organizing an eleventh-hour effort to prevent a father from being ripped from his family and deported to Mexico. When an 18-year-old asked at a town hall meeting if there was anything that could be done to save his father who was set to be deported at 4 a.m. the following morning, I was initially stunned by the short window within which there was to work, but knew that if anyone could keep this family together, Shirlee could. Needless to say, she did and as the article noted as a true testament to her commitment, ''Shirlee Lafleur called everyone.''

Beyond immigration, Shirlee helped save the homes of countless families in South Florida and staved off evictions and foreclosures by connecting families with services that were able to provide the help they needed. Most telling of Shirlee's ability, is that many of the resources that she connected families with were not on the federal level. She was so well respected and her assistance so trusted and valued that many people turned to her first to connect them with the appropriate local agency, knowing she would follow up to make sure their issue had been resolved.

Shirlee was a congressional staffer for more than two decades and her loss has created a major void. The thousands of lives that she has touched and the even more connections she has made will remain a testament to the erstwhile presence of a one-in-a-million personality. Shirlee was a champion for teachers, seniors, workers, and the most vulnerable members of our community.

Shirlee transitioned into the presence of God on March 22, 2021. She leaves to cherish her fond memories, her devoted husband, Pierre Lafleur, beautiful daughters, Amanda and Samantha, father, Avenant Moreau, Sr., mother, Eugenie Moreau, brother, Avenant Moreau, Jr., sister, Mirlanda M. Russ (Travelis), sister-in-law, Marie J. Pyram, nephews, Christien A. Moreau and Gabriel R. Allende, nieces, Nathalie and Justina Pyram, and great-niece, Skylyn G. Allende, countless extended family and friends, and thousands of others upon whose lives she made a positive impact.

Madam Speaker, please join me in honoring Ms. Shirlee Moreau Lafleur for all that she has done for our community and the lives of the many she has touched.

PERSONAL EXPLANATION

HON. ELISSA SLOTKIN

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Friday, April 16, 2021

Ms. SLOTKIN. Madam Speaker, I strongly support our bipartisan efforts to combat the opioid epidemic. On April 15, 2021, I missed Roll Call No. 112 on the DEBAR Act. Had I been present, I would have voted YEA on Roll Call No. 112.

Daily Digest

Senate

Chamber Action

The Senate was not in session and stands adjourned until 3 p.m., on Monday, April 19, 2021.

Committee Meetings

No committee meetings were held.

House of Representatives

Chamber Action

Public Bills and Resolutions Introduced: 29 public bills, H.R. 2610–2638; and 7 resolutions, H.J. Res. 41; and H. Res. 321–326, were introduced.

Pages H1889–90

Additional Cosponsors: **Pages H1891–92**

Reports Filed: Reports were filed today as follows:

H. Res. 316, providing for the expenses of certain committees of the House of Representatives in the One Hundred Seventeenth Congress (H. Rept. 117–18);

H.R. 51, to provide for the admission of the State of Washington, D.C. into the Union, with an amendment (H. Rept. 117–19, Part 1);

H.R. 1333, to transfer and limit Executive Branch authority to suspend or restrict the entry of a class of aliens, with an amendment (H. Rept. 117–20, Part 1); and

H.R. 1573, to clarify the rights of all persons who are held or detained at a port of entry or at any detention facility overseen by U.S. Customs and Border Protection or U.S. Immigration and Customs Enforcement, with amendments (H. Rept. 117–21).

Page H1889

Workplace Violence Prevention for Health Care and Social Service Workers Act: The House passed H.R. 1195, to direct the Secretary of Labor to issue an occupational safety and health standard that requires covered employers within the health care and social service industries to develop and implement a comprehensive workplace violence prevention plan, by a yea-and-nay vote of 254 yeas to 166 nays, Roll No. 118. **Pages H1849–72**

Pursuant to the Rule, the amendment in the nature of a substitute recommended by the Committee on Education and Labor now printed in the bill shall be considered as adopted. **Page H1849**

Agreed to:

Courtney en bloc amendment No. 1 consisting of the following amendments printed in part C of H. Rept. 117–15: Brown (No. 1) that states that additional training shall be provided for covered employees who work with victims of torture, trafficking, or domestic violence; Cohen (No. 2) that adds Alzheimer's and memory care facilities as facilities covered by this legislation; Delgado (No. 3) that directs OSHA to prioritize providing technical assistance and advice to employers throughout the first year of the Act to ensure businesses are in compliance; Jones (No. 4) that clarifies that a covered employer may consult with experts in workplace violence when developing their workplace violence prevention plan; and Ocasio-Cortez (No. 6) that ensures that nothing in this Act shall be construed to limit or diminish any protections in relevant Federal, State, or local law related to domestic violence, stalking, dating violence, and sexual assault. **Pages H1865–67**

Rejected:

Keller amendment (No. 5 printed in part C of H. Rept. 117–15) that sought to require OSHA to issue an occupational safety and health standard on workplace violence prevention for the health care and social service industries through the standard rulemaking process (by a yea-and-nay vote of 168 yeas to 256 nays, Roll No. 117). **Pages H1867–72**

H. Res. 303, the rule providing for consideration of the bills (H.R. 7) and (H.R. 1195) was agreed to Wednesday, April 14th.

Suspension—Proceedings Resumed: The House agreed to suspend the rules and pass the following measure. Consideration began Wednesday, April 14th.

504 Credit Risk Management Improvement Act of 2021: H.R. 1482, to amend the Small Business Act to enhance the Office of Credit Risk Management, to require the Administrator of the Small Business Administration to issue rules relating to environmental obligations of certified development companies, by a ⅔ yea-and-nay vote of 411 yeas to 8 nays, Roll No. 119. **Pages H1872–73**

Electing Members to the Joint Committee of Congress on the Library and the Joint Committee on Printing: The House agreed to H. Res. 321, electing Members to the Joint Committee of Congress on the Library and the Joint Committee on Printing. **Page H1873**

Senate Shared Employee Act: The House agreed to take from the Speaker's table and pass S. 422, to allow Senators, Senators-elect, committees of the Senate, leadership offices, and other offices of the Senate to share employees. **Pages H1873–74**

Quorum Calls—Votes: Three yea-and-nay votes developed during the proceedings of today and appear on pages H1871, H1872, and H1872–73.

Adjournment: The House met at 9 a.m. and adjourned at 2:52 p.m.

Committee Meetings

INNOVATION IN DEVELOPMENT POLICY: MAXIMIZING IMPACT AND RESULTS

Committee on Foreign Affairs: Subcommittee on International Development, International Organizations and Global Corporate Social Impact held a hearing entitled ''Innovation in Development Policy: Maximizing Impact and Results''. Testimony was heard from public witnesses.

AGENCY COMPLIANCE WITH THE FEDERAL INFORMATION TECHNOLOGY ACQUISITION REFORM ACT (FITARA)

Committee on Oversight and Reform: Subcommittee on Government Operations held a hearing entitled ''Agency Compliance with the Federal Information Technology Acquisition Reform Act (FITARA)''. Testimony was heard from Gundeep Ahluwalia, Chief Information Officer, Department of Labor; Jay Mahanand, Chief Information Officer, U.S. Agency for International Development; and Kevin Walsh, Director of Information Technology and Cyber-security Issues, Government Accountability Office.

Joint Meetings

No joint committee meetings were held.

COMMITTEE MEETINGS FOR MONDAY, APRIL 19, 2021

(Committee meetings are open unless otherwise indicated)

Senate

Committee on Foreign Relations: to receive a closed briefing on the negotiation process and understanding the security situation in Afghanistan, 6 p.m., SVC–217.

House

No hearings are scheduled.

Next Meeting of the SENATE

3 p.m., Monday, April 19

Senate Chamber

Program for Monday: Senate will resume consideration of S. 937, COVID–19 Hate Crimes Act.

At 5:30 p.m., Senate will resume consideration of the nomination of Lisa O. Monaco, of the District of Columbia, to be Deputy Attorney General, and vote on the motion to invoke cloture thereon.

Next Meeting of the HOUSE OF REPRESENTATIVES

12 p.m., Monday, April 19

House Chamber

Program for Monday: Consideration of measures under suspension of the Rules.

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