AMERICA'S GLOBAL LEADERSHIP DURING COVID–19

HON. MICHAEL T. McCAUL

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 28, 2020

Mr. MCCAUL. Madam Speaker, while we must continue to focus on flattening the curve and supporting struggling Americans here at home, we must also help combat the spread of COVID–19 abroad. The pandemic is just beginning in many developing countries in the Middle East, Africa, and Latin America. It is not hard to imagine a worst-case scenario as COVID–19 ravages these fragile nations, particularly in areas already plagued by conflict and extremism. The destabilizing impact that the virus will have on economies, government institutions, and communities is deeply concerning.

This is a global pandemic, and the work that we do overseas makes us safer here at home, too, as this virus continue to spread. Since the outbreak began, the U.S. has provided $775 million to over 100 countries around the world to combat the spread of COVID–19. This commitment builds on over two decades of sustained U.S. leadership and investment to strengthen health systems and respond to infectious disease outbreaks. In addition, according to the State Department, the American people, NGOs, faith groups, and the private sector have also stepped up to provide an estimated $3 billion in donations and assistance to save lives around the world.

However, we must ensure that these vital resources are used as effectively and efficiently, as possible. Unfortunately, the Chinese Communist Party continues to cover up their culpability—withholding test samples, lying about mortality rates, and suppressing doctors and journalists from covering the facts-and ultimately undermining the global response. I support the Trump administration's efforts to insist on transparency and accountability. This includes accountability at the World Health Organization, which failed to immediately and effectively respond to this global pandemic. We cannot allow taxpayer resources to go toward organizations that were complicit in this cover up until there is accountability.

Our assistance must not only consider the short-term needs of vulnerable populations and our partners overseas, but also longer-term recovery efforts to generate economic growth and opportunity. In this unpredictable time, authoritarian regimes, terrorist groups, and hostile nation states will try to take advantage of the chaos for strategic gains. The Chinese Communist Party, acting as both the arsonist and the firefighter, is leveraging this pandemic to project their power and influence through economic dependencies created by their Belt and Road Initiative (BRI). As African nations cry out for much-needed debt relief from China's predatory BRI lending, reports are already emerging that China is seeking to condition relief on the handover of strategic assets, such as copper mining assets in Zambia.

We must consider the follow-on shocks of COVID–19—on nascent democracies, counterterrorism operations, refugee camps, vaccination campaigns, education systems, food security, and nutrition interventions—as existing humanitarian crises, security threats, and development challenges are compounded and exacerbated. The U.S. must be strategic in our investments and adapt and prioritize our assistance to prevent further destabilization and conflict in the wake of COVID–19. Otherwise, the cost, in both lives and foreign assistance dollars will be exponential in the long run.

I applaud Representative YOHO and Representative BERA for organizing this special order and for working across the aisle to address this crucial issue. I would also like to thank the frontline healthcare workers, both in my district and around the world, for their life-saving work. Finally, I would like to thank the NGO community and the U.S. Global Leadership Coalition for their leadership and advocacy.

COVID–19 LANGUAGE ACCESS ACT

HON. GRACE MENG

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 28, 2020

Ms. MENG. Madam Speaker, I rise to highlight the critical need for translated COVID–19 outreach materials during this pandemic response. We must ensure that language barriers do not prevent individuals from accessing vital and potentially life-saving information.

No one must be left in the dark. Each of us must do our part to overcome this unprecedented public health crisis. And yet, there are over 25 million people across our nation who have limited English proficiency.

That is why I introduced the COVID–19 Language Access Act, which would require any federal agency that receives coronavirus-related funding to provide COVID–19 written resources to the public in 19 languages: Spanish, Arabic, Cambodian, Chinese, Haitian Creole, French, Hindi, Italian, Japanese, Korean, Laotian, Russian, Tagalog, Urdu, Vietnamese, Greek, Polish, Thai, and Portuguese. These selected languages are based on the languages required in the Federal Emergency Management Agency's Language Access Plan for Disaster Assistance.

The CDC already provides language accessibility telephone services in 16 languages and some COVID–19–related material in up to 14 languages. Additionally, the CARES Act requires the SBA to provide resources in 10 languages.

Madam Speaker, fighting this pandemic requires the collaboration of everyone. But to do so, we must eliminate any language barrier for our constituents, so that they are best prepared, informed, and ready to fight against this pandemic. I urge my colleagues to support this legislation.

RECOGNIZING THE OUTSTANDING ACCOMPLISHMENTS OF MR. PETER KLEIN

HON. TOM MALINOWSKI

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 28, 2020

Mr. MALINOWSKI. Madam Speaker, I rise today to recognize the Peter Klein, a World War II veteran and beloved member of the VFW Post No. 335 in Cranford, NJ.

Mr. Klein is typical of his war time generation. He is soft-spoken, and self-effacing, never bringing up his wartime experiences unless you broach the subject first. Even then, his humility is an obstacle you must overcome to get him to truly discuss his history, and history is what he does indeed possess.

In World War Two, Peter Klein was a military trained medic. He was armed in battle with only his modest medical kit and the knowledge he was taught on how to give first aid and comfort to those down on the battlefield of war. His very first opportunity to put his expertise to use was a significant one. Mr. Klein was in the third wave of the D-Day invasion at Omaha Beach, on June 6, 1944. Rushing off the landing craft, he soon found himself knee deep in sand tending to those boys who had fallen while machine gun bursts flew above his head.

As if D-Day wasn't enough, he went on to see action during the frigid Battle of the Bulge and Hurtgen Forest, in Germany as well. These were two of most significant events of the latter stages of the war. Mr. Klein undoubtedly did his part in fulfilling his obligations to the country he loves.

Coming home after the war, Mr. Klein found work as a mason and building inspector, raising a fine family in the town of Cranford, NJ. His wife passed a few years ago and he will tell you his life will never be the same. He still visits the VFW Post in Cranford on a weekly basis, ''shooting the breeze'' with his veteran buddies and enjoying his 97th year of life. To the men and women of the VFW post No. 335, he has always been and will always be their ''Pete,'' a very special veteran.

Madam Speaker, please join me today in recognizing the extraordinary accomplishments of Peter Klein.

INTRODUCTION OF THE HEALTH EQUITY AND ACCOUNTABILITY ACT OF 2020

HON. JESÚS G. ''CHUY'' GARCÍA

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 28, 2020

Mr. GARCÍA of Illinois. Madam Speaker, I rise to introduce the Health Equity and Accountability Act of 2020.

The coronavirus (COVID–19) pandemic is disproportionately affecting communities of color—including Latino, African American, and Asian American communities—who already face exacerbated risk factors for health inequities. This unprecedented public health crisis underscores the health disparities and racial inequities that have existed in the U.S. health care system for many years. Most importantly, it points to the need to implement a comprehensive and strategic plan to improve the health and well-being of communities of color through a health equity perspective, which the Health Equity Accountability Act (HEAA) puts forth.

HEAA 2020 provides critical federal resources and establishes policies and infrastructure to eliminate long-standing health inequities. It would improve data collection and reporting, expand access to health care, build more robust telehealth systems, implement