

by over \$730 billion since the pandemic has begun. Let me repeat that: 467 billionaires have seen their wealth go up by over \$730 billion in the last several months of this pandemic.

Millions of people are unemployed, struggling to put food on the table, but 467 billionaires have seen their wealth go up by over \$700 billion. Meanwhile, during the last 4 months, while the very, very wealthy have become much richer, American households have seen their wealth go down by \$6.5 trillion.

In all likelihood, in the midst of everything else we are experiencing, we are currently looking at what is likely the greatest transfer of wealth from the middle class and the poor to the very rich in the modern history of this country. A massive transfer of wealth: the working-class and middle-class poor getting poorer; the people at the very, very top becoming phenomenally richer.

In other words, in the midst of a pandemic, in the midst of an economic meltdown for working families, in the midst of a great struggle regarding systemic racism and police brutality, in the midst of the existential threat to our planet of climate change, in the midst of a President undermining democracy and moving this country in an authoritarian direction—in the midst of all of that, we are also seeing a massive increase in income and wealth inequality and the movement in this country toward oligarchy.

Let me just give you a few examples of the incredible growth in inequality that is taking place right now as we speak. While Amazon is denying paid sick leave to its employees, while they are denying hazard pay and personal protective equipment to 450,000 of their workers, Jeff Bezos, the owner of Amazon, has increased his wealth by over \$70 billion. Yes, one person, during the pandemic, has seen his wealth increase by \$70—70—billion.

While U.S. taxpayers are subsidizing the starvation wages at Walmart by providing food stamps and affordable housing and Medicaid to the workers who are employed by the Walton family of Walmart, the Walton family—the owner of Walmart—has made over \$20 billion during the pandemic and now has a net worth of over \$200 billion. While 40 million Americans face eviction, Elon Musk has nearly tripled his wealth over the past 4 months and now has a net worth of more than \$70 billion.

While millions of Americans are lining up at emergency food banks because they don't have enough money to put food on the table, Mark Zuckerberg, the founder of Facebook, has increased his wealth by more than \$37 billion during the pandemic and is now worth over \$70 billion.

In a time of massive wealth and income inequality, when so many people in our country are hurting, it is morally obscene for billionaires to use a global pandemic as an opportunity to make outrageous profits and to very

substantially increase their wealth, and that is why I will be introducing legislation tomorrow to tax the obscene wealth gains billionaires have made during this public health crisis.

According to Americans for Tax Fairness, if we tax 60 percent of the windfall gains these billionaires made from March 18 until August 3, we could raise over \$420 billion. That is enough revenue to allow Medicare to pay all of the out-of-pocket healthcare expenses for every man, woman, and child in this country over the next 12 months.

So that is the choice we have to make. Do we have a tax on the obscene increase in wealth that has taken place for a few hundred billionaires during this pandemic or do we have a fair tax on their wealth and say to every man, woman, and child: During this crisis, you will no longer have to pay anything out of pocket for the healthcare you and your family need?

By taxing 60 percent of the wealth gains made by just 467 billionaires—so, in a nation of 330 million people, we are talking about a tax on 467 of them—a tiny, tiny, tiny fraction of 1 percent. Just by doing that, we could guarantee healthcare as a right for all people in this country for an entire year.

By the way, if anybody out there is very worried about the impact of this tax on the billionaires, on the people who are being taxed—how will they survive a 60-percent tax? That is a high tax. Do you think they are going to make it? Well, we have left them more than \$310 billion to survive with. That is a \$310 billion increase in their wealth. That is what we have left them.

In my view, above and beyond this circumstance, above and beyond the pandemic, this Nation must address the obscene level of income and wealth inequality which exists. It existed before the pandemic, and it is even worse now. In my view, we can no longer tolerate three people in this country owning more wealth than the bottom half of our Nation at a time when 30 million Americans have lost their jobs and 93 million people are either uninsured or underinsured. We need to reconsider our value system and make it clear that so few cannot have so very much, such obscene wealth—which is exploding during the pandemic—while so many of our people are living in economic desperation.

Now is the time to develop a new set of priorities and a new set of moral values for this country. Now is the time to tax the winnings of a handful of billionaires to improve the health and well-being of tens of millions of Americans. The time is long overdue for the Senate to act on behalf of the working class of this country, the people who are hurting like they have never hurt before—not in our lifetime—and have the courage to tell the billionaire class, who are doing phenomenally well, that they cannot have it all.

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

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

CORONAVIRUS

Mr. CASEY. Mr. President, I rise tonight to talk about a couple of issues I know that will be considered—at least I hope will be considered—in the negotiations that are under way.

Later in this hour, we will be joined by three of my colleagues: Senator WHITEHOUSE, Senator BLUMENTHAL, and Senator DUCKWORTH. Each of us will be talking about these issues from different perspectives, but all focused on those in our society who are most at risk in the midst of this worldwide pandemic and in the midst of this economic and jobs crisis that we are confronting right now. We know that this is the most difficult public health crisis in a century, and one of the largest, if not in the top two, job crises we have ever faced.

When we talk about Americans who are most at risk, among them are, of course, older Americans. Tonight, I will spend some time talking about older Americans in nursing homes who are at risk if we don't take action, and people with disabilities who need the benefit of—as do many older Americans need the benefit of—home and community-based services; and, third, Americans who are in communities of color who need the benefit of Medicaid, among other programs that we should be focused on.

Let me start with nursing homes. We know that in the context of nursing homes, the skilled care that is provided there is the highest level of care for an older American or sometimes a person with a disability. We also know that is care that is provided to men and women who have done so much for the country—Americans who have fought our wars, worked in our factories, built the middle class, built America in so many ways and gave us life and love. All that they ask and all their families ask is when they are in a long-term care facility, especially a nursing home, that they are receiving skilled care that is quality care, and in the midst of this crisis, that we are taking every step possible to protect them from the virus and to keep them safe.

Unfortunately, that hasn't happened in America today.

As we speak tonight, more than just a couple of days ago, the number was lower than this, but now it is more than 62,000 Americans who have died in long-term care settings. Most of those are in nursing homes. When you add up the number of residents who contracted the virus and died with the workers who have died, the number is more than 62,000 Americans. That is

about 40 percent of all the deaths in America. We have to take steps to get those numbers down—both the death number as well as the case number. Of course, the two are directly related.

A number of months ago, Senator WHITEHOUSE, who joins us on the floor tonight, and I introduced S. 3768, which was the Nursing Home Protection and Prevention Act. It was a proposed \$20 billion investment in best practices. The tragedy here is that we know what works to get the death number down in nursing homes. We know exactly what works. Those nursing homes that were implementing these best practices months ago—way back, sometime in early March or even in February—are the ones that had lower numbers, fortunately, of deaths and case numbers.

We know that you have to invest in a series of best practices, which means having enough personal protective equipment for everyone in a nursing home, but especially the residents and workers. We know that is essential to keeping people safe. We know that testing is part of that, of course, and having the capacity to test frequently and to have results transmitted very quickly.

Cohorting is not a term that we hear a lot about, but it is a very simple concept. Cohorting means you separate the residents with COVID-19 from those who don't have it. As easy as that is to say, it is more difficult to institute in a nursing home. Sometimes you have to retrofit. Sometimes you have to take other steps that funding is needed for.

Cohorting works, which stands to reason, but we know it works now that we have some experience with the virus.

We know that surge teams are critically important, as well, as part of these best practices. If you have an outbreak in a nursing home—and we have had so many examples of that in my home State of Pennsylvania and in so many other States—when the virus is spreading and there is a crisis in that nursing home because of the virus, you might need more help. You may need more doctors or nurses or certified nurse's assistants or so many other critical personnel in that nursing home. So \$20 billion is a good down payment on protecting Americans in nursing homes. Our bill would do that.

I am grateful for the help of Senator WHITEHOUSE, as well as so many other Members of the Senate who joined in that bill. Unfortunately, the bill proposed—I guess it was July 27 or one of the last days of July. Unfortunately, the bill proposed by the majority has no meaningful investment in these best practices. We have to ask ourselves: Is this what America is going to settle for, that the greatest country in the history of the world is going to throw up our hands and say: There is really nothing we can do. It is a pernicious virus and the virus is spreading in congregate care settings like nursing homes, where you have individuals who

are particularly vulnerable. So there is not much we can do.

That is a defeatist, anti-American attitude. We know we can get these numbers down if we make the investment. The America that we claim to be would have a full-court press, a pull-out-all-the-stops effort to make sure that we get these numbers down.

I don't think most Americans believe that we should throw up our hands and surrender to another 62,000-plus deaths a couple of months from now, which is where we could be headed if we don't take these steps. No one would assert that we can get these numbers down to zero or that there is some magic wand that will allow us to remove this threat from those we love so much in these nursing homes. But, my God, in America we are not going to take steps we know will work to get the case number down and the death number down?

I think America is ready for an action plan that has been developed here in the United States by smart people who know how to attack this problem.

So issue No. 1 is the most at-risk Americans.

The second issue in terms of at-risk Americans is older Americans and people with disabilities who need the benefit of home and community-based services. Again, the Republican bill proposed by the majority here in the Senate doesn't mention Medicaid. In order to attack the nursing home issue—the nursing home death problem—or to invest in home and community-based services, we need to invest in Medicaid. We must stabilize and strengthen home and community-based services to keep older adults and people with disabilities both safe and healthy.

To do that, you have to pay the workers more. The workers should be paid a living wage. When those workers are going into a home to provide that critical care, they should be provided the personal protective equipment that they need to keep themselves safe and also that person with a disability or a senior, if someone is coming into their home.

Without sufficient dollars, human service organizations cannot recruit and retain the direct support professionals and personal care attendants who provide essential healthcare and community inclusion services for seniors and people with disabilities.

This is just one example, among many. This is a picture of Marisa. She is from Allegheny County, PA. You can see by the picture—you may not see it from a distance—that the T-shirt says: "Proud to Be Your Neighbor." You can barely read the words: "Giant Eagle." That is one of the great supermarket chains in Southeastern Pennsylvania.

Marisa uses home and community-based services to live independently. She is a volunteer at a food pantry and works at one of the Giant Eagle grocery stores and has done that work for 19 years. All these years later, she is

one of the beneficiaries of this program. She can get services in the home and in her community.

The key to this is that without dedicated dollars, agencies like Achieva, one of the many agencies that does this work and provides such services—these agencies will not be able to provide services that people with disabilities like Marisa and families like hers need.

Pennsylvania, like many States, has so-called centers for independent living. They told me just last week on a phone call that as for helping people move from a nursing home or a congregate care setting, where often the risk is higher with the virus, often their ability to move people from that setting who want to go into a home or an apartment is fully dependent on the dollars from the funding they have. They have been able to move some people, but very few because they don't have the funding to move them.

Another implication of this concern we have is that the direct service providers have scaled back these services. Most don't have enough cash reserve for longer than a month because of the lack of funding. Just imagine that.

I introduced a bill 4 months ago, S. 3544, which provided dedicated dollars to respond to this crisis. But it wasn't until the HEROES Act passed by the House—not yet passed by the Senate, but passed by the House 10 weeks ago—included provisions of my bill, which was supported here in the Senate by 28 Senators.

I have just two more issues. One is Medicaid and the other issue I will address is on the liability debate.

Of course, we know what the Medicaid program is. It has been around since 1965. Medicaid is the program that helps 75 million Americans. If you add up the children on Medicaid, which is about 31 million children, and people with disabilities, which is another 9 million, you have roughly 40 of the 75 million.

Medicaid is not just a program. It is a program that saves lives, maybe even more so in the middle of a public health emergency that we have been in all these months.

Medicaid is also, I believe, a reflection of who we are as a nation. I think it also reflects whom we value. That is why Medicaid is so critical to seniors living in nursing homes who are sometimes from relatively middle-class families who could not afford long-term care.

Many Americans with disabilities—as I mentioned, 9 million at last count, and of course, 31 million children—many of them live in rural Pennsylvania, in rural America. In fact, if you look at it by percentage, it is often the case that in rural counties, there is a higher percentage of children on Medicaid and the Children's Health Insurance Program. There is a higher percentage in a rural county than children in a county that has a lot of urban communities in it. So rural and small town America depend heavily upon Medicaid.

They depend upon Medicaid in another way when you consider rural hospitals. Often the largest employer in a rural county in Pennsylvania—or the second or third largest employer at least—is a rural hospital. We have 48 of our 67 counties that are rural, and in those 48 rural counties, more than half of the top employers in the county are hospitals—or I should say the top or the second or third highest employers. So, of the top three employers in the most rural counties, you have a hospital—and Medicaid is so vital to those rural hospitals—operating on a thin margin and is evermore stressed in a pandemic.

Medicaid expansion, of course, made it possible for millions of Americans to get healthcare through the Affordable Care Act, and we just saw yesterday, in the State of Missouri, the vote there to expand Medicaid. It has been happening in a lot of States that may not have embraced Medicaid expansion a number of years ago but that are now embracing it.

Medicaid is a safety net in this time of crisis, in terms of the economic and jobs crisis we are living through. It, of course, impacts State budgets. One of the biggest expenditures in State budgets is Medicaid. For example, in our State of Pennsylvania, our unemployment rate in June was 13 percent, and there were 821,000 people out of work. In some counties, the unemployment rate is 14 percent or 15 percent or 16 percent or 17 percent. So, when 821,000 people are out of work in a State, a lot of them have lost their healthcare, and they have turned to Medicaid.

Now, in the Families First bill, way back in the early part of March, the matching dollars—the so-called FMAP, which means the Federal matching dollars for Medicaid—were increased by 6.2 percent. That was a good step in the right direction, but Governors in blue and red States will tell you now, as a lot of other people will tell you now, they need an additional increase in Medicaid. I think the 14 percent FMAP, or matching dollar percentage, in the Heroes Act in the House made a lot of sense. I hope we can get to that number in the bill we are considering or we hope to be considering soon.

The Republican bill does not have additional dollars for Medicaid, matching dollars, despite the fact that many of the Republican Governors around the country have asked for this kind of help. So I hope that will change as the negotiations move forward.

I want to end on time if I can, maybe in the next 10 minutes. That is the goal.

Finally, I want to talk about the liability shield issue. There are a lot of different perspectives on this. Let me talk about it in the context of those we are discussing tonight—seniors in nursing homes, people with disabilities who need home- and community-based services, folks who are in communities of color, and others who need the benefit of Medicaid.

In my judgment, the Republicans' proposal, when you look at the liability proposal, would slam the doors of justice on those who want to bring an action. We have had a lot of commentary lately about our criminal justice system and its defects, its shortcomings, and even about the racism that, I believe, permeates that system. In this context, we are talking about the civil justice system.

What do we do about that part of our justice system—the ability for a citizen to bring an action in a court of law to deal with an injury of some kind either by way of negligence or intentional conduct?

In this context, we have a proposal by the majority to short-circuit, to undermine, that system of justice. It will affect those we are here to talk about tonight in very real ways whether they are low-income workers or people with disabilities or older adults or even, more broadly, essential workers.

Why do I say that?

If you are going to use a crisis like we are in now to try to achieve gains that some in this Chamber have tried to achieve for years in the so-called tort system—really, the civil justice system—and you paint with a very broad brush, you are going to slam those doors of justice pretty tightly.

Just by way of comment from a Georgetown law professor, David Vladeck, in reference to this proposal, he recently explained the “extreme reach” of the proposal vastly exceeds “any prior ‘tort reform’ bills that have been introduced in Congress.” He went on to call this corporate liability shield provision “essentially impenetrable.” That is how he described the strength of this shield. He warned that such proposals would give “license for irresponsible and reckless conduct.”

When it comes to liability, it would also preempt all State laws requiring businesses to act reasonably. It would impose a heightened—so-called—clear and convincing burden of proof on plaintiffs instead of the typical preponderance-of-the-evidence standard.

We know that in our system, in a civil case, the preponderance-of-the-evidence standard is the lowest standard. Just a little more than 50 percent of the jury would have to make the determination in terms of liability. We know that, in the criminal system, in order to find guilt, it has to be found beyond a reasonable doubt. That is the highest standard. There are some cases that are given the middle standard of—so-called—clear and convincing. That burden of proof is right in the middle. In a civil lawsuit, this bill would elevate it from a preponderance to clear and convincing, which would be, I think, a step in the wrong direction.

The proposal would also force a worker, a consumer, a resident of a nursing home, or even a patient to show that a business failed to make “reasonable efforts” to comply with any applicable government standard.

The issue here is that the Federal Government hasn't issued any manda-

tory standards. So these entities—many of them employers of one kind or another, sometimes very large employers—would be able to follow any standard they would choose. They could choose a local standard or a State standard or a Federal standard even if the one they were to choose would be the weakest standard as it relates to the protection of the worker.

What the administration could have done, which I called for and many Members of the Senate called for, would have been to have promulgated a standard against which the actions of an employer could be measured.

One idea was to promulgate an emergency temporary standard. I don't know why the Department of Labor wouldn't do that in the middle of the worst public health crisis in a century—why the Department of Labor would not simply take that step. That would give clarity to employers. That would give clarity to so many Americans about what the standard would be in a workplace to keep people safe from a raging virus, but they chose not to do that.

Without any mandatory standards, it is wide open. Then we are supposed to believe that taking away the right to bring an action is somehow going to be just fine for a period of time. An emergency temporary standard by the Department of Labor should have been promulgated months ago, and it could still do it and remove the uncertainty—the lack of clarity—that prevails right now.

With regard to the liability provisions, this bill would immunize healthcare providers and facilities from any claims arising from “coronavirus-related healthcare services.”

That is pretty broad. How does the bill define that? The bill defines that as follows: the treatment of patients “for any purpose,” not merely the treatment of COVID-19 patients during this public health emergency. That is about as broad as it gets, and that impenetrable liability shield would be in place for several years.

It gets worse when it comes to people with disabilities. To add insult to injury, just consider what we did last week. Our Nation celebrated the 30th anniversary of the Americans with Disabilities Act—a law that extends civil rights protections to people with disabilities in every State. President George H. W. Bush signed the bill into law, and Republicans and Democrats and Independents all over the country celebrated its 30th anniversary.

Literally, the next day, the majority proposed this corporate liability shield, which would blow a hole in the protections provided by the so-called ADA after the celebration of 30 years. That bill, the Americans with Disabilities Act, makes it possible for people with disabilities to be full participants in American society, but this corporate liability shield would undermine those very protections.

It would decimate Federal protections granted under other landmark employment and civil rights laws, including the Age Discrimination in Employment Act, the so-called ADEA; the Genetic Information Nondiscrimination Act; and OSHA, the Occupational Safety and Health Act, which is one of the seminal actions, or pieces of legislation, to protect workers. It would also adversely impact the Fair Labor Standards Act as well as title VII of the Civil Rights Act of 1964. I don't know how you could have more of a wrecking ball in place for these landmark pieces of legislation in the middle of a pandemic.

I will wrap up by saying that we have a lot of work to do, obviously, in these negotiations. In the midst of the negotiations, we ought to be thinking about the most vulnerable, whether they be older Americans, children, people with disabilities, or folks in communities of color, who have been adversely impacted in so many ways and evermore so in this time of crisis.

I will not enter into it the RECORD, because it will be in the RECORD anyway, but I am holding in my hand a letter that we sent to Leader MCCONNELL that outlines all of these concerns. It is a letter, led by Senator DUCKWORTH from Illinois, Senator WARREN from Massachusetts, and me, as well as now more than 40 of our colleagues, which goes through these concerns that we have for investments in strategies to get the nursing home death number down and for investments in home- and community-based services. It goes through the concerns we raised about the corporate liability shield, as well as about an overdue investment in Medicaid, which is the program that takes care of the most vulnerable among us.

I yield the floor.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. WHITEHOUSE. Mr. President, I am grateful to have the chance to follow my friend from Pennsylvania, who has shown such great leadership with respect to healthcare and particularly with respect to the nursing home population. I am delighted to join him to discuss what COVID is doing to the elder Americans who are in our nursing homes and long-term care facilities, because this illness has swept like a savage scythe through those facilities.

In my small State of Rhode Island, 750 residents of long-term care facilities have died of COVID. We just crossed 1,000 deaths statewide, and 750 are at these facilities. If that doesn't attract the concern of this Senate, something is very wrong with this Senate.

Across the country, the death toll in nursing homes and long-term care facilities, just as Senator CASEY said, is 62,000 Americans. My dad served for 5 years in the Vietnam conflict. In the decades of the Vietnam conflict, we sustained over 58,000 American military casualties.

That means the death toll in our nursing homes and long-term care facilities—just in COVID, just in these months—is greater than the death toll of our soldiers in Vietnam.

And if that is not enough to attract the attention of the Senate, something is wrong with the Senate.

In Rhode Island, there is a little nursing home—just by way of example—called Hallworth House. Hallworth House is a great little place. It has been operating for half a century. It opened in 1968. It has a five-star rating from CMS. They do a great job.

It was announced that it will permanently close at the end of August due to COVID. It had 51 residents, and by June, 29 had been infected; 12 had died.

Of its staff, 20 were infected and had to be quarantined. It couldn't survive that. It is closing.

And the stories behind the institutions like Hallworth House are the stories of people like Therese in Lincoln. The Senator from Pennsylvania is amiably disposed to women named Therese.

Therese's mom Germaine is 88 years old. She has Alzheimer's. She is a resident of a nursing home in nearby Manville, RI. That facility has not allowed visitation since March 11. Therese hasn't seen her mom since March 11. This is a woman with Alzheimer's, living in a facility. As a result, her mom's cognition has declined. The presence of her daughter was part of what kept her active, kept her moving. She used to take her for walks every day.

Now, the best they can do is Skype, and her mom barely recognizes the little image on Skype.

So behind 750 deaths, behind collapsing institutions that have served elderly people for 50 years are these personal stories of broken relationships.

Barry in Narragansett has been married to his wife Dorothy for 46 years. Now he can only see her through Plexiglas and only twice. That is a real cost.

Germaine, 88 years old, not being able to see her daughter; Barry and Dorothy, after 46 years of marriage, separated by Plexiglas, unable to see each other.

Those are small concerns, but you can multiply them across the population of our nursing homes and of our long-term care facilities.

And if that isn't something that the Senate will care about, then there is something wrong with the Senate.

We have tried to give the Senate something to do, something we can be for. So we have the Nursing Home COVID-19 Protection and Prevention Act. It has \$20 billion for staffing support, for testing—because there is not enough testing—for personal protective equipment, for the staff who serve, really heroically and tragically underpaid in these circumstances, in these facilities.

It encourages successful practices like cohorting. It provides responses

like surge teams. When a place becomes so hit with COVID that the staff are quarantined out, who is going to come in? We were talking about deploying the National Guard in nursing homes. No, we need trained surge teams that provide for those things and data so people learn fast and know what to do to take care of this.

We have a solution, and I hope very much the Senate will care enough to consider our solution in whatever bill we end up beginning to negotiate on.

I will close by talking about what has been called liability protection but is, in fact, corporate negligence amnesty.

I have been around here a little while, and I have been through the immigration debate. And in this building, we heard people talk about children—children who were brought to this country who were innocent of any misconduct. In fact, they were minors. They were, by law, innocent, and they had done no one any harm. Children guilty of no misconduct, innocent who had done no one any harm. And what was the word we heard? "Amnesty." We can't have amnesty. There are laws around here that have to be followed—for children who were innocent and had done no one any harm.

What does the corporate negligence amnesty bill do? It gives corporations that are not innocent, that are negligent, that have caused harm, and that have even caused death, amnesty.

If that is the standard, when you are small and innocent and a child and have done no harm, then we are going to be outraged at any amnesty for you, at any kindness, but if you are a big corporation and you actually are negligent and as a result of your negligence someone dies of this disease, what is the solution? Amnesty. That is what we will do. We will help our corporate friends.

If that is where this Senate is going to stand, then there is something wrong with this Senate.

Oh, and by the way, this is no small thing. This is no small thing, by the way. The right to a jury began, really, at about the time of Henry II, in the 12th century, and followed through English common law, through Blackstone's legendary commentaries, the book that informed the early creation of American law, through to the Declaration of Independence, where the jury was part of the *casus belli* of our country, and then into our Constitution.

This is an important part of our Anglo-American rule of law tradition, and the fact that we are willing to throw it over the side because big corporations come and say: We can't bear the indignity of having to be treated equally and fairly in court with these people we are so used to pushing around in legislatures where we have lobbyists and money—that is why we are going to throw out eight centuries of tradition and learning?

Do you want to know how long ago that was? There is a great movie called

“Lion in Winter,” a wonderful movie about Henry II. That is when this tradition started, and we are going to throw it out here for corporations that have been so negligent as to cause death and injury?

Something is wrong.

I yield the floor, and I thank the Senator from Connecticut, my friend, Senator BLUMENTHAL, for his indulgence for that historical exercise.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. BLUMENTHAL. Mr. President, I would be happy to listen for much longer to that kind of eloquence and enormously powerful and significant comment on the blanket shield that some of our Republican colleagues seek to provide to wrongdoers, whether they are corporate wrongdoers or others who have severely harmed innocent people.

And it is not just about the rule of law that provides accountability for victims and survivors of wrongdoing, it is also an important part of the deterrent function of our legal system.

Accountability and penalties for wrongdoing are essential to protecting vulnerable people in the future, and so our side will stand for keeping the courthouse doors open. Those rights that some of our Republican colleagues would destroy are essential not only to the Anglo-Saxon concept of rule of law, they are also important to vindicating right.

And some of the folks who lived in nursing homes and who passed away as a result of this virus are veterans of wars. They fought for these rights. They risked their lives and sacrificed, and many were wounded, and they have now reached an age where they are in nursing homes.

But one of the reasons they fought was to preserve these very rights that some of our colleagues would sacrifice so needlessly and so readily.

Today, we are here not to look back and to lay blame. There will be time enough to establish a commission, as I hope there will be, a 9/11-type commission, to learn from the mistakes that were made. Obviously, we need to hold accountable other countries, including China, who may have failed to reveal the extent and magnitude of the health threat posed by this pandemic. We need to hold accountable officials in this country who may have failed to warn and who denied the severity of this pandemic.

We need to look forward, and right now, in this relief package, save America from the raging pandemic that continues, a health crisis, and from the collapse of our economy, happening before our eyes, an economic crisis.

And part of our package must be to provide funds for those nursing homes where those veterans live, where grandparents live, community leaders, people who have served our Nation in all kinds of capacity, raised our children, served in our religious places of worship, and been there for us.

They have served and sacrificed, and we owe them places that are safe and clean and, yes, healthy—at least conforming to standards that we know are necessary to preserve them from disease.

And here is the blunt truth: A disproportionate number of the deaths have occurred in these nursing homes.

In Connecticut, as is the case in many other States, the pandemic has hit nursing homes especially hard.

Of over 4,400 COVID-19 deaths in Connecticut so far, about 65 percent of all of them—that is 2,900—have been amongst individuals living in nursing homes. That is a searing indictment of our society. It is staggering.

And so I am proud to join with my colleague, Senator CASEY, others who have come to the floor, like Senator WHITEHOUSE. I especially want to thank Senator CASEY because his leadership has been so instrumental in this effort.

We need now to make nursing home reform and funding part of the next package we pass here. We have all seen the signs “Heroes Work Here” outside nursing homes, and they are well deserved.

I have visited a number of them. Most recently, the Riverside Health and Rehabilitation Center in East Hartford and the Mary Wade facility in New Haven.

What struck me most was, in fact, the heroism of these workers. Heroes do work there. They have put their lives on the line. They have reported for duty, despite the threats to their own well-being and the threats to their own health and safety and their families. They have been there for the people who live in those nursing homes. They deserve to be recognized and rewarded, not just in work but in money, in hazardous duty pay. The \$13 per hour on top of regular wages that is part of the HEROES Act. It is known as the Heroes Fund. It should be part of what we do next as a relief package. We need to put our money where our mouth is in saying we support those essential frontline workers. Let’s recognize and reward them but also retain them and make sure we recruit more of them because we need more of them.

Let’s put our money where our mouth is, not just for our frontline workers, not just for the hazardous duty pay, not just for the Heroes Fund but for the people they serve in the conditions and care that prevail in these nursing homes. The heroes are not only the workers, they are the residents because they are veterans, teachers, firefighters, nurses, parents and grandparents, friends, community leaders, mentors. They are the Little League coaches who are now at an age where they are not going to the baseball field. They are the firefighters and police who once stood proudly in protecting our communities and now depend on others to help them stand.

We know that older Americans are more vulnerable to this insidious virus.

We cannot simply surrender. We must act and we must protect those nursing home residents. Let’s also be blunt about where the effects fall because these health disparities also have a racial equity component. They not only affect older people who are more vulnerable, they also affect older people in communities of color even more heavily.

Those disparities are unacceptable. A New York Times analysis of nursing homes found that nearly all—97 percent—of Connecticut nursing homes where at least a quarter of the residents are Black or Latino reported a coronavirus case. So there is a gap between homes with significant minority populations and homes that do not have them. Addressing this crisis in our nursing homes means we must address the racism that accounts for those disparities and mars our Nation. We can never forget that these residents of nursing homes are more than numbers, more than statistics; they are real people. As shocking as the numbers are, they are less dramatic than what you and I have seen when we visit those nursing homes. And my guess is, everybody listening to me now, almost all Americans are touched by the deaths that have occurred there in one way or another, directly or indirectly.

So I am proud to join Senator CASEY in fighting for the Nursing Home COVID-19 Protection and Prevention Act. It would provide \$20 billion in emergency funding specifically targeted for protecting those nursing home residents and providing the kind of personal protective equipment, training, and other kinds of resources that are necessary for making sure that the heroes, the frontline workers, have the capacity to do their jobs and the heroes who live in those nursing homes both receive the care and resources they need.

I am also proud to have introduced legislation with Senator BOOKER, the Quality Care for Nursing Home Residents and Workers During COVID-19 Act, which would provide for additional reforms to address the egregious number of nursing home deaths in Connecticut and throughout the country. It would require weekly tests of every resident and testing for every shift for healthcare workers. It would also mandate that all healthcare workers have sufficient PPE and comprehensive safety training around COVID-19, and each facility have a full-time infection-control preventionist on staff to keep residents and workers safe. It would guarantee that sufficient staff is available to facilitate weekly virtual visits between residents and their families. The sense of isolation of many of these nursing home residents is one of the major failings of how they have been treated during this pandemic.

We need to move forward without delay. There is no excuse for spending time debating this issue. We all know that these steps are necessary. There

should be no politics. Nursing homes do not provide care for red or blue residents. They do not employ red or blue frontline workers. This cause should be bipartisan.

Unfortunately, the Republican proposal fails to provide virtually any resources—certainly nothing like the \$20 billion that we are asking. So I hope we will move forward, as reasonable, caring minds and hearts must do, and make sure we provide the resources necessary to do justice to these heroes.

I yield the floor.

The PRESIDING OFFICER. The Senator from Illinois.

AMERICANS WITH DISABILITIES ACT

Ms. DUCKWORTH. Mr. President, I am speaking tonight on behalf of the millions of Americans living with disabilities, and on behalf of the many more who, whether they know it or not, are just 1 day, one accident, one devastating medical diagnosis away from acquiring a disability as well.

I come to the floor on their behalf because I came to the floor by rolling through the Capitol's corridors in the wheelchair you see me sitting on now, and I could come to the floor because 30 years ago, Congress passed the Americans with Disabilities Act, granting millions of Americans like me better access to the full, independent lives we deserve.

That landmark legislation only passed because of the dedicated activists who proudly crowded in front of this building in 1990 to demand that their country finally give those with disabilities the basic rights the Constitution provided.

It only became law because dozens of them got out of their wheelchairs, set down their crutches, and crawled up the 83 steps of the Capitol Building—because Jennifer Keelan, an 8-year-old with cerebral palsy, pulled herself to the top of the steps, saying, "I'll take all night if I have to," and because those around her refused to leave a fellow American behind, offering Jennifer support when she needed it, one step, one shoulder to lean on at a time.

Thirty years ago, these activists changed Senators' hearts, minds, and, most importantly, votes. Thirty years ago, this legislative body said that people like me mattered. But last week, Republicans in this Chamber proposed a bill that said we don't.

I speak out of a sense of frustration as I watch my Republican colleagues, including the ones who once championed the ADA, attempt to reconstruct, brick by brick, the shameful wall of exclusion that Congress sought to tear down three decades ago.

Less than a week after celebrating the 30th anniversary of a Republican President declaring that the ADA would bring us "closer to that day when no Americans will ever again be deprived of their basic guarantee of life, liberty, and the pursuit of happi-

ness," Senate Republicans have put forward legislation that threatens to deprive our community of those same fundamental rights.

Many interpreted the timing of the HEALS Act as confirmation of an alarming fact: The GOP has declared war on the disability community and the ADA. I truly hope this is not the case and that the timing was a deeply unfortunate coincidence, but at the end of the day, actions speak far louder than words.

If Senate Republicans want to demonstrate that they value life, that they value the civil rights of all Americans, they must join Democrats in supporting two measures that would show the disability community that their party actually gives a darn about them.

First, we need to save lives by preventing mass institutionalization. Placing individuals with disabilities into congregate care facilities where the risks of serious illness or death are high is reckless and unacceptable. To achieve this goal, we must increase the Federal Medicaid Assistance Percentages, the FMAP, by 10 percent for Medicaid Home and Community-Based Services.

Republicans and Democratic Governors alike desperately need this change. The House already passed this 10 percent FMAP increase months ago, and the Senate must follow suit in any COVID-19 relief deal that is reached.

Real-world experience has tragically demonstrated how vulnerable congregate care settings are to deadly superspreader events like COVID-19. We know from existing data that Americans with intellectual and developmental disabilities are killed at far higher rates than other Americans when infected with COVID-19. So investing in State efforts to provide Medicaid services to vulnerable populations in the safety of their own homes is just a commonsense policy that would save countless lives.

Second, Senate Republicans must abandon efforts to gut the ADA, once and for all. Disability rights are human rights, and these civil rights must never become optional benefits that can be taken away whenever it is convenient or cheaper for employers or those who are in power. Allowing businesses to exclude employees with disabilities from reopening plans is exactly the type of discrimination that the ADA sought to abolish. Yet the GOP HEALS Act seeks to relegate millions of Americans back to second-class status, sending the offensive message that our community can be cast aside if the cost to companies are too high.

But the harsh reality is that these efforts are anything but new. Decades ago, when my friend Judy Heumann passed her exams to earn a teaching license, she was nevertheless denied the license by the school board all because of so-called concerns about legal liability in the workplace.

They said that because Judy used a wheelchair, she represented a fire hazard and could not safely teach in a classroom. Do these types of concerns sound familiar? The passage of the ADA was supposed to relegate such workplace discrimination stories to the history books. Those outrageous examples of injustice were supposed to represent the nightmares of yesterday, not the reality of tomorrow made possible by a Republican proposal today.

Yet here we are in 2020, and Senate Republicans are shamelessly using a deadly pandemic as cover to gut the ADA and hoist that brick wall of exclusion right back up. No one is asking for special treatment. What we are asking for is to not take away the basic rights the Constitution promised all those centuries ago and this Chamber affirmed three decades ago under a Republican President.

So as we debate this next relief package, the questions that every Member of this body must ask are simple: Are we going to leave Americans with disabilities behind? Are their lives worth saving? Are their jobs expendable?

For anyone with a conscience—for anyone with any ounce of compassion or even just a lick of respect for the rule of law, the answer to those questions should be obvious.

You know, in the Army our Soldier's Creed included never leaving a fallen comrade behind. I am alive today because my buddies in Iraq risked their lives to recover my body because they thought I was dead and refused to leave me behind.

The activists who crawled their way up the Capitol steps did much the same for each other: helping one another make their way up inch by inch, closer to the Chamber I am sitting in right now, refusing to let any one of them struggle—to let any one of them fall behind.

I am on the floor tonight because of those two acts of courage from two different groups of people continents away and a decade and a half apart.

Now, as a Senator, my North Star is paying that debt of honor forward and trying to live up to the sacrifices they made for others. So today and tomorrow and the tomorrow after that, you better believe I am going to keep fighting to hold the Senate accountable for living up to the motto of the Nation we serve: "E Pluribus Unum," Out of Many, One, because this country was born on that idea. It was born from the phrase "We the People." And it grew out of the belief that there is nothing more powerful than the will of the citizenry when the citizenry works with each other and for each other.

Our response to this pandemic is a test of our faith in that Founding doctrine. If we focus on the "we"—if we think about uniting the many into the one—then we can save lives and move past this national trauma together. But it is up to each one of us to act in a way that protects all of us, to act in a way that ensures no one, nobody, disabled or otherwise, will be left behind.