

First, we passed an emergency funding bill to bolster our response in the critical early stages of community spread. Since it was signed into law nearly 2 weeks ago, it has provided funding for the personal protective equipment our healthcare professionals rely on and has supported our community health centers and State and local health departments. It has also bolstered our resources in the race to develop a vaccine, possible treatments, and more tests. It has been a strong start, but we have known all along that it would just be the first step. As the scope of this virus continues to grow and challenge our country in new ways, we are working as quickly as possible to respond in realtime.

As we know, more and more Americans are staying home and practicing a new term, a new phrase—social distancing. It is one that I really had not heard of before this virus. While that is a sign of progress in our fight to slow the spread of the coronavirus, it is handicapping millions of businesses and workers. As travel plans are abandoned, as public events are canceled, and as restaurants and shops are closing their doors or scaling back their operations, many people are losing their jobs and their livelihoods.

A recent poll found that nearly one in five American households has experienced a layoff or reduced work hours, and those who work in the service or hospitality industry are particularly hard hit. Think about the waiter at your favorite local restaurant, the person who cuts your hair, the individual who sweeps the aisles after a basketball game, the housekeeper who cleans rooms at a hotel. They are among the millions of workers across the country who are trying to survive this new reality.

Here in the Senate, we are working as quickly as possible to support them. Yesterday, we passed a bill to help individuals and families who face economic fallout from this outbreak. We improved paid sick leave for those who have been impacted by the coronavirus, and we have strengthened our food security for Americans of all ages. We also made coronavirus testing free for all Americans. No one should be afraid to get tested because of the cost.

For all of the benefits this legislation will deliver, it will not address every problem. We knew that it would just be the second step in a journey of undetermined length. Yet, rather than holding that bill up and doing nothing, in order to include additional measures we would like to see, we worked as quickly as possible to put that second phase into action, and we then moved on to phase 3.

In building on the first two steps we have taken, it is time to make bold moves to support our economy. We need to be sure it can survive this pandemic in the short term and thrive in the long term. The American people are resilient. We have been through national disasters, like 9/11 and the huge

economic meltdown and great recession of 2008, but in my experience, we have never had anything quite like the coronavirus pandemic. Yet the American people have always maintained their good attitudes and worked through these crises and have come out stronger and better in the end.

As I mentioned, the shift in our daily routines is having a serious impact on the businesses we are used to supporting every day in our local communities. Sadly, those small businesses that employ about half of all U.S. workers are among the hardest hit. Here is the thing. They bear no responsibility for the economic conditions they find themselves in. This is something totally beyond our control.

The restaurants, the hardware stores, the salons, the gyms, and the countless other small businesses that are operated by our neighbors are facing tough decisions. Over the last couple of days, I have talked about a number of my constituents, fellow Texans, who are experiencing hardship—one whose revenue is down about 60 percent, one who is rotating her employees so each can at least get some work, and one who is terrified that this could sink the business he has worked on for 25 years.

As we continue working on this third phase of the coronavirus response and recovery, my top priority is to support these small business owners and their employees, who have been left with no way to collect paychecks, no way to provide for their families, and no way to provide for the necessities of life.

Yesterday, Senate Republicans met with Treasury Secretary Mnuchin and discussed wide-ranging proposals to provide relief to workers and small businesses. There is one thing we all agreed on. We need to take immediate action to put money directly into the hands of these displaced workers. Work opportunities may be disappearing for some workers, but the expenses don't go away. People need money to buy groceries, to pay their bills, and to stay afloat until things normalize.

There are ongoing discussions about the most efficient and most effective way to get money into the hands of those who have been the most negatively impacted, but I want to assure all Texans we are working as quickly as possible to find the best solution. The centerpiece of the phase 3 deal will be that of direct aid to American workers who have been displaced, but it must also include additional actions to protect the integrity of our healthcare system. As more and more people are being tested and diagnosed, our hospitals and healthcare providers are needing additional support so they can continue to serve patients. We are working to get our healthcare providers the resources and equipment they need so they can continue fighting this virus on the frontlines.

I thank the majority leader, Senator McCONNELL, for publicly committing to keep the Senate here in session until we pass legislation that meets these

high demands—a decision that I fully support.

While the Senate's work continues, I know many Americans are feeling some helplessness and uncertainty at a time when the best thing you can do may be to just stay home. While older Americans face a higher risk if they come into contact with the virus, every one of us has a role we can play in beating this virus.

I reiterate remarks made earlier this week by Dr. Deborah Birx, who is coordinating the White House Coronavirus Task Force. She continues to stress the importance of millennials—one of the largest generation cohorts—in saying that this is the core group who will stop this virus.

We all know young people feel bulletproof and that their lives will be eternal. Many a time, they don't understand that they are just as mortal as the rest of us. Because these younger individuals are at a lower risk of contracting the virus, they think it is fine to continue with their normal routines as long as they aren't experiencing symptoms. Yet, if they are infected, they can still transmit the virus to others, especially to the older, more vulnerable people in their communities.

Dr. Birx has pointed out that we often talk about the "greatest generation," which is the World War II generation—people like my mom and dad and those who answered the call to serve and fought for our freedoms. Yet now is the time for the younger generation, the millennials, to answer a different call and take the necessary precautions to protect that "greatest generation," which is among the most vulnerable.

I am proud of the fact that, when Texas faces a crisis, whether it be hurricanes or tornadoes that have devastated our State in recent years, Texans come together and support one another. The truth is, this is also how I would describe Americans when they react to an attack, whether it be 9/11, the great recession of 2008, or now this coronavirus.

This is not a time for us to engage in business as usual. This is a time for us to come together in a new and very important but different way. Stay home, and take this seriously. We will get through this together.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. YOUNG). The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

CORONAVIRUS

Mr. BLUNT. Mr. President, the response to the coronavirus has made it clear that there are lots of things that

are the responsibility of individuals, things like staying at home if you are sick—frankly, staying home if you are more likely than others to be sick—and practicing the kinds of hygiene our mothers taught us we should follow all along. Personally, I may have set a new personal record for just washing my hands in the last 2 weeks. I have never been averse to washing my hands, but I don't know that I have ever washed them half a dozen times a day or more before. Those kinds of things are left up to us.

Then there are things that are left up to the local level, things like determining in a local community whether things should be open or not and what kinds of activities should be the activities where you draw the lines in terms of crowds. That is more likely to be better decided at a local level by even a State or, more likely, by a mayor or a county executive than by somebody here in Washington.

Then at the national level, we are moving toward our third package now in the last few days to try to deal with this. The first package was about \$8 billion, which was really focused on the immediate health response—supplies, developing a vaccine, trying to figure out what the right therapies were, understanding the things we needed to do to further help hospitals get ready and to further encourage people to go places other than hospitals when that worked. All of those things were part of that first package.

The package we sent to the President that the President signed last night was about \$100 billion. By almost any standard, it is a huge amount of money to put together in just a short period of time. That \$100 billion, while it continued to work on the healthcare side, was also very focused on just keeping people on a payroll if they are on a payroll. That \$100 billion focused to a great extent on how you keep people who have decided they need to be quarantined or who were in quarantine by a doctor or by a business that, in fact, was quarantined because it was closed—keeping those people on that payroll and continuing to keep that part of our economy going.

Today, we move to the third package, which is \$1 trillion—\$8 billion, \$100 billion, now \$1 trillion. That \$1 trillion is designed to continue to do all the other things that I talked about but also designed to keep this economy at a point where, when we get through this, we will be as nearly to where we would have been otherwise if at all possible.

You know, interestingly, here we are going into a situation where we are trying to protect an economy that didn't have any systemic problems with it. It was an economy that was by all measures unbelievably good, and then suddenly people are encouraged—sometimes required—to back away from that economy and to cease participating in lots of that economy, partly because we have encouraged part of that economy to cease being part of the active economy.

What do we do there? This is going to be a different kind of response, more focused in many cases. Where, in the past, people have said “We need more of your money,” many of the requests are “We just need to have access to more money that we can easily pay back when we get through this. We are willing to have securitized loans. We are willing to have lots of things,” figuring out how to deal with that liquidity issue.

Then there are some things we need to put in this package that simply the government is going to have to look at in ways we haven't looked at before. I want to spend a few minutes talking about one of those things today, which, just frankly, is securing our medical supply chain.

In the past, the idea that we would worry about the supply chain would not have been at the top of the list of the things the American people would be thinking needed to be on the first list they needed to look at when they think about public health, but what we see happening now is a direct reminder that the medical supplies we use can come from all over the world.

In a pandemic, everybody in the world may think they need what you think you would have received and expected to get more than they think they should send it to you.

We depend on manufacturers in other countries. Approximately 40 percent of the finished drugs and 80 percent of the active pharmaceutical ingredients are manufactured overseas—primarily in China and India. The ongoing global coronavirus outbreak has really highlighted for the first time in today's supply chain what happens if you might not be able to get what you need when you need it. It is also a spotlight on our supply chain challenges generally. I think that, as a result of this, we are going to look at that sooner than we would have, but right now, in this bill, I am hoping we include an immediate look because we have quickly gone through a series of warning signs now that make us understand why we need to look at this and look at it now.

On February 27, the Food and Drug Administration announced the first coronavirus-related drug shortage—February 27. On March 10, the FDA halted its routine overseas inspections of drugs and devices. Last week, State health departments and the Centers for Disease Control and Prevention raised concerns about the looming shortage of coronavirus extraction kit reagents needed to actually conduct the diagnostic test, not to mention some concerns about the swab you might need, in some cases, to take just the normal flu exam.

It is more and more clear that protecting our Nation's medical supply chain is both a priority for public health and for national security.

Obviously, the supply chain has become more and more global. Economic efficiency makes sense, and being more competitive makes sense. It is fine to

buy things from other countries, but it is better if you have multiple options. It is better if you have other options, including domestic production. That is especially true when it comes to vital things, like medical devices, medical supplies, pharmaceuticals, or the products we need for public health and safety.

We see how this is a problem. It is a problem that has sort of come upon us in this pandemic environment in a way that we had not thought we would have to deal with before, but we do have to deal with it. We are hoping, with this bill, this is one of the places we can deal with it.

You know, in our supply chain, generally, if you are making something and it takes 300 parts and you have 299 of them, you are in really good shape, except you can't make what you hope to make because you don't have that one essential 300th part. If you are relying on factories in China or South Korea or some other place that have shut down temporarily, suddenly your factory has become too dependent on a partner that is no longer there.

So a bipartisan group of Senators—including myself and Senator ALEXANDER and Senator DURBIN and Senator MURRAY—has written legislation to figure out how to assess our vulnerability in the global supply chain for medical supplies. We want the National Academy of Sciences, Engineering, and Medicine to look at this issue and to look at it now, to look at this issue and determine how dependent we have really become on supplies from other countries and then to make recommendations as to what some of our options might be. We would also like to hear their views on how they can make our supply chain more resilient for critical drugs and equipment; what kind of backup plan we need to always be thinking about if our frontline plan continues to be that other partner in another country; what our quick, go-to backup is and how essential it is that we have that backup. That would include asking how we can encourage domestic manufacturers of some things to be able to step up and reorient what they do when they need it and in a crisis.

The President, to some extent, addressed this idea yesterday by talking about a defense manufacturing strategy. That defense manufacturing strategy may need to be more robust in some areas. Whether it is component parts to a medical device or pharmaceutical ingredients or simply the gloves and masks and swab sticks and things that you need for basic healthcare when you are trying to determine what your healthcare environment is and then deal with it, we need to look at it.

One example may be just, again, the daily dependence on the daily protective equipment that our healthcare providers have. We are interested to know what we need to do over the next 60 to 90 days and what we need to do

over the next 2 or 3 years. That is what we are going to be asking this commission to look at, and we want it to look at it quickly.

This is a priority. It has become an immediate priority. We need to know, as we now look at another one of these in a series of epidemics where this has been a concern; whether it is Ebola or swine flu, or bird flu or Zika or SARS, we have had too many of these in too short a period of time. And during that same period of time, the globalization of the supply chain has dramatically changed.

So as we prepare for future hazards, we want to ensure that a supply chain is in place to allow us to provide the kind of healthcare we need, the kind of response we need, and the kind of protection we need. This should be part of the bill we send to the President, hopefully, between now and no later than the end of next week. It is one of the things that will begin to move us in a better direction and create greater security—greater health security—as we look at our other security concerns.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Virginia.

CORONAVIRUS

Mr. KAINÉ. Mr. President, like my colleague from Missouri, I also rise to address the Nation's response to the COVID-19 virus. In particular, I want to discuss the next steps we need to take at the Federal level to deal with this health emergency and the severe economic dislocation resulting from it.

Before I offer my comments, I want to offer some thanks. I want to thank the Senate staff and all those in the Capitol who are working here under tough circumstances.

I notice that the pages are not here, and that is because the Senate has wisely decided that, while we ought to be here doing the people's business, even at some risk to ourselves, the young people who would normally be here should be home with their families.

I want to thank healthcare workers all across the United States. They are doing very difficult work right now, and they are doing it under very stressful circumstances. So many people who work at our healthcare facilities are there trying to protect patients. They have kids in schools that have been closed, and they are grappling with where their own children are during the day and whether they can find childcare during what would normally be the school day. I particularly want to thank them.

Finally, I want to thank the American public. I will return to this point at the end of my comments.

We are not an authoritarian nation. There are steps that other nations are taking with respect to this virus, where they can sort of order or quarantine in ways that we can't here. What we do here depends upon the con-

sent of the governed, and the guidelines about social distancing, for example, require some significant sacrifice. Overwhelmingly, I see Americans taking steps to make that sacrifice, and I want to thank them.

I applaud the bipartisan work that Congress has done with the White House in the past 2 weeks to pass two important laws. We passed the supplemental appropriations bill, providing more than \$8 billion to invest in our public health response with resources for States, territories, and Tribes, investments in vaccine development and testing, and other key health priorities.

Just yesterday, the Senate passed the second piece of legislation to provide emergency relief for workers and their families: paid sick leave, extended unemployment insurance, and other measures. But we still have so much more to do, and I am going to be very candid about this.

I offer these thoughts as a former mayor and Governor who has overseen significant emergency response efforts in my city and in my State: hurricanes, floods, mass shootings, the H1N1 epidemic, and the economic collapse of 2008 and 2009. While those give me a perspective on what must be done, I have to acknowledge that the current challenge is a massive one, arguably bigger than any I have seen in my life. Because it is so big, it will require unusual degrees of innovation and cooperation, and the need for that innovation and cooperation is urgent.

I got off a phone call this morning—and I am sure all 100 of my colleagues are making calls like this. I got on the phone with my fellow Virginia Senator, Mr. WARNER, to talk to Virginia's hospitals. Now, Virginia is a State that, economically, is pretty well off. It generally tends to have top-quarter per-capita income for a significant metropolitan area, but the stories from my hospitals were just, frankly, shocking.

They can't get tests to test patients who are presenting with symptoms of COVID-19. If they have tests, they don't have the swabs to administer the test or they don't have some of the chemical components needed so that once a swab is taken, they can run the test to determine whether somebody has the virus or not.

They don't have masks. Hospitals were telling me that masks, which they would normally buy for about \$1 apiece, are now being charged at \$9 apiece with severely limited quantities.

Major hospitals in a major metropolitan area like Northern Virginia, on the testing front—one of my hospitals said they got enough tests from their main supplier to test 40 people. That lasted for about 2 days. And when they said "We need more tests," the supplier said "Well, look, we only have so much that we can distribute. That is all you get."

When I heard this story, one after the next—and I know I live in a nation

with not only the best healthcare providers but the best healthcare institutions in the world—I had to ask myself: Where am I? Is this the United States of America, where a hospital treating people on a global pandemic cannot get a mask, cannot get a swab, cannot get a test? Why are nations like South Korea and Australia and the United Kingdom so much more able to do things this country should be able to do?

I don't think we should become normalized or just accept that. I think this is so profound a question about why this Nation, with the best healthcare providers and the best healthcare institutions in the world, is so far behind other nations. So let me offer these recommendations—blunt recommendations—for the road ahead.

First, in the words of the Hippocratic Oath, do no harm. The administration lost 6 to 8 weeks in responding to this crisis—critical time that was used productively by other nations—because the President continually downplayed the threat of COVID-19.

No American has a louder microphone than he does, and again and again he downplayed the threat, suggested it was contained, suggested everyone would be tested, suggested it was a hoax, and suggested the Democrats or the Chinese or the media were blowing it out of proportion. Whether his comments were due to ignorance or a political desire to hide bad news is irrelevant.

I was shocked that the President submitted a budget to Congress on February 10, when the virus's global spread was clear to all, that dramatically cut funding for key public health agencies—the NIH, CDC, HHS—and our investments in global partnerships like the World Health Organization. The White House foolishly eliminated the global health security team at the National Security Council that was set up after the Ebola crisis to practically deal with pandemics like COVID-19.

I remain stunned—stunned—that the President's lawyers are still in court all over this country attempting to repeal the Affordable Care Act to take healthcare away from millions of Americans. There is never a good time—never—to take an ax to the public health infrastructure and scheme to take away people's health insurance, but there is surely no worse time to do it—to take an ax to the public health infrastructure and take away people's health insurance—than during a global pandemic.

So my recommendations here are pretty simple. Quit lying and downplaying the threat. Let the trusted scientists and public health leaders in your administration take center stage.

In recent days, the President seems to have adopted this approach, thank goodness, and it is long overdue. Congress should ignore the President's budget that urged foolish cuts to our public health infrastructure, and the