

President. Healthcare, Republican Senators. Healthcare. That is what women want, not these show bills that appeal to an extreme view. The American people know it. The American women know it.

Additional legislation such as proposed today is at best unnecessary and irrational. But it is dishonest because these bills are not intended to fix real problems faced by real Americans; they are intended to provoke fear and misunderstanding about a very difficult issue so Republicans can score political points with their far-right base. Any Senator who thinks this is going to appeal to the mainstream of their constituents—women throughout their States—is missing the point.

I say “extreme” because these bills would, in effect, criminalize women’s reproductive care and intimidate healthcare providers—another example of the Senate Republicans’ war on *Roe v. Wade* and a woman’s constitutionally protected right to make her own private healthcare decisions and to not have politicians tell a woman what to do.

Putting these already defeated bills up for a show vote is not a good-faith attempt to improve the lives of everyday Americans—particularly everyday American women—as Republicans claim they want to desperately do. Every single Senate Republican knows these bills cannot and will not pass, but they are putting them on the floor anyway to pander to the hard right and to cover up the fact that they will not provide good healthcare for women, that they are voting day in and day out to take away the right to healthcare of women throughout America and letting the administration, led by President Trump, do just that.

If Republicans were serious about getting back to the people’s business, there is no shortage of bipartisan legislation we could consider. Nearly 400 bills have passed the House, hundreds of them on a bipartisan basis, and they have collected dust in this Chamber. They have gone into Leader McConnell’s legislative trash can. On healthcare alone, we have legislation to protect Americans with preexisting conditions, legislation that would eliminate junk insurance plans, and legislation to reduce maternal and infant mortality rates, which my colleague from Illinois will talk about, I believe, shortly. All of these bills have languished in Leader McConnell’s legislative junkyard.

When Leader McConnell or any Republican says “Oh, impeachment stopped us from doing things,” look at what we are not doing today—not only what we are doing, which is meaningless to women, but what we are not doing—protecting their healthcare, protecting *Roe v. Wade*, which two-thirds of American women want protected.

Any of the proposals that are in McConnell’s legislative graveyard would be better than this anti-choice, anti-

women, and anti-family legislation, but, typical of Leader McConnell, Republicans have chosen once again to play politics on the Senate floor.

Leader McConnell should stop wasting the few votes he does schedule with these shameless political stunts and instead bring legislation to the floor that would actually improve the healthcare of the American people and of American women in particular.

I yield the floor.

The PRESIDING OFFICER (Mrs. LOEFFLER). The Democratic whip is recognized.

CORONAVIRUS

Mr. DURBIN. Madam President, I would like to note that this morning at 8 a.m., an unusual meeting took place in this Capitol Building. It was in the area of the building that is reserved for top-secret classified briefings. All Members of the Senate were invited. The issue at that briefing was the coronavirus.

I sat through the major part of that briefing before I had to leave for another meeting. There wasn’t anything in there that should have been classified or top secret. If there were ever a time when we need to be open, honest, and complete in telling the whole story to the American people, it is this moment when we face the coronavirus, which started, we believe, in China and is now spreading across the world.

I back up what the Democratic leader said earlier because the request was made at this meeting for some \$2 billion in the United States to respond to this coronavirus threat. When we questioned the administration as to why that number and what they were going to do with it, the answers were limited. In fact, when it came to the source of the money, they had no answer at all.

Remember, this is an administration which has consistently asked to cut the funding for the Centers for Disease Control. It has been a low priority of the Trump administration until we faced this threat, and now they have suddenly awakened. It turns out that even in the next fiscal year, which begins on October 1, the Trump administration has asked to cut the money for the Centers for Disease Control again.

You ask yourself, who is in charge over there? Who is making the basic decisions? Well, it could be the person who has decided that every available dollar needs to be put into a wall on the Mexican border.

Think of this for a moment: Ten billion dollars currently sits in an account for the building of this wall—unspent. They can’t spend it. Yet the President recently asked for \$3.8 billion more for building his almighty wall—which I thought Mexico was going to pay for—and now comes at the last minute asking for some \$2 billion for the coronavirus.

As one Senator said in the meeting this morning, when it comes down to it, if our business is to protect the American people, isn’t the highest priority to stop the spread of this virus in

the United States? Of course it is, and that is why it should be a higher priority. No wall is going to stop that virus from coming into the United States. The President ought to wake up to that reality.

When you look at the efforts that are being made here in the United States and around the world, we can and should do more. I support this request for a dramatic increase in funding for this purpose now—now, before it spreads across the United States, which God forbid it ever does. We don’t want it to. We want to make sure we have done everything in our power to stop it, and that means empowering those in charge with the knowledge, with the expertise, and with the authority to protect our families. First and foremost, protect American families. That is a much higher priority than any campaign promise this President made about a wall on our southern border.

I support the effort by Senator SCHUMER asking for some top doc or some individual with management authority, management experience, and the knowledge of the public health threat we face with this coronavirus, to be put in charge to coordinate the myriad agencies that will be touched by this campaign to protect America. Now is the time to do it. The time to do it—at least now, but it should have been much earlier, with more money dedicated to this purpose rather than cutting back on these key agencies.

WOMEN’S HEALTHCARE

Madam President, on a related topic, related to health, this morning Senator MITCH MCCONNELL came to the floor and said that today, this afternoon, we are likely to take up two votes on motions to proceed. This is so typical now of what we do in the Senate. Instead of bringing a measure to the floor with an understanding of an amendment process so that we can discuss it fully, vote on it in many different aspects, and then come to a conclusion with a majority vote in this body, Senator McConnell comes to the floor with another drive-by political hit on the issue of women’s reproductive health.

We know what this issue is all about. Many of us who have served for years know there is a fundamental difference among those of us here in the Senate, and we know what the outcome of this vote will be because at least one of these votes was cast last year on exactly the same topic. So why would Senator McConnell bring it back? It is to get that drive-by shooting when it comes to this political issue. To me, that is unfortunate, and I would like to suggest there is a better alternative.

BLACK HISTORY MONTH

Madam President, this is Black History Month, and I want to take the time to celebrate a person who made history when it came to healthcare.

Helen Octavia Dickens was born in Dayton, OH, in 1909, a daughter of a former slave. She attended Crane Junior College in Chicago, now Malcolm X

College. In 1934, she graduated from the University of Illinois College of Medicine, Chicago, as the only African-American woman in her class of 137 students. She was the university's first Black woman physician graduate.

Dr. Dickens became a specialist in obstetrics, eventually moving to Philadelphia to work in a birthing center, where she provided care for the poor. While there, she broke barriers by becoming the first African-American woman to be admitted into the American College of Surgeons, receive board certification in obstetrics and gynecology, and practice medicine in Philadelphia.

Her work to help heal and guide women of all ages was nothing short of inspiring and her efforts to shine light on the troubling issue of health disparities in the United States that continues to this day. Let me be specific.

America has a long history of medical inequality. Sadly, we know that history has not ended. From premature births to premature deaths, people of color disproportionately bear the brunt of America's troubled healthcare system. On average, they live sicker, die sooner, and go without needed medical care more often. Communities of color suffer disproportionately from HIV, heart disease, stroke, diabetes, kidney failure, prostate cancer, and other medical conditions.

President Obama signed the Affordable Care Act into law nearly 10 years ago. It is still one of my proudest votes. Thanks to that law, 20 million Americans gained health insurance—more than 1 million in my home State of Illinois.

I am proud to say that law has taken strong steps to address racial inequalities in healthcare across America. A report last month found that the Affordable Care Act helped narrow racial and ethnic disparities in healthcare access and coverage, especially in States like mine—Illinois—that expanded the reach of Medicaid. Yet we know that better is not nearly good enough when it comes to healthcare. Nearly half of Black Americans—46 percent—live in the 15 States that did not expand Medicaid coverage after the Affordable Care Act was passed.

Another area of racial disparity is maternal and infant health. I raise this issue because instead of these drive-by issue votes, which Senator McCONNELL insists on without debate and without amendment, we should be addressing an issue that should have bipartisan support. Let me be specific about what I mean.

The United States ranks 32nd out of the 35 wealthiest nations when it comes to infant death, infant mortality. Let me repeat that. Our Nation ranks 32nd out of the 35 wealthiest nations when it comes to infant mortality, and babies of color are the hardest hit.

If you are an African-American infant born in America today, you are twice as likely to die in the first year of birth compared to White infants.

And the mother giving birth? In the United States, African-American women are three to four times more likely to die giving birth than other women in this country. In Illinois, sadly, they are six times more likely to die.

The United States is one of only 13 countries in the world where the maternal mortality rate is worse now than it was 25 years ago. Instead of impaling ourselves politically on the issues that divide us, can we come together on an issue that could unite us: that we are going to do something in America to reduce the infant and maternal mortality, particularly among African Americans.

I have given a lot of thought to what we can do to try to bridge this racial divide to help women and babies of color. For the past two Congresses, I have introduced a bill with Illinois Congresswoman ROBIN KELLY called the MOMMA Act. The bill would expand Medicaid coverage for new moms from 60 days after birth to a full year postpartum to ensure adequate care after the child is delivered. The bill would also ensure implicit bias and cultural competency training for healthcare providers to help address health disparities in communities of color and increase access to doulas.

We are simply not doing enough to correct this injustice and save the lives of new moms and babies across the country. Instead, Senate Republicans are pushing two anti-choice bills this day that will do nothing—nothing—to help improve maternal and infant outcomes in America nor to help address racial disparities that currently exist. If they actually wanted to save and improve the lives of new moms and babies, they should consider passing legislation like the MOMMA Act, which I have just described. I am going to try to call this to the floor this afternoon. Wouldn't it be a breath of fresh air in the U.S. Senate if, on a bipartisan basis, we could agree to do something about this public health crisis affecting infants and mothers across America?

The fact that we rank so low in the world standings of safety when it comes to delivering a baby among African-American parents in this country is just unacceptable and unforgivable. Can we muster the courage to stop the political shootings here on the floor, this drive-by shooting of political issues, and instead address an issue which truly is a life-and-death matter that we all should agree on? The Republicans have a choice this afternoon to join me in this effort.

I am proud to stand here today and to honor Helen Dickens, the African-American doctor I described earlier who passed away in 2001. Her fierce advancement in the medical field helped pave the way for future doctors, particularly women of color, and led to important discoveries in women's health.

Today, much of what we know about the importance and effectiveness of an-

nual OB/GYN visits was influenced by Dr. Dickens' work. With a grant from the National Institutes of Health, she helped train general practitioners to give women the exams they need to note early detection of cervical and uterine cancer. In 1982, the University of Illinois honored Dr. Dickens with the Distinguished Alumni Award.

While the United States has a troubled past in addressing racial inequality, we need to learn from the mistakes of the past to ensure that all Americans receive the healthcare they deserve in the future.

Dr. Helen Dickens and many other African-American pioneers give me hope for a brighter future.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. THUNE. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

ABORTION

Mr. THUNE. Madam President, today we will vote on two pro-life bills: the Born-Alive Abortion Survivors Protection Act and the Pain-Capable Unborn Child Protection Act.

These bills should be completely uncontroversial. Every one of us in this Chamber ought to be able to agree that infants who are born alive during an abortion procedure should receive the same care that a baby born alive in a hospital would receive.

Every one of us ought to agree that, at the very least, we should not be aborting babies after the point that they can feel pain, but unfortunately the abortion extremism in the Democratic Party is such that it is unlikely that these two bills will even get a chance to be debated.

We shouldn't even need the Born-Alive Abortion Survivors Protection Act. It should be obvious that any baby born alive, wherever he or she is born, ought to receive care, but with more than one leading Democrat over the past year refusing to rule out infanticide, it has become clear that we need to underscore that being born alive in an abortion clinic instead of a hospital doesn't eliminate a baby's right to medical care.

Like the Born-Alive Abortion Survivors Protection Act, the Pain-Capable Unborn Child Protection Act should be a no-brainer. This legislation would ban abortions beginning in the sixth month of pregnancy, a point at which science has clearly demonstrated that the unborn child is able to feel pain—and not only able to feel pain. By this point in a pregnancy, approximately 20 weeks, babies are almost able to survive outside of their mothers. Babies have survived after being born at 25 weeks, at 24 weeks, at 23 weeks, and, like Ellie Schneider, who attended the State of the Union Address with her mom, at 21 weeks.