

Public health officials and researchers expressed surprise.

"It's the first time that I can think of where you have had a major international pledging conference for a global crisis of this kind of importance, and the U.S. is just absent," said Jeremy Konyndyk, who worked on the Ebola response in the Obama administration.

Given that no one knows which vaccines will succeed, he said, it's crucial to back multiple efforts working in parallel.

"Against that kind of uncertainty we should be trying to position ourselves to be supporting—and potentially benefiting from—all of them," said Konyndyk, a senior policy fellow at the Center for Global Development. "And instead we seem to be just focused on trying to win the race, in the hopes we happen to get one of the successful ones."

Conference participants expressed a need for unity.

"We can't just have the wealthiest countries have a vaccine and not share it with the world," Canadian Prime Minister Justin Trudeau said.

"Let us in the international community unite to overcome this crisis," Abe said.

Russia and India also did not participate. Chinese premier Li Keqiang was replaced at the last minute by Zhang Ming, Beijing's ambassador to the European Union.

The U.S. official said the United States "is the single largest health and humanitarian donor in world. And the American people have continued that legacy of generosity in the global fight against covid19."

"And we would welcome additional high-quality, transparent contributions from others," he said.

Asked three more times to explain why the United States did not attend, the official said he already had given an answer.

The U.S. government has provided \$775 million in emergency health, humanitarian, economic and development aid for governments, international organizations and charities fighting the pandemic. The official said the United States is in the process of giving about twice that amount in additional funding.

There was one major American player at the virtual summit: the Bill and Melinda Gates Foundation, which promised to spend \$125 million in the fight.

"This virus doesn't care what nationality you are," Melinda Gates told the gathering. As long as the virus is somewhere, she said, it's everywhere.

Scientists are working around-the-clock to find a cure or treatment for the coronavirus. The World Health Organization says eight vaccines have entered human trials and another 94 are in development.

But finding an effective vaccine is only part of the challenge. When it's discovered, infectious disease experts are predicting a scramble for limited doses, because there won't be enough to vaccinate everyone on Day One. And deploying it could be difficult, particularly in countries that lack robust medical infrastructure.

Those that have begun human trials include a research project at Oxford University in England, which hopes to have its vaccine ready in the fall. The university started human trials on April 23. "In normal times," British Health Secretary Matt Hancock said, "reaching this stage would take years."

Conference participants expressed hope that by working together, the world will find solutions more quickly—and they can then be dispersed to all countries, not only the wealthy, or those that developed vaccines first.

Many of the leaders stressed their support for the WHO. President Trump announced last month he was cutting off U.S. funding

for the WHO because he said it had sided too closely with China, where the coronavirus arose. Trump says Chinese leaders underplayed the threat and hid crucial facts.

Public health analysts have shared some of those criticisms but have also criticized Trump for cutting off funding.

Peter Jay Hotez, dean of the National School of Tropical Medicine at Baylor College of Medicine, said the United States has always been the primary funder of new products for global health. The country invested \$1.8 billion in neglected diseases in 2018, according to Policy Cures Research, more than two-thirds of the worldwide total.

Hotez said the United States shoulders the burden of investing in global health technologies, while countries such as China do not step up.

"More than one mechanism for supporting global health technologies—that may not be such as a bad thing," he said. "If it was all under one umbrella, you risk that some strong-willed opinions would carry the day and you might not fund the best technology."

Hotez is working on a coronavirus vaccine that uses an existing, low-cost technology, previously used for the hepatitis B vaccine, precisely because he is worried about equitable distribution of the vaccine.

"I'm not very confident that some of the cutting-edge technologies going into clinical trials, which have never led to a licensed vaccine before, are going to filter down to low- and middle-income countries anytime soon," Hotez said. "I'm really worried."

Mr. DURBIN. Mr. President, I would like to add one last thing. Yesterday, we had a telephone conference with Bill and Melinda Gates. They were part of the summit that the U.S. Government boycotted, and they pledged to spend \$125 million of their own money in this fight to find a virus vaccine as quickly as possible. Let's join them. Let's join them as a nation—Democrats, Republicans, Independents, those who vote and those who don't—all of us who understand that the sooner this vaccine is found, the sooner it is proven safe, and the sooner it is distributed, it will be the best for America and for the rest of the world. It isn't just America first. It is America involved, America committed, America willing to work with the world to find a solution to one of the greatest public health crises of our time.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

IMMIGRATION

Ms. KLOBUCHAR. Mr. President, I come to the floor today in the midst of this national crisis, this pandemic, to talk about one hero among, of course, many.

First, I thank my friend Senator DURBIN for his tireless leadership on a very important topic—and that is the topic of immigration—and for his tak-

ing the lead in bringing us together today to recognize heroes in healthcare during this coronavirus pandemic.

As many of you know, this pandemic is personal for me. My husband John was hospitalized with the coronavirus not too long ago, and although he is a great person and I am so proud of him for coming through it all and giving his plasma recently, he is actually not the hero I am referring to. I am talking about an immigrant doctor who is on the frontlines of the coronavirus pandemic in Rochester, MN. She has asked that her name not be used publicly because she is applying for a green card. She came to the United States from her home country for postgraduate medical training and completed not one but two fellowships in critical care and pulmonary diseases at the Mayo Clinic, which happens to be where my husband gave the plasma, which we hope will save other lives.

Under normal circumstances, an immigrant doctor who completes his or her postgraduate training in the United States has to leave the country for at least 2 years when their residency is complete. Now, let's look at that again. They have studied in an American medical school, they have completed their postgraduate training in the United States, but then they have to leave the country for 2 years when their residency is complete, just at a time when we need more doctors and more healthcare professionals and not less. Why? Because our immigration laws require them to be outside of the country for 2 years before they can apply to come back here on a work visa. But under the Conrad 30 program, doctors—and that is named after Kent Conrad, the Senator who once represented North Dakota. Since he left, I have taken this on, with many of my colleagues, to continue this program and make sure it gets reauthorized, and we would like to see it expanded.

Why did he get involved in this in North Dakota? Well, that is because they had a shortage of doctors in rural areas, and under the Conrad 30 program, doctors who commit to caring for patients in an underserved area like rural communities or other areas that may be underserved, including urban areas, if they face a shortage of doctors, these doctors are allowed to start practicing in the United States immediately without having to wait 2 years.

I just keep repeating this. They got their training in the United States. They got degrees in the United States. That is why for years I have led bipartisan legislation—which has been endorsed by the American Medical Association, the American Hospital Association, and the National Rural Health Association—that would extend this program and allow international doctors trained in the United States to remain in the country if—if they practice in underserved areas.

It was through this program that this hero I am talking about today, this immigrant doctor, was able to stay in

Minnesota and eventually began practicing at the Mayo Clinic as a critical care specialist, where she sees patients from all over rural areas of southern Minnesota. She was working in the intensive care unit when the first coronavirus cases started coming through the door.

Critical care and pulmonary disease specialists are some of the most in-demand doctors during this pandemic, and as one of these specialists, this doctor has been managing patients on ventilators, patients with kidney failure, and patients with blood clots. She has cared for coronavirus patients on oxygen, and she manages the team that resuscitates patients whose hearts have stopped. This immigrant doctor has literally saved lives.

Her hospital regularly provides telemedical support to other Mayo Clinic facilities, and they even helped a hospital in Georgia. And when the Mayo Clinic received clearance to provide assistance to a hospital in the Bronx where the medical staff was stretched dangerously thin, as we see on TV every single day, she volunteered. This immigrant doctor volunteered during her free time using the hospital's telemedicine equipment. Talking about her service during this pandemic, she has said: "This is not a job, this is a calling. We do this for love."

Her requirement to work in an underserved area as a condition of the Conrad 30 program ends this year. She has no plans to move and to leave our country and to stop providing care to patients if she can help it. She said: "I love Minnesota. I hope Mayo never lets me go." I hope that too. She is an American hero, and we could use a lot more like her.

Over the last 15 years, the Conrad 30 program has brought more than 15,000 doctors to underserved areas, including many rural areas that are short on doctors and rely on the program to fill the gap. I have been at VA hospitals in other parts of the country, and their No. 1 ask was this because they don't have enough doctors in the rural areas where their clinics are located to serve their patients.

This is a commonsense program with bipartisan support. I introduced a bill to reauthorize the program, which we have successfully done in the past. I introduced a bill to reauthorize it with Senator COLLINS and Senator ROSEN, and it has 15 cosponsors. Listen to the names here: Senators KING, ERNST, CRAMER, COONS, BLUNT, CAPITO, BALDWIN, WYDEN, THUNE, MERKLEY, WICKER, CARPER, and PAUL. What brings all these Senators together? It is not a common ideological belief on many issues; it is because they are looking out for their States, and they want to save the lives of people in their States, especially during this pandemic, by allowing doctors who have been trained in the United States of America, who have gotten their degrees, who have done their residencies here, to be able to stay in our country.

Today I am asking all my colleagues to support its inclusion in the next piece of legislation that is coming our way that we must pass to address the coronavirus.

I have also called on the administration to take action to increase the number of doctors who are here to help fight this pandemic and help alleviate the serious strain this pandemic has placed on our healthcare system.

First, U.S. Citizenship and Immigration Services should resume expedited processing for employment-based visas for doctors. On March 20, USCIS announced a freeze on expedited processing during the pandemic, which would exacerbate our shortage of doctors, especially in underserved rural areas. With Representative BRADLEY SCHNEIDER from Illinois, I led a bipartisan group of 24 Senators—I again thank Senator DURBIN, who has been such a leader on these issues, for his support for this—and 13 Members of the House in asking USCIS to expedite processing for doctors again. We still haven't received a response.

Let's think about what has been happening since we sent that letter on March 20—the increasing number of deaths in the assisted living homes, including those in rural areas, which have been plagued by this pandemic, which have lost dozens of their residents to this pandemic. Think about some of the rural areas that have been hit hard that simply don't have the hospital beds or the ventilators. Think about all that is going on, the thousands and thousands of people who have lost their lives. And still we wait. March 20—a bipartisan group of Senators has asked for help since that freeze on March 20 was put into place. We await a response.

Second, USCIS should give flexibility to health systems so that doctors on employment-based visas, like the Minnesota doctor, the hero I just told you about today who couldn't even have her name released when she is managing teams of people—not because she is here illegally, no; because she wants that chance to get her green card. Like that doctor whom I told you about today who can provide care where they need it the most, many doctors in similar circumstances are willing to volunteer to treat patients in the hardest hit areas, just like she did when she volunteered to help with the hospital in the Bronx. They are worried that doing so and leaving their home hospital will put their immigration status in jeopardy.

Last month, I led a letter with Representative TOM COLE, ABBY FINKENAUER from Iowa, and BRADLEY SCHNEIDER, that was signed by 18 other Senators—again, including Senator DURBIN and 29 House Members—urging USCIS to waive restrictions so that doctors can practice in crisis locations. Once again, we have not received a response. Is that because the President wants to take a back seat again to the Governors of this country, when, in

fact, Federal policy is holding back not just equipment from going where we have hot spots but now also actual doctors and medical personnel? And if they are good enough to get a degree in a medical school in the United States and if they are good enough to practice in some areas of the country, they are not good enough to practice where we have the hot spots?

Rather than acknowledging the help that immigrant doctors are providing during this public health emergency, this administration's rhetoric has made them feel, well, unwelcome. That would be a euphemism. It is one of the reasons that Minnesota doctor asked that I not use her name.

When discussing the process of applying for a work visa, she noted: "At the same time you're taking boards [medical boards] you are also filling out hundreds of pages of paperwork to prove that you're worth keeping."

OK, picture this. While she is saving lives, managing the team that resuscitates people, volunteering her time to help at the hospital in the Bronx, caring for patients on ventilators and bringing their hearts back to life, she somehow has to prove to our government that she is someone worth keeping. She said: It is very disheartening at times.

But she isn't giving up on us. She said: All of us who come from foreign countries, we are here because we want to be here. We love this country.

For these brave men and women, it is so important that we do everything we can to protect them and their loved ones, not just from the uncertainty that comes with being immigrants but the risk of the current crisis.

So many of our immigrant medical personnel have died, not just in our country but in other parts of the world as well. They have died saving lives for people in the country that they love.

We need to ensure that all our doctors and frontline health workers have supplies and equipment, like face masks, gowns, and shoe covers, so that no one has to reuse their supplies and risk exposure to the virus.

We need to implement a real national testing strategy so that we can get ahead of the virus and target resources accordingly. The testing blueprint announced by the administration on April 27 falls well short of a comprehensive testing plan and puts all responsibility for testing on the States.

Two weeks ago, I was proud that we passed an interim relief package that included \$25 billion to expand our Nation's coronavirus testing capacity. It will go a long way to ramp up molecular and serum testing—something that Mayo was a leader in across the country—to diagnose active virus infections, identify antibiotics against the virus, and support contact tracing.

This investment is a start, but we know there is so much more work to be done to ensure Americans across the

country have access to accurate testing technologies and innovative treatments that they need to reduce the risk of infection.

Our healthcare workers on the frontlines, including our immigrant health heroes who sacrifice so much in the pursuit of medicine and service, deserve better. When the President goes after immigrants in his press conference, do you know whom I keep thinking of? I keep thinking of this doctor, this hero in my home State who risks her life every day managing these patients and managing teams of doctors because of her know-how and because of the trust that an institution like the Mayo Clinic has put in her. What are we thinking? These heroes should be heralded and not condemned.

In closing, I want to share this quote from President Franklin Roosevelt: "Courage is not the absence of fear, but rather the assessment that something else is more important than fear." That is exactly what these immigrant health heroes are doing. They chose to be in this country and to come here because, yes, they wanted a good life for themselves and their families, and they knew they were going to have to work hard to make that happen. They got a degree. They are on the frontlines. Then they chose to keep working and to save lives during an incredibly dangerous pandemic.

They understand that courage is not the absence of fear—of course, they are afraid when they go to those jobs—but, rather, the assessment that something else is more important than fear. Their life's mission, to them, is more important than fear. Saving someone's grandma or saving someone's husband—they decided that is more important to them than fear. They choose service over fear.

What I am asking our colleagues to do here is—we understand there is anti-immigrant sentiment out there. We know it. We hear it every day from the President. But I am asking you to actually believe that your service is more important than that fear that has been stoked. Certainly, a number of our colleagues decided that when they were willing to get on that bill—Democrats and Republicans—to reauthorize the Conrad 30 program to allow these immigrant heroes, these doctors who were trained in our country, to be able to keep doing their work. Let me again mention the names of the cosponsors of this bill: COLLINS, ROSEN, KING, ERNST, CRAMER, COONS, BLUNT, CAPITO, BALDWIN, WYDEN, THUNE, MERKLEY, WICKER, CARPER, and PAUL, and, of course, I mentioned Senator DURBIN. They are willing to do that, and there is so much more we can do. We still await an answer for why the visa processing for these healthcare workers was suspended.

Service first, fear last—that is what these doctors did, and that is what we must do first. That is what we must do now.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mrs. BLACKBURN). The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

CARES ACT

Mr. CARDIN. Madam President, I take this time to go over with my colleagues the status of where we are in regard to the provisions in the CARES Act that relate to small businesses.

First, I want to make it clear that our top priority for America's businesses, whether they be small businesses or large businesses, is to get this COVID-19 behind us, to stop the spread of this deadly disease, and to give confidence back to the American people that it is safe to pursue their economic desires and therefore to have businesses be able to go back to a situation where they have customers and they can be open for business. We have appropriated significant resources in order to make sure we do what is right financially to deal with this deadly disease, and we have provided the tools to protect our economy.

Let me talk a little bit about the attention to small business. I am pleased and proud to be the ranking Democrat on the Small Business and Entrepreneurship Committee. I serve with Senator RUBIO, who is the chairman of the committee. We have worked together, Democrats and Republicans, in order to help small businesses during this pandemic. We did that because we understand that small businesses do not have the same degree of financial resiliency that larger companies have. When they are going through an emergency situation, when they are going through a pandemic, they don't have the same capacity to get credit and to get the cash they need that larger companies have.

We also understand that small business is where the job creation mostly will take place in our country. Most jobs are created through smaller companies. We also understand that smaller companies are more innovative. They come up with new and creative ways in order to build our economy. But we recognized that we had to do something to make sure they could survive through the pandemic, and that is where the CARES Act came in.

On a bipartisan basis, we crafted new tools under the Small Business Administration to help small businesses. I was proud to work with Senator RUBIO, Senator SHAHEEN, and Senator COLLINS. The four of us got together well before the CARES Act was brought to the floor of the U.S. Senate in order to deal with what is necessary to keep small businesses afloat during the pandemic. New tools were created, and the

CARES Act enacted tools that can help small businesses survive this pandemic.

The program that is getting the most attention is the Paycheck Protection Program, the PPP program. In the original CARES Act, we authorized and appropriated \$349 billion for that program, and then we replenished in a second round an additional \$310 billion, for a total of \$659 billion for the PPP program.

It is a program in which small businesses go to their financial institution and take out a 7(a) loan, which is a loan that is provided for under the Small Business Act, but there are private lenders that lend the money to the small businesses. But we made special provisions in this law to provide 100 percent Federal guarantee so that there is no risk to the borrower. We made it easier for companies to be able to get those 7(a) loans and provided additional lenders for other communities. We expanded the 7(a) program to include not only conventional, for-profit small businesses but also nonprofit businesses, as well as individual proprietors.

To date, the program has been very successful. Over 4 million 7(a) loans have been made under the Paycheck Protection Program. But we have concerns. Let me talk a little bit about the concerns we have.

One of our concerns is that it has been difficult for the underserved community, the underbanked community, to be able to get these 7(a) loans as a priority. We failed them in the first round. It was the larger companies that had established relationships with their banks that got priority on the processing of these loans, so that minority businesses, women-owned businesses, businesses located in rural communities, and veteran-owned businesses did not receive the same attention as the larger businesses did.

So our first priority is to find out exactly how the program is working. We need to get the data. We need to know where these loans were made. We need to know what industries got the different loans. We need to know the location of these loans. We need to know the size by dollar value and by number of employees.

We also need to know how the different provisions of the PPP program have been allocated by loans. For example, we made exceptions on the 500-employee limit for those companies that come under the NAICS code 72—this is our hospitality industry—and for good reason: They are really hurting during this time.

We need to know how many hotels and how many restaurants qualified under the NAICS code exception. We need to know how many franchisees have been able to get loans. We need to know how much went to the nonprofit community and how much went to the self-employed community. For that reason, I have introduced legislation with Senator SHAHEEN and Senator SCHUMER to require the SBA to make