

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. KAINE. 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

administration should cease efforts to dismantle the Affordable Care Act.

One more thing: Quit the inflammatory China-bashing. Did this virus originate in China? Yes. But, Mr. President, that does not excuse your weeks and weeks of tweeting lies and misinformation about the virus, while the leaders of other nations were taking steps to make sure their populations could be safe.

The fact that the virus originated in China does not excuse the massive missteps that have led to the United States being so far behind other nations in the world in the ability to provide testing—basic testing—to citizens, including citizens who have serious signs of illness. The President's decision to call this the China virus or Wuhan virus or other epithets that he and members of his team have used are a crass effort to deflect blame away from the acceptance of responsibility that a President should have.

The buck stops with you, Mr. President. You cannot blame this on anyone else. You have to own responsibility. You should stop inflammatory China-bashing that is exposing Asian Americans in this country to prejudice.

The second thing we need to do is continue to focus, first and foremost, on managing the public health crisis presented by COVID-19. The economic dislocation is significant. We are working on a package with respect to that now. I am going to talk about it in a minute, but no economic intervention will work if the American public continues to lack confidence in our public health response. And a strong public health response that will effectively manage the spread of this virus and coordinate medical care for those affected will be the single best strategy for enabling the economy to get back on track.

To accomplish this public health goal, we need to have strong policy at the Federal level to make—continue to make—science-based recommendations on the extent and timing of social distancing guidelines.

We need to overcome the shockingly poor start to testing Americans for the virus. Testing helps us flatten the curve of the infection so that our health system is not overwhelmed, and it also helps reduce anxiety by giving people information about their status so they know what to do.

Americans are used to being tested. If we feel ill, we go to a doctor. We get a test to see if we have a flu. We get a test to see if we have pneumonia. We get our children tested to see if they have strep throat. We are used to this, and when we see it happening around the globe, and when we hear the President and Vice President say that everybody will get tested, but when people call their healthcare providers and are told that there are no tests or see drive-thru testing sites, such as ones we had in Hampton Roads, shut down after a day and a half because they ran out of tests, it tremendously raises their anxiety.

We need to continue the good work that is already being done to accelerate the development of a safe and effective vaccine. We need to make sure that our hospitals and healthcare providers have the resources they need to treat sick people and protect their frontline health workers.

Finally, this is looking down the road a bit, but I think it is important that we think about it now. Policymakers should try to develop the science-based criteria that will enable them to confidently tell Americans when it is time to return to normal social and economic activity. I remember President Bush doing that at some point after 9/11. He said: It is now safe. It is time for Americans to go back to normal, everyday activity. A strong signal of that type, when it is warranted by science, will be critical—critical—to our recovery. That day may be weeks or months away, but developing the criteria that we can agree on that should be the signal for a return to relevant normalcy is something we should all be working on right now.

Third, we should make full use of State and local governments. Polling shows that Americans are skeptical about what they hear about this virus from President Trump and, indeed, Washington. But the same poll shows that they do have trust in how State and local officials are handling this crisis. Use the network of State and local officials to communicate clear messages. Continuously seek their input on how their schools, hospitals, nursing homes, and local economies are affected. That is what I am doing every day, and I suspect every Member of the Senate is doing the same thing—conference calls with leaders around my State to make sure that we are doing the things that are most helpful. And we should reality test any legislation, especially an economic package, with these leaders to make sure it is responsive to the real needs they are seeing on the ground.

Fourth, Congress needs to move promptly to pass this strong economic package, backstopping the American economy from being ravaged by COVID-19.

In 2008, structural issues like the accumulation of debt, bad public policy leaving huge swaths of economic transactions unregulated, and predatory mortgage practices helped bring down not only the American but the global financial system.

Today, the American economy has been performing relatively well, and it now labors under a severe healthcare shock. There is reason to believe that, once we get the healthcare strategy right, we will be poised for the economy to resume its upward trajectory. But we must provide protection and support in the meantime.

I believe that the focus of an economic package should be workers and small businesses. They are the most vulnerable to the current challenge and most in need of intervention.

This is the message that I am hearing again and again as I talk to Virginia residents and business leaders. I had a wonderful conversation with the president of my statewide chamber of commerce the other day, and he said candidly: Look, more of our members are actually medium and large businesses, but the most important thing you can do is focus on the needs of small businesses and their employees.

I appreciated that he was advocating even for a business sector that isn't the core of his membership, but this is what he was hearing and what I think most of us are hearing.

I support direct cash payments to low- and middle-income Americans and their dependents to help them through this crisis, and it is nice to hear there may be some agreement on that. I support strategies to provide grants and loans to small businesses, particularly if they use those resources to keep employees on the payroll. I hope direct support to individuals and small businesses will be the heart of the economic package that the Senate, the White House, and the House put together.

Now, for the larger businesses and industry sectors who need Federal help, we have to stand ready to assist, but if we are to invest in these businesses yet again, a few years after providing them with massive and—in my view—unnecessary tax breaks, we must not simply rescue them but demand that they reform, and our investments must be designed to keep workers on payrolls to the maximum extent possible.

The Business Roundtable, an influential voice for the business community, said last year that businesses need to expand their priorities beyond shareholder concerns and invest in employees by compensating them fairly, providing important benefits, and supporting communities they work in. I couldn't agree more. These businesses employ many Americans and deliver us important goods and services, but if American taxpayers are stepping in to cover their losses, I think it is fair to expect and, indeed, require that these businesses channel the benefits toward people who are on their payroll, who work for wages and salaries, not those who live off investment income.

I will do all I can in the coming days to help shape our economic package to make it responsive to these goals.

Fifth—and in this I echo some of the comments made by my colleague from Missouri—the crisis does raise long-term questions that must be addressed going forward. We have to have real discussions about the virtues and disadvantages of global interconnectedness. Better travel leads to economic growth and a better understanding of the world, and it also facilitates the spread of viruses. Instantaneous global communication networks are an economic plus but increase vulnerability to cyber attack.

How do we increase American resilience to these threats without inhibiting our economic prospects? There

are elements of our supply chains—pharmaceuticals and medical products and supplies in particular—that must be viewed through a national security lens and progressively brought back to this country to enhance safety and an adequate supply of supplies in times like this.

A second long-term question that has been raised for years by my Virginia colleague Senator WARNER deals with the new reality of how Americans work. Many of the people most affected by this shock would be part-time and gig workers. The safety-net mechanisms that our policies provide for full-time workers who get a W-2 every year are not as available to the increasing percentage of the American workforce who are in multiple part-time jobs without benefits or who work as independent contractors or are otherwise self-employed.

In addition to making sure that the economic relief package provides assistance to this large group of Americans, we have to examine our workforce policies so that these workers also have a social safety net to fall back on during times of crisis.

Finally, every American needs to do their part to confront this crisis. The best way to slow the spread of COVID-19 and minimize its impact to individuals, to our healthcare system, and to our economy is to adhere to science-based social distancing and personal hygiene recommendations in our everyday lives.

Because America is not an authoritarian nation, there are some options used by other nations that will not likely be used here. Our public health measures will depend upon the cooperation and adherence of every single person. Sacrifice is hard, but a modest sacrifice in the near term can help save the lives of people we love.

So I implore every Virginian and every American to follow the recommendations we get from our public health officials and find ways to safely reach out and connect with friends and family during this challenging time.

To my colleagues: We must rise to meet this challenge. This is one of the moments for which we were destined to be in the Senate. The people we serve are relying on us to calmly and promptly address a grave health crisis with the tools needed to keep families safe and protect the American economy. It is a serious responsibility. May we all live up to it.

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.

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

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

SECURING AMERICA'S MEDICINE CABINET

Mrs. BLACKBURN. Mr. President, we are continuing to roll out our response to the coronavirus and to this pandemic, and I want to encourage my colleagues to begin to think about how we move past this immediate crisis that we are in and begin to look toward what is going to happen in the future with our supply chains and our healthcare delivery systems.

As we talk about the problems that are before us today, let us not forget that 3 months from now, 6 months from now, a year from now, we need to be looking at today and say: Here were the lessons learned, and these are the steps that we have taken to make certain that it doesn't happen again.

What we have learned and what many Americans know is something that some of us started working on a couple of years back. It was looking at the fact that Americans and American drug manufacturers rely heavily on Chinese companies to produce active pharmaceutical ingredients, or APIs, as they are called. We also know that bad actors in China are poised to use that vulnerability as leverage and to use it as a way to disrupt and interrupt the supply chain of those active pharmaceutical ingredients coming into our country.

This is an issue that we cannot wait to address. This is something we need to do right now. That is why my colleague from New Jersey, Senator MENENDEZ, and I introduced the Securing America's Medicine Cabinet Act, or the SAM-C Act, as a way to encourage and increase American manufacturing of these active pharmaceutical ingredients.

Here is what it would do. It would expand upon the Emerging Technology Program, which is housed within the FDA, to prioritize issues related to national security and critical drug shortages and bring that pharmaceutical manufacturing out of China and back into the United States, not in 5 years or 10 years but now. It is something that we need to do right now.

In addition, the SAM-C Act authorizes \$100 million to develop centers of excellence for advanced pharmaceutical manufacturing in order to develop these innovations. These centers will be partnerships between institutes of learning and the private sector. Certainly, we have talked a lot about public-private partnerships and the necessity of them to move us through this crisis, and we have cheered as the President has brought private sector companies into the White House to work with him on addressing these issues.

One thing we have to realize—and why this is important that we do it now—is that the number of API manufacturing facilities in China is still growing. China has found a vulnerability in our system, and it is continuing to exploit that vulnerability. Although we don't yet know down to the precise

percentage how dependent we are on these Chinese APIs, we do know that the more Chinese products that flow into the United States, the more potential there is for trouble and the more vulnerable our supply chain is.

The bottom line is that, if we continue to rely on the Chinese to stay healthy, we will be doing so at our own peril. So I am asking my colleagues to join Senator MENENDEZ and me and support this legislation as a part of these coronavirus response efforts that we are making.

The spread of the Chinese coronavirus has put considerable strains on our healthcare delivery system. Primary care physicians are overbooked, and potential patients are afraid of going to clinics at all for fear of putting an elderly or a vulnerable person at risk. I am in daily contact with physicians' offices and nurses' practices. I am hearing from those who care for the elderly and from caregivers for those who have complex medical conditions, and this is a primary concern. For that reason, conversations here on Capitol Hill have turned toward boosting telehealth services in order to free up in-person appointments for those who need them the most.

I am so grateful that the Vice President and the coronavirus task force have made this a priority. We appreciate that. The coverage of these efforts has made telemedicine feel, to many, like a new concept, but thank goodness we started building the foundation to support healthcare technology years before COVID-19 spread beyond China's borders.

As just a little bit of history, back in 2015, when I was over in the House, I introduced the SOFTWARE Act, which was to eliminate redtape that was preventing innovation in healthcare delivery. The bill ended up being rolled into a piece of legislation called the 21st Century Cures Act, which we passed through the House in late 2015. In 2016, it cleared the Senate.

The SOFTWARE Act directs the FDA to come up with a more efficient way of approving healthcare software so it will not discourage innovation because, at that point, that is what we were beginning to see. The redtape would just pile up on the new concepts in delivery, and by the time one would get approved, a new generation of technology would begin to emerge.

SOFTWARE's provisions made it possible for regulators and the private sector to bring us a lot of new innovations. We have Teladoc, Noom, Fitbit, and hundreds of other healthcare applications that we carry on our mobile devices. We have also seen many hospitals conduct post-operation care to patients once they go home. They are entering their data on iPads that are specific to their surgeries, and those physicians are monitoring their care and recoveries. This push for responsible tech policy has gone hand in hand with efforts to bring broadband to rural and unserved areas.