

result of an administration that did not take COVID-19 seriously enough early enough and refused to heed the warnings of public health officials and scientists.

The same phenomenon of the President's not wanting to hear the truth will hurt us dearly when it comes to national security as well. If the Director of National Intelligence can't stand up and tell the President what is really happening, even when the President doesn't want to hear it, our country will be dramatically less safe—the same thing that has happened during the coronavirus crisis. If we move RATCLIFFE and pass him, we will repeat the same mistake that the President has made on COVID. Not hearing the truth, not acting on the truth, listening to flattery and not much else, which we did on COVID, will be repeated on national security.

Now, I think many of my Republican colleagues actually know this. This is not the first time that President Trump has floated RATCLIFFE's name—it is the second—because, the first time, the Republicans balked. Many Republicans whispered: He has no experience. Some Republicans said to one another and to some of us: You don't need someone in the DNI who is just a cheerleader for the President; you need someone who knows intelligence and will speak the truth.

There is no new evidence that Mr. RATCLIFFE will act with the necessary independence. Nothing has changed about RATCLIFFE's qualifications since he was shot down by the Republican Senators in their saying he was the wrong man for the job. Yet sometimes—all too often in this Senate and to the detriment of this country—even when my Republican colleagues know the President is wrong, they go blindly along with him anyway. That happened with COVID and will now happen with our intelligence agency. I hope it is not the case. I hope Mr. RATCLIFFE's nomination will be roundly rejected, as it should be.

NOMINATION OF BRIAN MILLER

Madam President, the second hearing this morning is in the Senate Committee on Banking, Housing, and Urban Affairs on Brian Miller to be the Special Inspector General of the pandemic relief efforts. Having an independent, experienced, and strong IG to oversee the administration's use of taxpayer funds in this pandemic is critically important. Under President Trump, who has been firing IGs left and right simply because they tell the truth and who believes that he is accountable to no one, selecting a truly independent watchdog is essential and urgent.

As someone who currently works directly for President Trump as a member of his White House Counsel's Office, Mr. Miller's independence from the President is very much in doubt. We need a strong, tough IG. Billions of dollars are being spent. We don't want someone who has in his mind: I have to

please the President. Mr. Miller needs to explain why the Senate should confirm him to a position that requires genuine independence. In particular, he must answer specific questions from the Committee on Banking, Housing, and Urban Affairs about his role in the White House Counsel's Office and what issues he has worked on. It is not acceptable to hide behind vague assertions that he can't answer those questions. It is too important. The burden on Miller is to demonstrate that he can be a truly strong and independent inspector general.

CORONAVIRUS

Madam President, there are serious questions about the fitness of both of these nominees—Mr. RATCLIFFE and Mr. Miller. Yet, more broadly, the Republican leader has made a mistake by choosing to dedicate this session to nominations only instead of to urgent legislative business—COVID-19.

We could and should be focused on issues like testing. The first diagnosed case of COVID-19 was diagnosed here in the United States just over 100 days ago. We still don't have a national testing strategy that is adequate. In early March, President Trump said that anybody who needs a test gets a test, which has entered the pantheon of Presidential lies, alongside: "I am not a crook," and "Read my lips: no new taxes." It was not true then, and it isn't true now. We still don't have a situation in which everyone who needs a test and wants a test gets one.

As nations around the world, like South Korea and Canada, flatten the curve with rigorous national testing programs, the United States—this great United States, usually the leader of the world—is lagging so far behind. So, today, 42 Senate Democrats are sending a letter, demanding that the Trump administration fulfill its responsibility to produce a comprehensive, national strategic plan of action by May 24. Congress provided \$25 billion in the last round of COVID legislation to help build up our testing capacity. The administration needs to take those resources and produce results. We have given him the money and the wherewithal. Where are they? The strategy they must come up with must include a strategy for managing supply chains and for making sure resources are equitably allocated and a strategy to use all available tools, like the Defense Production Act, to make sure we reach the level of testing that will manage this disease, save lives, and get our economy moving again.

Until we have a vaccine, the most important tool we have at our disposal for tracking the disease, limiting its spread, and understanding where we can safely open is testing, testing, testing. We await the President's response to our letter and want to work with the administration to make sure we can end its embarrassment of inadequate testing, which, frankly, is far more than an embarrassment—it is crucial. It is life and death.

SMALL BUSINESS LENDING TRANSPARENCY

Madam President, finally, on small business lending transparency, over the past several months, Congress has provided historic levels of funding to help small businesses retain employees, meet payroll, and stay afloat during these turbulent times. Because of the depth of this crisis, we have dedicated trillions—not billions but trillions—to this effort. We must absolutely make sure these relief programs are implemented properly. With so much taxpayer money at stake, oversight, transparency, and accountability are musts.

Issues with the small business lending programs cropped up almost as soon as the administration began implementing them. Truly, small businesses had a difficult time in securing loans while larger businesses that had standing relationships with big banks had a much easier time. Minority-owned businesses, women-owned businesses, and other unbanked businesses—the proverbial small restaurant owner, the butcher, the baker, the candlestick maker—have been left out to a large degree. We tried to rectify some of these problems, particularly in COVID 3.5, but more must be done.

As Justice Brandeis said: "Sunlight is the best disinfectant." Transparency around these programs is the order of the day. So, this afternoon, Senator CARDIN and I will ask the Senate to pass legislation that demands new disclosure requirements for the Paycheck Protection Program and other disaster relief accounts. Our bill is very simple. It would require the daily and weekly reporting of the PPP, the Economic Injury Disaster Loan, and debt relief programs to be broken down, in each case, by geography, demographics, and industry. The data would need to be downloaded and would include the names of the entities and the loans or grant amounts. It would need to detail whether the programs are reaching underserved communities.

This is hardly a controversial idea. There is nothing partisan about it. Our legislation would simply require the basic transparency we expect from any Federal program—certainly, one of this size and importance. It is my hope that my Republican colleagues will not block our request simply because it comes from this side of the aisle. I would hope, on a day when the Republican leader has scheduled literally no business on the floor of the Senate, that we could come together to pass this very simple bill to make sure we know how taxpayer dollars are being spent.

I yield the floor.

The PRESIDING OFFICER. The Senator from Illinois.

CORONAVIRUS

Mr. DURBIN. Madam President, to date, more than 1 million people have contracted coronavirus in the United States—61,000 in the State of Illinois. Sadly, we are quickly approaching a death toll of 100,000 Americans. While more people continue to contract and

succumb to the virus, another alarming trend has come to light. The coronavirus disproportionately affects minority communities. Black Illinoisans make up less than 15 percent of the State's overall population. However, they account for 34 percent of all coronavirus deaths. In Chicago, Black residents account for 52 percent of the total coronavirus deaths despite their comprising only 30 percent of the city's population.

Recently, a survey of Latinos in Illinois, who make up 17 percent of our State's population, surpassed Black Illinoisans in confirmed cases of coronavirus. Now Latino Illinoisans account for 23 percent of confirmed cases in the State—the most cases of any race or ethnicity. Last week, on a call with the Illinois community health centers, I learned that, of the 34,000 African Americans who were tested in Illinois, 36 percent were positive for coronavirus. Of the 24,000 Latinos tested, 62 percent tested positive—62 percent. Compare that to the 73,000 White Illinoisans tested for coronavirus, wherein 18 percent tested positive.

Latino and Black populations in Illinois and across the Nation are bearing the brunt of this pandemic. As we continue to hit new, grim milestones during this public health crisis, these disparities are a sobering reminder of the historical inequities of our healthcare system in our country. Nationwide, Black and Latino Americans are more likely to have chronic diseases, such as diabetes, asthma, and heart disease, and are less likely to have health insurance than are White Americans. These health gaps are the result of historic and structural inequality, including their exposure to trauma, racism, stigma, and food deserts, and this pandemic magnifies the need to immediately address them.

Black and Latino Americans are also more likely to hold frontline jobs that have been deemed essential in the food, retail, and service industries. That increases their risk of contracting the coronavirus when reporting for work. I have spoken with many community organizations, such as the First Ladies Health Initiative and West Side United, as well as the Illinois community health centers, and they have all stepped up to help Illinoisans find solutions to these challenges. Yet we can't just talk about the problem. We need to put solutions on the table.

Congress needs to step up. I am working with the Illinois congressional delegation to improve our Nation's coronavirus data collection efforts so that we can better understand and address these racial disparities. It is unacceptable that not all States are currently reporting coronavirus incidents and deaths by race. We need these vital statistics to help the Federal Government, as well as the State and local governments, to develop plans to protect our most vulnerable populations.

A few moments ago on the floor, the Republican leader—the Senator from

Kentucky, Mr. McCONNELL—kind of warned us about the next stage of the debate when it comes to this coronavirus. He warned those of us on this side of the aisle not to see this crisis as the basis for fundamentally transforming our country. Well, I want to say to my colleague from Kentucky and all other colleagues, if we don't learn from this crisis the weaknesses of this great Nation when it comes to healthcare, if we don't understand the inequities of this great Nation when it comes to healthcare, and if we don't resolve to do something about it, shame on us. If at the end of this crisis we breathe a sigh of relief and say that now we will go back to business as usual, wherein health disparities are accepted in this country, shame on this Senate.

Yes, I want to see our way through this crisis with the fewest number of infections and the fewest number of deaths. That is our immediate goal—to protect America and to restore the economy. Yet, when it is over, if we don't step back and take a look at what we have learned from this crisis and vow to make America stronger, fairer, and more just when it comes to healthcare in this country, shame on us.

There are those who voted against every aspect of the Affordable Care Act—so-called ObamaCare—10 years ago. I remember it well. Not a single Senator from the other side of the aisle would support our effort to reduce the number of uninsured people in America dramatically. We barely passed it—by one vote in the U.S. Senate and with Senator Harry Reid as the majority leader at the time—and without any help, without any votes, from the other side of the aisle. And what happened? In my State, the number of those who were uninsured was cut in half by this so-called ObamaCare. Proudly, I call the Affordable Care Act “ObamaCare.”

Since then, those on the other side of the aisle have been resolute in their determination to repeal it, not to replace it with anything that is better—they don't even have a replacement—and to give up on our quest of making sure that every American has the peace of mind for having the protection of health insurance—affordable, quality health insurance.

At the end of this health crisis, are we still going to hear the other side of the aisle arguing that we shouldn't dedicate ourselves to reducing the number of uninsured? I hope they will take the time, as I have, to talk to administrators at hospitals about what is happening in their emergency rooms, in their surgical suites, and in other places in which they have had to address this crisis firsthand. One major hospital in Chicago said that half of the people in that hospital who have died from coronavirus-related disease had no health insurance. Is this a coincidence? No. It is a pattern. Without health insurance and with gross disparities in the delivery of healthcare,

we know that there are groups of Americans who are suffering and that many will die.

So I would just say to the Republican leader, yes, I hope that our experience from this coronavirus makes us all vow, on both sides of the aisle, to truly change America for the better when it comes to healthcare and health protection. That is a must.

Last week, I had the opportunity to speak with several Illinois-focused community development financial institutions. These organizations do amazing work by offering lending services to small businesses and populations that are typically overlooked by the big banks. They were grateful for the work we have done so far and for the legislation we have passed, but they had suggestions on how to improve the Small Business Administration's Paycheck Protection Program to ensure that financial relief makes it to minority-, women-, and veteran-owned small businesses.

In addition, I am working with my colleagues to help ensure that vaccine and drug trials that are related to COVID-19 include diverse patient populations and are widely available and affordable. I have cosponsored the COVID-19 Racial and Ethnic Disparity Task Force Act with Senator KAMALA HARRIS. This important piece of legislation would create a task force comprised of healthcare, economic, and government leaders to provide recommendations about how to best allocate resources to address racial disparities in our healthcare system.

When the Senator from Kentucky, the majority leader, comes to the floor and says to those of us—warns those of us—on this side of the aisle not to use this healthcare crisis as an excuse or an opportunity to transform America, is he wedded to the racial inequality that we see in our system in his warning us not to try to address it? I hope not. I hope that we can have a bipartisan approach to making this system fairer in its reaching more people.

This week, I am introducing the Health Heroes 2020 Act, and here is what is behind it: As we all put up signs in our windows and yards across America to thank healthcare workers for risking their lives, we understand that these doctors, nurses, and lab technicians and these people who work in nursing homes who are taking care of the elderly folks, as well as those who clean up and provide food, are all healthcare workers who are risking their lives to do their work. I thank them. We should all thank them day in and day out.

Yet what are we going to do about recognizing the work they have done?

First, I think we ought to compensate them for jobs well done. Senator BOB CASEY has legislation on that subject, which I am happy to support.

Beyond that, what can we do for our healthcare workforce? Why is it that in the United States of America the best and brightest, who get great grades in

high school, go through college taking the tough courses and getting good grades, get accepted to medical school, and after working hard for 4 years or more there, go through residencies which are backbreaking exercises in actually learning the clinical practice of medicine, and just before we tell them they are licensed doctors ready to practice in America, we give them bad news—the news that they must be carrying a student debt from medical school of between \$200,000 to \$240,000 on average? What are we thinking? These women and men are critical to our future and our own healthcare. Why do we burden them with this certain awesome debt that they have to carry forward and build their career around? That is why this bill really seeks to look at this from a new angle and says that we ought to reward those medical students who are willing to practice in areas of greatest need—minority students as well—and provide for them scholarships to defray the cost of medical school so they don't end up graduating with this incredible financial burden. This legislation would help provide doctors, nurses, mental health professionals, dentists, and others to communities with shortages which often contribute to health disparities as I described earlier—inner-city areas, rural America, smalltown America. Studies show that having doctors who reflect the communities they treat actually helps health outcomes. So my bill would help to expand the representation of minorities in the workforce.

Last week, in a letter to the CDC, Centers for Disease Control and Prevention, I urged the agency to support global efforts to build up our community health workforce capacity. Communities of color across America are suffering at disproportionate rates across this pandemic, and we have to step up to help all Americans against the threat of coronavirus. It is unacceptable, but sadly not surprising, that communities of color are bearing the burden of this dangerous virus. I stand here to continue fighting with my colleagues in the Senate to try to solve these inequities happening in communities across the Nation.

There aren't many redlines that have been drawn publicly so far as we have considered coronavirus legislation. We passed the original CARES Act, \$2.2 trillion, with 96 votes on the floor of the Senate and with no dissenting votes. The next bill, the coronavirus 3.5, as it was characterized, passed the U.S. Senate by a voice vote, adding \$484 billion to the effort. More will obviously be needed, not just for small business loans but also for unemployment insurance and certainly to make sure that our hospitals, large and small, can survive this crisis as we all hope America will. We are certain they will, but we have to be prepared to do that.

Yet, this morning, the Republican leader came forward and said he is drawing a redline; that Republicans

will not move forward when it comes to dealing with these challenges without addressing one issue, and that was the issue of legal liability. I will not describe in detail what the Senator from Kentucky is proposing because we haven't seen it, but what he is suggesting is that our greatest fear shouldn't be the coronavirus; it should be trial lawyers—trial lawyers.

He is fearful that we are going to see COVID-19 lawsuits. Well, let me tell you, there could easily be COVID-19 lawsuits and some—and I think most Americans would agree—should be filed. Is there a COVID-19 lawsuit if someone is profiteering with protective equipment, raising the prices way beyond reach because they have this moment of opportunity with the crisis we are facing? One downstate hospital in Illinois talked about surgical gowns that cost 22 cents apiece and now cost between \$11 and \$20 apiece. Clearly, there is price gouging and profiteering. If we can, can we hold those responsible for profiteering liable? I would say yes. Is that a COVID-19 lawsuit? I think it is related to COVID-19, but it relates to it in a way that most Americans would agree there should be legal action.

If there are scams and profiteering, the people responsible for it should be held legally responsible in a lawsuit, if necessary. If people are promulgating phony tests and making representations that are a fraud on the public, should they be held accountable? Well, of course. Is that a COVID-19 lawsuit? Could be.

What about those who are talking about the protection of workers? If workers are not protected on the job, they may be turning to workers' compensation for any of the injuries and illnesses that result. Are we going to stop those as COVID-19 lawsuits going too far? Nurses are suing in some situations because they are not being given adequate or quality protective equipment. Do we want to stop that litigation as well? Is that what the Senator from Kentucky is suggesting?

There is an interesting situation with meatpacking workers right now. I know a little more than some Senators about that. When I was working my way through college, I spent 12 months working in a meatpacking plant in East St. Louis, IL. I was paid \$3.65 an hour. I thought that was pretty good, but it was hard, hard work. I saw what it was like then, many, many years ago. I have gone back to see the meatpacking and meat processors today. It is not much different. People stand literally elbow-to-elbow, shoulder-to-shoulder, as conveyor belts bring through hundreds and hundreds of pounds of meat and poultry that have to be acted on immediately to keep up with the line. It is tough, hard work, and now it turns out to be an extraordinarily dangerous line of work as well. We are learning that disproportionate numbers of workers in this industry are coming down with the

COVID virus infection. United Food and Commercial Workers, which represents many of these plant workers, estimated that at least 5,000 have already reported infected and anywhere from 10 to 20 have died. Now the President issues an Executive order mandating that these companies open for business. Well, I can say to the President, yes, they should open, but only if they dedicate themselves to the health and safety of their workforce as the highest priority. Let's make that workplace safe before we talk about making it a mandatory opening.

In fairness to the industry, in my State of Illinois, several companies that have been affected have reached out to us and are, in fact, determined to make their workplace safe. I salute them for taking that approach. They are talking about testing and making sure that workers on the job have necessary distancing and protective equipment. That is the right approach. In the meantime, those companies that ignore that responsibility, should they bear some liability for the illnesses or injuries that result? Well, under workers' compensation law, they certainly would. Is the Senator from Kentucky calling that the COVID-19 lawsuit? It could be related to COVID-19, for sure. Should they have their day in court? I certainly hope so.

As we look at the challenges before us, and there are many, this notion of drawing a redline on legal liability, unfortunately, fails to take into account that system of justice in America which we have turned to in good times and bad to make sure that justice is meted out to those who have no recourse but to consider lawsuits in court. Let's take this issue seriously, carefully. Let's not squander the opportunity of protecting the people who are risking their lives every day in essential workplaces and believe they, too, should be protected by our system of justice. I will stand with them, and I hope that other Members of the Senate will join me.

I yield the floor.

The PRESIDING OFFICER. The Senator from South Dakota.

BUSINESS BEFORE THE SENATE

Mr. THUNE. Madam President, after a few weeks of working remotely to help flatten the coronavirus curve, we are back in Washington to continue our coronavirus response and address other important issues. It has been an incredibly difficult couple of months for our country and, in fact, for most of the world. More than 1 million Americans have contracted the coronavirus, and thousands have died. Our economy has taken a huge hit. Millions of Americans are out of work, and businesses are struggling to stay afloat. Americans are worried. They are worried about their own health. They are worried about the health of their families and loved ones, and they are worried about their finances.

My colleagues and I know that Americans are suffering. Our overriding priority over the past 2 months has been