

based immigrant visa than the speakers of Hindi, of Urdu, or of any of the languages spoken in India?

As I mentioned a moment ago, you have a real problem, a real inequity. Overwhelmingly, the per-country cap punishes would-be immigrants from India in a way that doesn't affect any others, except maybe some from China. By the way, he covers some of the language groups spoken in and around China, including Cantonese and Taiwanese. So why not Mandarin? Then, if Mandarin, why not any of the languages spoken in India?

This cuts right to the heart of why it is we need this reform and why it is we have an Elvis Presley-era, outdated, outmoded, unwise, and fundamentally inequitable immigration code—one that is at odds with the way our immigration system works.

Imagine two otherwise identical applicants for a visa, wherein they are exactly the same in all respects—those being their academic degrees they have earned, their employment experience, their background checks, their family statuses, their earning potential, their job commitment, and professional certifications. Imagine they are identical in every single respect except for one—that immigrant A happens to hail from Sweden and that immigrant B happens to have been born in India. Immigrant A will be eligible to have an employment-based immigrant visa application considered immediately. Immigrant B, simply by virtue of having come from India, will, in many circumstances, have to be on a waiting list for 200 years. This is wrong.

I really would like, one day, for someone—anyone—to explain to me why it makes any sense to leave this law on the books. One can't. One will not because there is no good reason for doing so. If one can't and if one will not, why on Earth would you want to weaken something and dilute something to create special privileges to one group of would-be employment-based green card holders simply because they happen to come from yet another preferred country over the nonpreferred, discriminated-against country? This is wrong.

We have to get this thing passed. I am so grateful to DICK DURBIN and the work that he has done with me on this. I am grateful to my colleagues on both sides of the aisle who have put together this bipartisan bill. I believe we are close. I believe we are very close. I intend and plan and fully commit in the coming days to keep pushing this. This issue isn't going away. We are going to get this thing passed.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. DURBIN. Mr. President, I am disappointed. After all of these months of negotiation and of the emotion, intensity, and feelings that we share for the people who are caught in this backlog, it is a real disappointment that, at the last moment, the Senator from Florida exercised his right as a Senator to ob-

ject to our unanimous consent request—a request which I was prepared to accept.

May I suggest that this is an illustration of the bottom line that I raised in my statement. In being stuck with a 140,000-limit on green cards for employment visas and country caps for that 140,000 limit, we will continue to run into the problem illustrated by the Senator from Florida.

There will be those who will want to create an exception to the overall quota or the country caps, and there will be compelling, personal, and family reasons for them to ask for it. Time and again, they will find that, if they get a privilege, it will be at the expense of someone else, and there will be an objection.

The only rational answer is to raise the cap on the green card quotas. These 140,000 employment-based visas a year might have made sense 30 or 40 years ago. They make no sense today in the world that we live in. We are talking about people in the United States who are working, who are trying to make lives here of a more permanent nature. They love this country enough to want to bring their families here—to relocate and live. They are working here and contributing in the computer industry, in healthcare, and in so many different areas. They are valuable and important to the future of America.

I sincerely hope that we can resolve the issue that was brought up on the floor today. Equally important, if not more important, I hope that we will have the will on a bipartisan basis to tackle comprehensive immigration reform. We did it 7 years ago. We passed it 7 years ago. It can be done with Senators of good faith and good will who will work together. Yet it will mean you will have to accept the premise that there may be one additional, new immigrant coming to America. Some people cannot stomach that, and they object to any effort to change immigration laws that might result in an additional immigrant.

This son of an immigrant, who happens to be a U.S. Senator, believes that immigration defines this country, that our diversity defines this country, and that bringing people here who are willing to sacrifice and risk everything to be part of America's future is part of the reason we have prospered as a nation.

I hope that Senators on both sides of the aisle will have the good sense to come to that conclusion and that, at another time, with another Congress and, perhaps, with another President, we will have a meaningful and fair-minded conversation.

In the meantime, I will work with Senator LEE to resolve the differences that we have, which are now down to only a handful. As evidenced today, I believe we have made dramatic progress. We are disappointed by the result, but we are not giving up.

I yield the floor.

The PRESIDING OFFICER. The Senator from Texas.

HEALS ACT

Mr. CORNYN. Mr. President, as our Nation's war against the coronavirus wages on, negotiations on the next relief package seem to remain at a standstill.

The bolstered unemployment benefits provided by the CARES Act have expired. Principals and teachers—and parents, I might add—are preparing to begin the school year without adequate funding for the protective measures they need, and additional investments into vaccines and treatments are desperately needed.

I believe the Senate should stay in session until we are able to pass another coronavirus relief bill, but Speaker PELOSI and Senate Minority Leader SCHUMER seem to have zero sense of urgency in delivering the support those in our country need, including their own constituents, and they have zero interest, apparently—at least so far—in a bipartisan compromise.

Despite the less-than-enthusiastic interest from their own Members and a flatout veto threat from the White House, they continue to push the more than \$3 trillion Heroes Act as a solution to the crisis.

Remember, this is legislation that was so unpopular among Democrats that it barely managed to pass the House earlier this summer, and it includes extraneous items, like tax breaks for millionaires and billionaires who live in blue States and diversity studies for the marijuana industry.

It doesn't take a policy expert to see that these portions of the bill have absolutely nothing to do with the crisis at hand, and they demonstrate how unserious Speaker PELOSI and Democrats in the House have been and, unfortunately, now joined by some of our colleagues here in the Senate—how unserious they are about actually solving this problem to the best of our ability.

They even go so far as to call that particular piece of legislation, the Heroes Act, a messaging document. Well, that messaging document helps absolutely zero people. It is a wish list, a pipedream, and it is an effort to try to appease the most radical Members of the Democratic caucus.

Though Speaker PELOSI says the title of this legislation is a tribute to our healthcare workers, it is really a cruel joke. The bill itself does nothing to protect them from one of the biggest threats lurking around the corner.

We are already beginning to see evidence that the coronavirus pandemic is moving from hospitals to courtrooms, as lawyers have filed lawsuits against our essential healthcare workers and any institution that has kept its doors open throughout this crisis.

This is something that has come up in my conversations with many of my constituents in Texas over the last several months—healthcare workers, educators, nonprofits, restaurant workers, child daycare centers, retailers—the list goes on and on.

They are worried about the carpet-bombing of opportunistic litigation. After all, these are some of the very same people we have said must show up for work, must continue to provide essential goods and services to their communities during this crisis. Now they are worried that we are going to throw them under the bus and make them subject to lawsuits for doing the best they could under very difficult circumstances.

Well, we can already see the commercials on TV or the billboards soliciting these lawsuits. The trial bar is prepared to file lawsuits against doctors, nurses, teachers, small business owners—anyone and everyone who might be able to pay a judgment or, more likely, who has an insurance policy.

According to the law firm Hunton Andrews Kurth, nearly 4,000 claims have already been filed—more than 275 in Texas—but we are also talking about circumstances under which the statute of limitations is 2 years. So 2 years from the claimed incident, you could file a lawsuit. So this is just the tip of the iceberg.

As our economy begins to reopen, so will the floodgates, and we need to take action now to prevent this tidal wave of litigation from wiping out the very workers, businesses, and institutions we have been fighting to keep afloat.

Leader MCCONNELL and I have introduced the SAFE TO WORK Act to address this issue and to prevent this trial lawyer bonanza from bringing even more harm to our country and to our economy.

Unlike the unserious Heroes Act, this would give our healthcare workers exactly the kind of support they need, but I want to make clear what this legislation does and does not do.

First, it is not a blanket shield from liability. It will not prevent bad actors from being held accountable. It will not prevent people from filing coronavirus lawsuits, and it will not give anyone a “get out of jail free” card.

In cases of gross negligence or willful misconduct, where applicable public health guidelines were ignored, the person bringing the claim has every right to sue and to be made whole, and we are not suggesting any change to that.

What we do need to do, though, is put some safeguards in place to help those who were operating in good faith under uncertain circumstances, under sometimes changing guidance and direction, even though they were trying to follow all of the relevant guidelines.

That includes protections for non-profits that have gone above and beyond to support their communities, as the demand for their services has skyrocketed. It includes the schools, the colleges, the universities that are preparing to take every conceivable precaution to keep students and teachers safe this fall. It includes the hospitals that have been on the frontlines and have fought significant headwinds to

keep their staff, their patients, and their communities safe. And, of course, it includes protections for our incredible healthcare workers who have been on the frontlines of this crisis for months.

Amid rapidly changing guidelines, staffing shortages, and scarce supplies of personal protective equipment, they continued to adapt and deliver the best possible care to their patients.

Just to give you one example of how rapidly the guidelines are changing, in March, the Texas Health and Human Services Commission provided a manual to nursing homes with guidance on managing and preventing a COVID-19 outbreak. The manual was 28 pages long. Since then, it has nearly tripled in length.

As we have learned more about this virus, guidelines have evolved, as you would hope they would, to ensure that our healthcare workers know the most effective ways to quarantine, test, and treat patients. That is an unequivocally good thing. It is strengthening our response, it is helping us slow the spread of the virus, and it is saving lives.

But it has also created a host of challenges for the healthcare workers who are the very ones complying with these rapidly changing guidelines, doing the best they can under difficult circumstances.

I learned about an elderly patient who arrived at a hospital emergency room during the early stages of the pandemic with a fever but no other COVID-19 symptoms.

At that point, testing supplies were constrained, and the applicable CDC protocol was to limit testing only to patients who met the strict criteria, who had symptoms. And with only a fever, this patient did not meet those criteria so he was not tested.

The healthcare workers identified an infection site that could have been causing his fever, so they treated him and discharged him with instructions to return if his condition worsened.

Several days later, unfortunately, his condition did worsen, and he went to a different hospital where he was given a COVID-19 test. The result came back positive, and ultimately he was admitted to the intensive care unit.

Then, several days later, he tragically passed away from coronavirus-related symptoms.

For the man's family, I know this raises questions of how things might have been different today if he had been tested on that initial visit in the emergency room. They have said they may file a lawsuit against the physician and the hospital for not performing a test and admitting the man to the hospital on the first visit.

But the doctors there were simply following the best advice they had at the time and were constrained by the number of tests available—only to test patients when they had symptoms of the virus and, unfortunately, this man's symptoms did not qualify.

If the doctor and the hospital did the best they could following those guidelines, they should not be subjected to these types of litigation.

Now, as I have said, the legislation would not provide blanket immunity. Nobody is arguing for that, but we do need clear guardrails to ensure that the dedicated healthcare workers and other essential workers who were acting in good faith will not be drained dry by the trial bar.

This legislation sets a willful misconduct or gross negligence standard to ensure that only bona fide, legitimate claims are brought against these healthcare workers.

The patients subjected to that type of treatment have every right to sue and to be made whole, and this will preserve that basic right. But it will also make sure that the hard-working doctors, nurses, emergency medical technicians, and other medical professionals who have acted in good faith are not pulled into litigation that could send them into bankruptcy.

Over the past several months, our healthcare workers have navigated the dark, treacherous, and rapidly changing waters of this storm to save as many lives as possible.

I should point out that I think about 30 States have, at the State level, provided the kind of protection to healthcare workers I am talking about.

So we need to throw them a lifeline, not feed them to the sharks. Instead of naming a bill in honor of our healthcare heroes that does absolutely nothing to help them, as the House has done, let's pass a bill that will honor them.

If our friends across the aisle want to help our healthcare workers and thank them for their immeasurable sacrifices they have made, liability protection would do exactly that.

So I hope our colleagues are prepared to acknowledge the widely known truth—that the Heroes Act is an unserious piece of legislation that has zero chance of becoming law. It is time to stop playing games and get serious about what our country needs at this critical moment.

As negotiations on the next relief package continue, I would ask our colleagues to set aside the completely unrelated priorities in the Heroes Act and focus on the changes that need to be made to keep our healthcare and other essential workers safe but also to protect them from frivolous litigation.

The PRESIDING OFFICER. The Senator from Minnesota.

BROADBAND

Ms. KLOBUCHAR. Mr. President, I rise today to talk about a focus subject, which is access to broadband.

I will say that I know the negotiations between the House and the Senate and the White House are continuing. I think it is very important for the American people that we do this in good faith.