

I am not blaming the Republicans for what is happening. I am not blaming the Democrats for what is happening. I am blaming people who hold public trust and tolerate hate and invidious discrimination.

We are the people who can make a difference, and we ought to make a difference. We ought to demand that the people running for public office make public statements about how they plan to end invidious discrimination, not how they plan to tolerate it, how they plan to manage it.

How do you plan to end it?

How do you plan to end it in banking?

How do you plan to end it in hiring and promotions?

This is our time. If we don't do it now, when will we do it? No candidate should be off limits. Every one of them ought to have to tell us what they plan to do.

And, finally, as my final comments: I love my country. And because I love my country, I feel that I have this duty, obligation, and responsibility to speak up when these kinds of injustices occur.

I love my country, Mr. Speaker.

The SPEAKER pro tempore. Members are reminded to refrain from engaging in personalities toward the President.

FOLLOW THE SCIENCE, FOR A CHANGE

The SPEAKER pro tempore. The Chair recognizes the gentleman from California (Mr. MCCLINTOCK) for 5 minutes.

Mr. MCCLINTOCK. Mr. Speaker, just a few months ago, America enjoyed the most promising economic expansion in our lifetimes, lifting millions of Americans out of poverty, boosting wages for American workers, and producing the lowest unemployment rates in 50 years. Today, the American economy lies in rubble, with tens of millions of Americans thrown into unemployment, poverty, and despair.

Now, that damage was not done by a virus. It was done by ordering entire populations into indefinite home detention, shuttering countless businesses, and desecrating the most fundamental human rights that our Constitution demands our government to protect.

Now, we are told to follow the science and data. That would be nice, for a change.

What does the science tell us about the severity of COVID-19? Well, we know that about 80 percent of those who get it either have no symptoms at all or experience it as a mild respiratory infection. In New York, 74 percent of those who died were over age 65 and six one-hundredths of 1 percent were under the age of 18. Three-quarters of those who died had underlying medical conditions.

So how does it follow the science to close the schools where it poses the

least danger while packing infected patients into nursing homes where it poses the greatest danger?

Once epidemiologists began surveying general populations, they discovered the disease isn't nearly as severe as the claims that set off the global panic. Researchers at Stanford University surveyed the population of Santa Clara, California, and estimated a fatality rate of seventeen one-hundredths of 1 percent. New York serology tests revealed a fatality rate of one-half of 1 percent.

So, simply stated, if you get the flu, your chance of survival is 99.9 percent; and according to these studies, if you get COVID-19, your chance of survival is better than 99.5 percent.

So how does this science justify throwing nearly 40 million Americans into unemployment?

Does the science support population-wide lockdowns?

In 2006, based upon an Albuquerque teenager's science paper, the Bush administration proposed mass lockdowns in the event of a severe flu pandemic. Leading epidemiologists warned at the time that: "The negative consequences of large-scale quarantine are so extreme that this mitigation measure should be eliminated from serious consideration." It wasn't.

New York Governor Andrew Cuomo has now admitted that 84 percent of COVID-19 hospitalizations in New York are people who are either already quarantined at home or are at nursing homes.

Statistical analysts, including Stanford University's Michael Levitt, Tel Aviv University's Isaac Ben-Israel, Kentucky State University's Wilfred Reilly, and Cypress Semiconductor's T. J. Rodgers, are finding no significant statistical difference in the infection curves between those jurisdictions that have destroyed their economies and those that haven't. In fact, a study by J.P. Morgan has found an inverse relationship as economies began to open back up.

A study of 318 outbreaks involving 1,245 cases in China found just one outbreak that occurred outdoors, involving just two cases. Eighty percent of the outbreaks occurred in people's homes. So how does it follow the science to close outdoor venues and order people indoors?

Mr. Speaker, it is high time we considered how many Americans will die because of the COVID-19 lockdowns. The Well Being Trust predicts up to 75,000 "deaths of despair" due to suicide and drug and alcohol abuse because of the lockdown.

In March, the Epic Health Research Network warned of a 94 percent decline in breast, colon, and cervical cancer screenings. The Rape, Abuse & Incest National Network reports a 22 percent increase in children calling for help.

A 2011 Columbia University study funded by the National Institutes of Health estimated that 4½ percent of all deaths in the United States are related

to poverty. So how does it follow the science to destroy the livelihoods of millions of Americans, cut them off from their social networks, force them into isolation, and plunge them into poverty and despair?

Now, I don't blame public health officials. They have the luxury of ignoring the effect of their policies beyond their area of expertise. The responsibility rests, rather, with public officials who failed to consider the catastrophic collateral damage that they have caused, who became so drunk with power and so besotted with self-righteousness that they lost any reference to common sense or any concern for the damage they have done.

NEED FOR FIFTH CORONAVIRUS STIMULUS BILL

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from the District of Columbia (Ms. NORTON) for 5 minutes.

Ms. NORTON. Mr. Speaker, I come to the floor to echo the rising chorus for a fifth coronavirus bill and to applaud three vital provisions addressed to the special circumstances of the District of Columbia in that bill.

Speaker NANCY PELOSI and the Democrats have taken needed initiative in introducing the HEROES Act to get ahead of this virus, instead of chasing it.

The first four bills have proven themselves. Jurisdictions following the CDC guidelines, like the District of Columbia, are seeing deaths decrease. Across the country, careful reopenings are occurring. To be sure, scientists are warning of prolonging the virus unless there is more social distancing and masking, because that is far from universal.

But my Republican friends have called for a pause. Of course, we have seen unprecedented spending, but this is an unprecedented virus. The virus has shut down the entire world.

I am pleased that Republicans may be declaring the end of their pause barely a week after House passage of the HEROES Act. Yesterday, the Senate majority leader said Congress will probably have to pass a fifth bill. Thank you, Senator MCCONNELL.

President Trump said—and I am quoting him—"I think the United States will need another round of stimulus."

They may be following Federal Reserve Chairman Jerome Powell, who said more is needed for the economy shortly after the April report showed a 14.7 percent unemployment rate.

Mr. MCCONNELL only wants to fund increased losses due to COVID-19, whatever that means. But tailoring the next bill based on whether COVID-19 or something else caused the losses would require an inexact calculus that itself could bog down the next bill, particularly what I regard as the most essential part of the HEROES Act, \$1 trillion for State and local government.

This is the government, State and local government, that is closest to the people. This is the government that funds first responders and healthcare workers in local hospitals. This is the government that funds the workers who pick up your garbage twice a week. This is the government running on fumes.

So are the American people who need another cash payment, an additional \$1,200 per family member, up to \$6,000 per household, and other essentials like unemployment benefits and housing benefits, a 15 percent increase in nutrition programs. People have got to eat during this crisis.

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I also have been able to get included in the HEROES Act a trifecta of provisions that the District must have, beginning with the \$755 million in retroactive funding Republicans in the Senate removed from the CARES Act by treating the District for the first time in American history as a territory, when we have always been treated for what we are, a State for funding purposes, and, of course, the D.C. statehood bill has enough cosponsors to pass this very year.

We have always received State-level funding because we pay the highest Federal taxes per capita in the United States. The HEROES Act also includes money for State, county, and city funding, the first time the District has ever had to break down its funding. The District is a unique jurisdiction in the United States because it operates at all three levels.

The HEROES Act also authorizes the District to participate in the municipal liquidity facilities funding of the Federal Reserve, if that should become necessary. The \$3 trillion HEROES Act sent to the Senate last week is a marker. It will probably not be enough, as large as it is, to contain this virus. But, at a minimum, it should get us started on sensible negotiations.

Time, Mr. Speaker, is not on the side of the virus. Let's beat it with the HEROES Act.

LOWERING PRESCRIPTIONS COSTS FOR SENIORS

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from North Carolina (Ms. FOXX) for 5 minutes.

Ms. FOXX of North Carolina. Mr. Speaker, I rise to commend President Trump and the administration for taking decisive action to lower drug costs for America's seniors.

Currently, 34.2 million people in the U.S. have diabetes. One in every three seniors on Medicare has diabetes, and over 3.3 million beneficiaries use at least one type of insulin.

Thanks to President Trump, the out-of-pocket cost for insulin has been cut. Participating plans will cap costs at just \$35 a month per type of insulin. This is tremendous news.

For far too long, seniors have been subjected to escalating insulin prices. Now, Americans will save an average of \$446 on insulin costs in just a year.

I thank President Trump for continuing to put the American people first.

ADMINISTRATION AIDING NORTH CAROLINA

Ms. FOXX of North Carolina. Mr. Speaker, there is no substitute for swift and decisive action. Since the initial outbreak of COVID-19 in China, President Trump and the administration have worked tirelessly to protect the American people.

First, President Trump closed our borders and enacted a travel ban to protect the American people. This was a necessary precaution that undoubtedly saved lives. In response, the mainstream media's political pundits cried foul and claimed this was an ill-advised tactic intended to score political points. That could not be farther from the truth.

Sadly, my colleagues across the aisle and those in the media would rather search for the newest outrage du jour instead of focusing on the efforts of the President and the administration to combat COVID-19.

It is time to correct the record and cast aside the falsehoods that Democrats and the mainstream media are pushing against President Trump and the administration.

For example, let's look at what is being done to help North Carolinians during this pandemic. Under the direction of President Trump, FEMA has obligated almost \$30 million for COVID-19 response efforts in North Carolina.

From the Strategic National Stockpile, North Carolina received to date: Over 250,000 N95 masks; over 580,000 surgical masks; over 100,000 medical gowns; over 115,000 face shields; and over 425,000 pairs of gloves.

In addition, President Trump approved Governor Roy Cooper's Major Disaster Declaration, and then directed FEMA to fund 100 percent of the emergency assistance activities provided by the North Carolina National Guard.

President Trump and the administration are deeply committed to protecting not only North Carolinians, but also Americans across our country.

If my colleagues across the aisle shared the same sentiment of being "in it together," they would work with us to deliver for the American people and set aside their relentless impeachment crusade.

It is time to get our country back on its feet, and I am proud that President Trump and the administration are working day in and day out to do so. We will win this fight, and I am certain we will emerge stronger and more resilient.

THE NAVAJO NATION AND THE CORONAVIRUS

The SPEAKER pro tempore. The Chair recognizes the gentleman from Arizona (Mr. O'HALLERAN) for 5 minutes.

Mr. O'HALLERAN. Mr. Speaker, I rise today to share with my colleagues in Washington—and all watching at home—the dire situation COVID-19 has created in the Navajo Nation and across our Nation.

But first, standing in this Chamber today, I want to recognize the nearly 100,000 lives lost thus far to the coronavirus, a staggering number that has affected families, communities, economy, frontline first responders, and many others.

Though some Americans may feel they have reached a new normal, hot spots across our Nation are still in the thick of this pandemic, and the fear for what might come in the fall and winter is at the forefront of our thoughts.

One of those hot spots is the Navajo Nation. Per capita, the Navajo Nation has more confirmed coronavirus cases than any U.S. State. Under the CARES Act, signed into law March 27, my colleagues and I fought to include \$8 billion for Tribal governments to use for expenses incurred during the pandemic.

The first round of that funding did not reach the Navajo Nation until May 5. Much of the delay was because officials within the Department of the Interior were considering allocating a portion of this \$8 billion to the Alaska Natives Corporation, a group of for-profit entities that generate billions of dollars in revenue each year, and answer to individual stakeholders.

I immediately joined the voices of Tribes across our Nation in demanding that these funds reach established Tribal governments, not corporations.

On April 27, a U.S. district judge announced that the Treasury Department could begin distributing money to federally-recognized Tribes, and not to this corporate group. Delayed funding is not the only issue here. While Tribes wait for the rest of the CARES Act money they were promised, politics in Washington continue to complicate already acute public health concerns on Navajo.

Recent reports indicate that respirator masks sent to Navajo Nation hospitals through a Federal contract with a former White House staffer may be faulty. I have serious concerns about the lack of oversight and accountability in this contract-awarding process, considering that this \$3 million deal was awarded to a friend of the administration with no prior Federal contracting experience, who had only been in business for 11 days.

It is unacceptable for government to be delivering anything other than what is needed to any community, much less a hard-hit community like Navajo.

I have asked my colleagues here to help me launch an immediate investigation into the potentially faulty PPE, and to make sure that the entire contracting process receives more oversight.

While Tribes deal with the fallout politics has caused, they endure other