

LEGISLATIVE SESSION

MORNING BUSINESS

Mr. BARRASSO. Madam President, I ask unanimous consent that the Senate proceed to legislative session for a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

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

CORONAVIRUS

Mr. BARRASSO. Madam President, I come to the floor today as the Senate works on the next phase of pandemic relief and recovery legislation. The country is united in combating the coronavirus.

The Senate's top priority is protecting the American people, and we are working together to save lives.

America is fighting a war—a war against a deadly disease. There is no retreating, no giving up the American fighting spirit. We will finish the fight.

The key to victory is to control the virus spread until we have a vaccine. A successful vaccine is vital to beat the virus and to return to normal life. The race for a COVID-19 vaccine is as important as putting a man on the Moon. We have made incredible progress. Vaccine development is well ahead of schedule. The administration's public-private partnership, Operation Warp Speed, has started phase 2 and phase 3 vaccine trials much sooner than expected. These are human trials. If all goes well, we hope to have a vaccine ready by the end of this year.

Senate Republicans will make sure Americans have a safe, effective vaccine as soon as possible. It will be the most accessible vaccine in the history of the United States. Meanwhile, we should all do our part to slow the spread, and we know what that means. That means socially distancing, using good hygiene, and wearing a mask.

This is the time for all of us to come together. But instead of fighting the virus, Democrats are waging a never-ending bidding war for more government spending. People want and people need and people deserve real leadership. They expect us to slow the spread of the virus and to protect the vulnerable.

We have made tremendous progress on testing. We have tested over 50 million people already, and we are close to conducting 1 million tests—1 million tests—every day. We also have better treatments for the disease, and we are taking care of our most vulnerable citizens—seniors and people with chronic medical conditions.

At the same time, the economy is bouncing back. We had record job growth in May, as well as in June. That is because the Senate responded quickly to the health and economic crisis. The Senate's historic CARES Act rescue package has helped this country weather the storm. We have come far

since the spring lockdowns. Still, some believe that the worst of the virus may be yet to come.

The Senate has put together a commonsense plan to aid the recovery. This week, Senate Republicans introduced a framework bill for the next coronavirus relief legislation. It is the capstone to our pandemic rescue operation. Our plan focuses on getting people back to work and kids back to school and doing it safely, as well as, of course, defeating the disease. The Senate proposal provides even more resources for testing and healthcare. This means more for hospitals, more for treatment, and more for vaccines.

Our package includes over \$100 billion for schools to open safely, plus funding for childcare. The Senate plan provides liability protection. We shield the medical community, K-12 schools, colleges, universities, and small businesses from frivolous lawsuits. Our plan includes another round of PPP loans, helping the hardest hit small businesses. We also send a targeted second round of direct payments to individuals. The Senate package extends unemployment benefits in a way that encourages, not discourages, work. We cannot continue to pay people more to stay home than they would make at work. So we end the \$600 weekly benefit bonus. That is in contrast to NANCY PELOSI's \$3 trillion-and-growing bill, her so-called Heroes Act. Her package actually makes it easier for the economy to stay closed and much harder for the economy to reopen fully.

The Senate is focused on healthcare, on kids, and on jobs. Democrats, it seems, have other priorities—endless bonus checks for staying home, bloated bailouts for mismanaged cities and States, and runaway spending unrelated to the challenge before us.

Pre-pandemic, we had a booming economy. We had record job growth, and we had record low unemployment. We are working to restore Americans' confidence. A solid majority of Americans now say they see their finances as stable.

I urge my Senate Democratic colleagues to come to the table. It is time to find common ground and to finish the fight.

Together, Madam President, we will make sure that America wins the war.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

HEALTHCARE WORKFORCE
RESILIENCE ACT

Mr. PERDUE. Madam President, the word "bipartisanship" gets tossed around a lot in this town. Unfortu-

nately, we don't often see bipartisan-ship put into action. However, as we have faced an unprecedented crisis recently, I believe we have seen the Senate prove that it can, in fact, get it done. People can come together, and real, bipartisan solutions can actually happen in this body.

It is actually encouraging to me—and it is simply a function of what I have known since I was a kid—that Americans deal with a crisis better than anyone else. In many ways, we put things aside, and we get together for what is good for the people back home.

Since the COVID-19 crisis began, we have passed three phases of relief packages to help our country weather this COVID-19 storm. In these three phases, we ramped up testing in support of our healthcare workers, we helped Americans who are struggling financially, and we created the Paycheck Protection Program, which has saved millions of jobs and many businesses. Today, as we debate a fourth COVID-19 relief package, it is absolutely critical that we continue to find common ground and bipartisan solutions to bring our country together again.

The Healthcare Workforce Resilience Act is a real, bipartisan solution to a serious problem our country faces today in our healthcare delivery system. This bill is first and foremost a healthcare bill that will help our hospitals deal with this COVID-19 crisis. It is absolutely critical that we include it in the next COVID-19 relief package.

Today in America, many communities are facing severe shortages of doctors and nurses. Particularly, hospitals and clinics in rural areas and communities of color are badly understaffed and are struggling to fill crucial positions.

My home State of Georgia has been especially impacted by this particular crisis. While Georgia is the 8th largest State by population, it ranks 39th in the number of active physicians per capita—39th. Over half of Georgia's 159 counties have been designated as primary care health professional shortage areas. The Georgia Department of Public Health has stated that Georgia's nursing shortage is a full-blown crisis. This is also true in most other States, actually. They have warned that Georgia is not able to recruit the nurses or doctors our hospitals need. But we can change that.

The COVID-19 crisis did not start this shortage of healthcare workers, by the way, but it has exacerbated it dramatically.

Since the beginning of this crisis, I have held conference calls with thousands of constituents across Georgia over the last 4½ months. I have heard directly from healthcare workers who have explained the dire situation they are facing. Nurses and doctors are working longer hours. Retirees are being asked to come back to work. Many healthcare workers have contracted the virus themselves. In fact,

one study found that healthcare workers account for nearly one in five COVID-19 cases.

In many areas, hospitals have simply not had enough staff to handle the COVID-19 patient increase. Albany, GA, was one of the first hardest hit areas in the country, right there in South Georgia. At one point, nurses and doctors from all over the country had to be flown in just to take care of all those who fell ill in Albany. In many cases, patients had to be exported to other hospitals in the State.

As this virus continues to spread, many hospitals are in danger of being overwhelmed as we see this recent surge of COVID-19 cases, particularly in our younger people.

Healthcare workers have been true heroes—there is no question about that. Right now, we have an opportunity to give them the support they desperately need. The Healthcare Workforce Resilience Act is a bipartisan solution that gives our hospitals the support they need to get through this crisis. Our bill simply recaptures unused green cards to give highly skilled, foreign-born nurses and doctors the opportunity to work in our country and help solve this crisis. It will recapture approximately 25,000 unused visas for nurses and 15,000 unused visas for doctors. This bill would cut redtape and give our hospitals critical support quickly as America continues to reopen our economy. It will ease the pressure on healthcare providers and help save American lives.

I want to emphasize that this bill will not increase current legal immigration limits, displace American workers, or negatively impact healthcare worker wages.

I have always been a supporter of a merit-based immigration system, and many people on the other side of the aisle are as well. We all continue to work in that direction. We believe that a merit-based immigration system can strengthen our economy and protect American jobs at the same time. This is a policy that President Trump and the majority of Congress have long supported—on both sides of the aisle, actually. The Healthcare Workforce Resilience Act is fully aligned with these merit-based policies.

These immigrant nurses and doctors have already been hired and approved to work in our country. Many of them live here already. The only thing preventing them from saving lives is bureaucratic redtape and the backlog it creates. These folks are highly skilled, well qualified, and extremely motivated to be on the frontlines in the fight against COVID-19. They are all ready to go in the areas that need the most help.

This bill is truly bipartisan. I am very proud to say that today. It has 36 cosponsors from both parties. I give the lead sponsor on the Democratic side, my friend from Illinois, Senator DURBIN, a lot of credit for that. He has long been a champion for this sort of help in

this area. This bill reflects what the American people want. It provides what our healthcare system needs. It has bipartisan support.

Actually, in 2005, Congress passed a similar bill. That bill recaptured unused visas and helped address a nursing shortage that existed at the time across the country. It passed with overwhelming and nearly unanimous support. The coronavirus has put our country in a similar position today. There is no time to wait. The deeper our nurse and doctor shortage gets, the more Americans we are needlessly putting at risk.

President John F. Kennedy once said: “In a time of domestic crisis, men of goodwill and generosity should be able to unite regardless of party or politics.” I don’t think that comment has been any more timely than it is today in the midst of this crisis.

We are indeed in a time of crisis. We have already shown that we can unite and find meaningful solutions. It is time to do it again. Let’s get this bill across the finish line and support our healthcare workers and save lives in America.

Madam President, I yield the floor to my colleague from Illinois, Senator DURBIN, the lead Democratic cosponsor on the Healthcare Workforce Resilience Act, and I want to thank him for his tireless efforts in this regard and his strong leadership to help the young men and women on the frontlines of our healthcare delivery system.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. DURBIN. Madam President, let me thank my colleague, the senior Senator from the State of Georgia, for joining me in this bipartisan effort. We now have some 36 sponsors and cosponsors of this legislation.

Immigration can be a divisive issue, but this is an immigration measure that is not divisive. It has unified us on a bipartisan basis, as it should. We are talking about the Healthcare Workforce Resilience Act. We are talking about men and women who, as we speak on the floor of the Senate in the safety of this Chamber, are literally risking their lives as healthcare professionals across the United States to deal with this pandemic, which we fight every single day.

Last week, we sent a bipartisan letter urging congressional leaders to make this bill part of any COVID-19 relief legislation. Currently pending before the Senate is a negotiation with the White House, the House, the Senate—Democrats and Republicans—to make sure that we continue to move forward to fight this pandemic and to restore the vibrancy of our own economy. The letter we sent was cosigned by Senators LEAHY, YOUNG, and COONS, as well as Representatives SCHNEIDER, COLE, FINKENAUER, and BACON, who were the lead sponsors of the House version of the same bill. We are now up to, I understand, 37. They said 36 earlier. I am told we have 18 Republicans

and 19 Democrats, and the window is open for those who want to join us in this bipartisan effort. They will not regret it.

Our bill is a temporary stopgap measure, but it is designed to strengthen our healthcare workforce and improve healthcare access for Americans in the midst of this crisis. Consider this reality when it comes to fighting the COVID-19 virus: In the United States, 1 in 6 healthcare and social workers, 3.1 million—1 in 6—of the 18.7 million are immigrants. Yet our broken immigration laws prevent many of these immigrants from contributing more fully to the battle against this pandemic.

Under current law, there are not enough immigrant visas, which we also call green cards, available each year. As a result, immigrants are stuck in crippling backlogs for many, many years. The green card backlog, which I have debated with Senator LEE on the floor many times—but this green card backlog includes thousands of medical doctors currently working in our country on temporary visas. This backlog puts them and their families at the risk of losing their immigration status and being deported. It hinders their ability to fight against COVID-19 because these doctors face many restrictions due to their temporary status.

For example, many of these doctors cannot take shifts at hospitals in COVID-19 hotspots where they are desperately needed. The Healthcare Workforce Resilience Act, which we bring to the floor, would reallocate 25,000 unused immigrant visas for nurses and 15,000 unused immigrant visas for doctors. These are visas Congress has previously authorized but were never used.

It is important to note that our bill requires employers to attest that immigrants overseas who receive these visas do not displace the employment of any American workers. We want to ensure that the beneficiaries of this bill complement, not replace, the American healthcare workforce.

I am going to tell you the story of one of these doctors who is practicing in downstate Illinois in the Quad Cities area in Moline. I can tell you, as a downstater myself, there are many areas of downstate that are rural, small town, and cannot bring in the specialists who are needed. That is why these doctors become so important when they step in and provide their services. Let me tell you about this doctor.

His name is Dr. Bhanu Vakkalanka. He sent me a letter and told me his story, and he asked me to help work to pass this piece of legislation. Dr. Vakkalanka and his wife, Dr. Sasi Royyuru—excuse me for mispronouncing—Royyuru—are both physicians. They met in medical school in India, and they came to the United States 15 years ago in 2005—15 years ago. At the time, their children—a young girl and boy—were 5 and 3 years old.

Before they came to the United States, they had trained and worked

for 10 years in England. Both achieved great professional success, but they were drawn to move to the United States. They were drawn to our freedom, our equality, and the opportunity that really is our trademark in the world.

This is what Dr. Vakkalanka told me about his family's move to the United States, and I want to quote his words:

It was not an easy transition. We had to start all over again as residents. It was challenging to take care of two young children in the middle of our long working hours and paltry salaries with no one to fall back on. . . . But we had not come this far to give up on our dreams easily.

Dr. Vakkalanka now works as a medical oncologist for the UnityPoint Health System in Moline, in my home State of Illinois, a well-respected institution. Dr. Royyuru is a family physician in Bloomington, IL. There is a long drive between the two, Moline and Bloomington. Here is what Dr. Vakkalanka told me about his life in America:

Despite the initial hardship, we fell in love with the United States soon after we came here. People were welcoming and generous. We were made to feel like we were part of this society from day one and we felt that this is where we belonged. We felt blessed, happy and proud to be able to live here, raise our children and call it our home.

Let me tell you, he tells me how fortunate he was. I believe we are the fortunate ones—fortunate to have two exceptional physicians and their children as residents of my home State.

Unfortunately, Dr. Vakkalanka and Dr. Royyuru, his wife, are two of thousands of doctors who are stuck in a bureaucratic backlog called the green card backlog. They have lived in the United States for 15 years. Their green card petitions were approved nearly a decade ago. Yet, even today, after more than 10 years, they are not lawful residents. Why? Because the backlog of people seeking these green cards—these immigration visas—is so large.

In the midst of the COVID-19 pandemic, the temporary immigration status of this family puts them at real risk. Why? If, God forbid, they would contract COVID-19 and become disabled or die, their family will instantly lose their immigration status and be forced to leave the United States. For 15 years they have waited, and for 10 years they have been on the actual queue, the waiting list for green cards, and if one of them takes ill and cannot work, they could all be deported.

Now their children, who were 5 and 3 when they arrived in the United States, are 20 years old and 18 years old. This is significant. They grew up in this country, but they are at risk of aging out in this bureaucratic system. If they reach the age of 21, these two children, who have lived here virtually all of their teenage and adolescent life—if they reach the age of 21 and have not been able to apply for a green card, they are subject to deportation. Can you imagine how devastating it would be for this doctor and his wife to

think that their children, after all these years, would be deported from the United States? It is a very real risk.

Dr. Vakkalanka told me:

Our children waited for 15 years or longer along with us for their turn. They laughed with us and cried with us for all these years. It is not fair to kick them out of the line for no fault of theirs. They have nowhere else to go. This country is their only home!

Dr. Vakkalanka and Dr. Royyuru's family story makes clear why Congress needs to include the Healthcare Workforce Resilience Act in the next coronavirus relief legislation. Under our bill, these two good doctors from India, and thousands of others like them, would finally receive their green cards. They and their families would get the permanent immigration status they deserve and be able to use their skills to serve on the frontlines of the pandemic wherever they are needed most.

Let's face it. This pandemic is testing us as a nation, testing us as to whether we will have the endurance and the determination to get through this pandemic but equally testing us as to whether we care for one another. Certainly, we care for our families. We spend a lot of time with them. We worry about not being able to be next to our children or grandchildren because of fear of infection, and it is a real test. But it is also a test of our values of who we are.

This man, after giving 15 years to the United States, practicing medicine in areas where he is desperately needed, is simply asking for a chance to become a legal, permanent resident of the United States. It is not too much to ask. For all he has given us, and his wife as well, we owe it to him and his family to give them the peace of mind that they have a future in the United States. They have proved that they are deserving.

I hope, even in these divided political times, we can come together in Congress to quickly aid these immigrant health heroes.

I commend my colleague from Georgia. I thank him. He had to step away from the floor at this moment, but I thank him for joining me in this bipartisan effort.

Let's get this done. Let do the right thing for this doctor, for his family, and for so many others.

RACISM

Mr. President, the great writer, James Baldwin, told us:

Not everything that is faced can be changed. But nothing can be changed until it is faced.

The national discussion on race and racism in the wake of the death of George Floyd in Minneapolis has really opened the eyes of many Americans and people around the world. Many people are seeing more clearly—some perhaps for the first time in their lives—the extent to which injustice has embedded itself in parts of America.

We see how some of our laws and institutions don't match our stated and

professed belief that all men and women are created equal and endowed with the same inalienable rights.

Later today, John Lewis will make his last departure from the U.S. Capitol. He is going home after a long and noble life of service, a life that has helped us to live up to our ideals. How often did we hear John Lewis say: When young people tell me that nothing has changed, I tell them to come walk in my shoes.

He was so right. America is different and America is better because of the enormous sacrifice and courage of men like John Lewis, Reverend C.T. Vivian, who passed away, as well, last week; Joseph Lowery; Mamie Till; Martin Luther King; Coretta Scott King; Rosa Parks; Daisy Bates; Julian Bond; Bayard Rustin; Elijah Cummings; and, of course, my friend and the current House Democratic Whip, JAMES CLYBURN, and so many other leaders of our modern civil rights movement—just too many to name.

We are a more perfect union today because so many ordinary men and women and children whose names are mostly forgotten by history risked their lives for dignity and democracy in little towns like Selma and Birmingham, AL, and Chicago's Marquette Park neighborhood.

Thank goodness we are better, but the work of true justice and equality is far from over. We know that. A month before he died, John Lewis spoke out about how he was moved to see so many people from different backgrounds marching together for racial justice and healing. Most Americans today are appalled—almost incredulous—that only decades ago young people like John Lewis and Diane Nash were accosted by angry mobs simply for having the audacity—the audacity—to sit at a Whites-only lunch counter or ride on a segregated bus.

We reject racism as individuals, but many of us are only beginning to understand the existence of the corrosive consequences of the system of racial injustice. This national reckoning on race in which we are now engaged is helping us to see more clearly how old, discredited ideas about race, which have been rejected by most, still linger in the minds of many individuals, regardless of the laws that have been passed.

I believe that most Americans believe very deeply in fairness. It is one of our defining values as a people. I also believe Maya Angelou was right when she said:

Do the best you can until you know better. Then when you know better, do better.

How can we do better to reduce systemic racial injustice and heal the wounds and divisions that false notions of racial superiority have caused in our Nation and our fellow citizens? As John Lewis told us often, achieving great, genuine equality is the work of a lifetime. Let me suggest briefly a few ways that this Senate can begin that work.

First—and this is so easy and obvious—let the Senate debate and vote on the Justice in Policing Act. The President can send unidentified Federal agents to as many cities as he likes, but the calls for justice in our streets will not end until we make a clear stand against policing tactics that killed George Floyd, Breonna Taylor, Tamir Rice, Laquan McDonald, and too many other men, women, and children of color in America.

Our Republican colleagues acknowledged the need for policing reforms when they brought up the bill that included certain changes, but the bill did not proceed, and it should. This Senate can—and must—do better. This belief is shared by an overwhelming majority of civil rights organizations in our Nation.

The Justice in Policing Act is sponsored by Senators KAMALA HARRIS and CORY BOOKER. It has passed the House of Representatives, and I am proud to be a cosponsor.

The House, in passing its version with a bipartisan vote, gave us an opportunity, I say to Senator McCONNELL, to debate the Justice in Policing Act, which passed the House, and here in the Senate we should.

Second, let this Senate debate the Economic Justice Act that has been offered by Senator SCHUMER.

Third, Martin Luther King called racial disparities in healthcare one of the most shocking of all racial injustices. It was more than 50 years ago when he said. Yet the disparities persist to this day and may be worse in many ways.

This pandemic has laid them bare for us to see. Black and Brown Americans are three times more likely to become infected with coronavirus than White Americans and twice as likely to die from COVID-19.

The Affordable Care Act has done more to reduce racial disparities in healthcare than almost any act since the creation of Medicaid. It is hard to believe that there are many on the other side still trying to kill the Affordable Care Act in the midst of a pandemic that has already taken the lives of 145,000 Americans. Many more have been sickened, and it is still burning out of control in large parts of our Nation. Think about what it would be if we had no Affordable Care Act and doubled the number of uninsured people in this country. How could that bring us any consolation or confidence that we can continue to fight this battle?

For the sake of African Americans, Latinx Americans, and all Americans who rely on the affordable coverage and patient protections, it is time to put an end to this endless assault on the Affordable Care Act.

I hope my colleagues—especially my colleagues who speak passionately about protecting mothers and babies—will join me in passing a bill I have introduced to reduce the shocking high rate of maternal and infant mortality among African-American women and their babies. It is inexplicable that in

the United States of America, we see so many Black women dying in childbirth and so many babies dying as well. It is unnecessary. It is time for us to focus the great resources, health resources, of America on this issue.

In America, a woman of color is three to four times more likely than a White woman to die as a result of pregnancy. Why? The answers are very obvious. We need better, more focused, more understanding medical care. I am sad to say that in Illinois, the situation—the numbers—are that bad, if not even worse.

The United States is 1 of only 13 nations in the world in which the maternal mortality rate is worse than it was 25 years ago. In the United States of America, we are 1 of only 13 nations in which the maternal death rate is worse today than what it was 25 years ago. How in the world can we explain that?

I have introduced a bill called the MOMMA Act. My companion in this effort is my Congresswoman from Chicago, ROBIN KELLY. Let's get that debated, I say to Senator McCONNELL. It will not take long. I bet it passes easily. We owe it to many across America to show the initiative and to bring it to the floor.

Fourth, because our friends across the aisle could not agree among themselves on what would be in the next coronavirus relief bill, critical protections included in the CARES Act have now or will soon expire without replacement.

These protections include payments for the jobless for tens of millions of Americans who have lost their jobs in this pandemic—it wasn't because they were lazy; it was bad luck—as well as the Federal moratorium on evictions for families who have had difficulty paying their rent because of economic devastation brought on by COVID-19.

Unless we extend this moratorium, as many as 28 million could lose their homes in the next 3 months. I can't imagine the devastation that would bring to a family—losing your home and perhaps having no place to turn. For the sake of those families and for our ability to fight this virus, we must extend the moratorium on evictions and help families who are struggling to pay rent.

Senator WARREN introduced a bill that I have cosponsored to extend this critical moratorium through March. It is called the Protecting Renters from Evictions and Fees Act.

I am proud to cosponsor a bill with Senator BROWN that provides \$100 billion in emergency rental assistance to help families and individuals pay their rent. Let's keep these families in a safe, quality living environment.

The crisis of affordable housing didn't start with this pandemic. The shortage of safe, affordable public housing has been building for decades, and it disproportionately harms African-American families.

Senator HARRIS of California has introduced a bill, which I am proud to co-

sponsor, called the Housing Infrastructure Act. It would invest \$100 billion to repair our current stock of public housing and to build new units of safe, affordable public housing.

I could just walk you through a map of the State of Illinois and the public housing I have visited and witnessed that is in desperate need of repair. It is time, you think, to call the landlord and say: What are you going to do about this housing unit that you own that is falling down? Except, it turns out, we are the landlords. The Federal Government owns this property. The Federal Government has the responsibility to fix it.

Last week, President Trump moved to repeal an Obama-era rule meant to ban discriminatory housing and zoning laws and policies. It is not pricing from this President, but it is wrong. We need to move forward and not backward. The housing infrastructure needs to move in the right direction.

Finally, once again, in the name of John Lewis, I believe that the right to vote was “almost sacred,” in his words, and I share that feeling, but that right is now threatened by a series of misguided decisions in recent years by the Supreme Court and other courts.

The House passed a bill last year to restore the Voting Rights Act to its original intent. That bill is being reintroduced in the Senate this week by Senator LEAHY and in the House by Congressman CLYBURN. The difference? They are naming it in honor of Congressman John Lewis.

John Lewis did not risk his life in Selma and so many other places so people would praise him in speeches or name things after him. He did not risk his life for the right to have a bridge named after him—although it is a fitting tribute. He risked his life over and over again to protect the right of every American to vote.

Americans' faith in our electoral system—the cornerstone of our democracy—continues to be under attack by entities that wish us ill.

For those who gathered in the Rotunda yesterday to honor his memory and to stand in silent respect for all the work of his life, I say to my fellow Senators who were there: Let us pass the Voting Rights Advancement Act in the name of Congressman John Lewis. Let us make it clear that his life was worth this and so much more.

When you know better, you do better. Our eyes have been opened, and now it is time for us to act.

It is my honor to serve in this Senate, but I am sorry to say that when it comes to production of important, meaningful legislation, this institution has fallen far behind.

We seldom take up bills of great importance and magnitude. We just passed the Defense authorization bill—a very important piece of legislation, which I believe has passed for 59 straight years in Congress, and I am glad it passed again, but now you see an empty floor and an empty Chamber

where we are not taking up the issues that we should.

There is one person who controls the agenda and the schedule of this Chamber, and that is the Republican majority leader, Senator MITCH MCCONNELL of Kentucky. Let's not waste this opportunity to make America a better place. Let's do things that make a difference.

America is counting on us in the midst of this massive health crisis with COVID-19—perhaps the worst health crisis our Nation has faced in over 100 years. With the state of our economy and so many—tens of millions of people out of work, shouldn't we be acting together on a bipartisan basis, as we did in March of this year, to pass legislation?

The reports we have is that the other side of the aisle is in disarray. I might remind Senator MCCONNELL that the best legislation that passes here is bipartisan. And this measure, COVID relief, moving forward, should be bipartisan as well. For it to be bipartisan, we need people of both parties to sit down together and negotiate. That has to continue, along with the participation of the White House, in order to achieve these goals.

First and foremost, we need to restore unemployment assistance to the millions of families who will see it end in just a few days. I cannot imagine having lost your job, worried about whether there is another one waiting or whether one will be available, and then having to worry about whether you can make that rent payment, the mortgage payment, the utility bills, food, health insurance—the basics—and to be told that Congress just let unemployment assistance expire, which happens in just 3 days. What are these families going to do?

I sincerely hope that every Member of the Senate will reach out to one of these unemployed families and listen quietly to their stories. I have seen them as they come to the food pantries. I have seen them come and ask for help, which they never dreamed they would have to do. It must be heartbreaking to go through that experience. Let's stand by them now. They need us now more than ever.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. BOOZMAN). The clerk will call the roll. The senior assistant legislative clerk proceeded to call the roll.

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

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

REMEMBERING JOHN LEWIS

Mr. THUNE. Mr. President, yesterday, I was privileged to be able to pay my respects to Representative John Lewis as he lay in state in the Capitol Rotunda—a fitting place for an American hero.

His death is a loss, but his dauntless courage and deep conviction have carved out for him a permanent place in American history. When we tell stories of those who have made America greater, John Lewis's name will always be among them.

CORONAVIRUS

Mr. THUNE. Mr. President, yesterday, Senate Republicans introduced the next phase of our coronavirus relief effort, the Health, Economic Assistance, Liability Protection, and Schools Act, or the HEALS Act.

This bill has been carefully targeted to address the most pressing issues facing our Nation right now: getting kids back to school, getting workers back to work, and ensuring that we have the healthcare resources necessary to defeat the virus.

The HEALS Act will provide economic incentives to help businesses retain workers. It will give additional support to hard-hit small businesses. It will provide checks to American families to help them weather the economic challenges that they are facing. It will give schools more than \$100 billion to help them safely reopen so kids and college students aren't missing out on the academic, social, and emotional benefits of in-person learning.

It will direct funds to diagnosis, vaccines, and treatments. It will ensure that medical professionals, small businesses, and school districts doing their best to protect Americans don't face frivolous lawsuits from predatory trial lawyers.

It will provide incentives for manufacturing personal protective equipment in the United States to help ensure that we never again face the kinds of shortages we have seen with the coronavirus. And more.

Now it is time for Democrats to come to the negotiating table so that we can arrive at a bipartisan bill and get this relief into the hands of Americans. I was disappointed to hear of the Democratic leader's partisan screeds yesterday and today on the Senate floor, although I did appreciate his ability to—with a straight face, I might add—simultaneously characterize Republican relief efforts as insufficient while touting a House bill that mentions the word “cannabis” more often than the word “job” and actually contains less money for schools than the Republican bill.

No one is going to get everything they want with this bill, and Democrats are not going to be able to implement their socialist wish list, but if we work together, we can get real relief into the hands of Americans. I hope the Democrats will join us.

REMOTE AND MOBILE WORKER RELIEF ACT

Mr. THUNE. Mr. President, during New York's toughest moments during the pandemic, medical professionals

from around the country came to hard-hit New York City to help. They formed an essential part of the city's medical response, and they undoubtedly saved lives. They are deserving of New York's profound gratitude—and apparently of something else: tax bills. That is right. In May, New York Governor Andrew Cuomo announced that New York would be levying income tax on any money these medical professionals made while they were there.

Now, individuals can generally receive a tax credit in their home State for income tax paid to another State, thus avoiding double taxation of their income, but since New York has one of the highest income taxes in the country, a lot of these medical professionals will be facing a higher than normal tax bill on any money they earn in New York. The situation is even worse for residents of States without an income tax, like my home State of South Dakota. Medical professionals from those States will simply have to absorb the full cost of this unexpected bill.

The healthcare workers who traveled to New York are not alone in facing a complicated tax situation. For Americans who regularly spend limited time working in different States throughout the year, the situation can be even worse. A traveling nurse, for example, or a corporate trainer might work in not just one but several additional States during a given year, and navigating the resulting income tax situation can be incredibly complicated.

Some States, like New York, aggressively tax individuals they deem to have earned income within their borders, even if the income in question is just the salary they earned from their employer while attending a 2-day training conference in the State. Other States allow nonresidents to work for longer periods—as long as 60 days in some cases—before they require an individual to file an income tax return.

Navigating different States' requirements can be a real burden for both employees and employers and can discourage interstate commerce. It is particularly challenging for small businesses, which frequently lack the in-house tax staff and tracking capabilities of larger organizations.

This situation cries out for a solution. For the past four Congresses, I have introduced legislation—the Mobile Workforce State Income Tax Simplification Act—to create a uniform standard for mobile workers. Under my bill, if you spent 30 days or fewer working in a different State, you would be taxed as normal by your home State. If you spent more than 30 days working in a different State, you would be subject to that other State's income tax in addition to the income tax in your home State. Having a universal rule like this would make life a lot easier for workers and for employers.

In June I introduced an updated version of my mobile workforce bill—the Remote and Mobile Worker Relief Act, which I am pleased to announce