

between persons in the United States and foreign adversaries, and for other purposes.

S. 691

At the request of Mr. COTTON, the name of the Senator from North Carolina (Mr. BUDD) was added as a cosponsor of S. 691, a bill to deter foreign financial institutions from providing banking services for the benefit of foreign terrorist organizations and from facilitating or promoting payments for acts of terrorism.

S. 704

At the request of Ms. ROSEN, the name of the Senator from Kentucky (Mr. PAUL) was added as a cosponsor of S. 704, a bill to amend the Higher Education Act of 1965 to provide for interest-free deferment on student loans for borrowers serving in a medical or dental internship or residency program.

S. 722

At the request of Ms. KLOBUCHAR, the name of the Senator from Alabama (Mr. TUBERVILLE) was added as a cosponsor of S. 722, a bill to amend the Internal Revenue Code of 1986 to permit certain expenses associated with obtaining or maintaining recognized postsecondary credentials to be treated as qualified higher education expenses for purposes of 529 accounts.

S. 737

At the request of Mr. CASEY, the name of the Senator from Illinois (Ms. DUCKWORTH) was added as a cosponsor of S. 737, a bill to amend the Internal Revenue Code of 1986 to end the tax subsidy for employer efforts to influence their workers' exercise of their rights around labor organizations and engaging in collective action.

S. 740

At the request of Mr. BOOZMAN, the names of the Senator from New Hampshire (Ms. HASSAN) and the Senator from Indiana (Mr. BRAUN) were added as cosponsors of S. 740, a bill to amend title 38, United States Code, to reinstate criminal penalties for persons charging veterans unauthorized fees relating to claims for benefits under the laws administered by the Secretary of Veterans Affairs, and for other purposes.

S. 747

At the request of Ms. COLLINS, the name of the Senator from New York (Mrs. GILLIBRAND) was added as a cosponsor of S. 747, a bill to authorize the Secretary of Agriculture to provide grants to States, territories, and Indian Tribes to address contamination by perfluoroalkyl and polyfluoroalkyl substances on farms, and for other purposes.

S. 793

At the request of Mr. LUJÁN, the names of the Senator from Kentucky (Mr. PAUL) and the Senator from Pennsylvania (Mr. CASEY) were added as cosponsors of S. 793, a bill to amend title XVIII of the Social Security Act to add physical therapists to the list of providers allowed to utilize locum tenens arrangements under Medicare.

S. 794

At the request of Mr. CORNYN, the name of the Senator from Oklahoma (Mr. LANKFORD) was added as a cosponsor of S. 794, a bill to require a pilot program on the participation of non-asset-based third-party logistics providers in the Customs-Trade Partnership Against Terrorism.

S. CON. RES. 5

At the request of Ms. HASSAN, the name of the Senator from Alaska (Ms. MURKOWSKI) was added as a cosponsor of S. Con. Res. 5, a concurrent resolution supporting the Local Radio Freedom Act.

S. RES. 20

At the request of Mr. CARDIN, the name of the Senator from New Hampshire (Mrs. SHAHEEN) was added as a cosponsor of S. Res. 20, a resolution condemning the coup that took place on February 1, 2021, in Burma and the Burmese military's detention of civilian leaders, calling for an immediate and unconditional release of all those detained, promoting accountability and justice for those killed by the Burmese military, and calling for those elected to serve in parliament to resume their duties without impediment, and for other purposes.

S. RES. 81

At the request of Mr. RISCH, the name of the Senator from Mississippi (Mr. WICKER) was added as a cosponsor of S. Res. 81, a resolution relating to the establishment of a means for the Senate to provide advice and consent regarding the form of an international agreement relating to pandemic prevention, preparedness, and response.

S. RES. 97

At the request of Mr. RISCH, the name of the Senator from Texas (Mr. CORNYN) was added as a cosponsor of S. Res. 97, a resolution expressing concern about economic and security conditions in Mexico and reaffirming the interest of the United States in mutually beneficial relations with Mexico based on shared interests on security, economic prosperity, and democratic values, and for other purposes.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. KAINE (for himself, Mr. MARKEY, Ms. DUCKWORTH, Mr. BLUMENTHAL, Ms. SMITH, Mr. PADILLA, Mr. WHITEHOUSE, Ms. STABENOW, Mr. REED, Ms. KLOBUCHAR, and Mr. KING):

S. 801. A bill to address research on, and improve access to, supportive services for individuals with Long COVID; to the Committee on Health, Education, Labor, and Pensions.

Mr. KAINE. Madam President, I rise today to talk about the importance of March 15, which for the first time has been designated "International Long COVID Awareness Day."

This is a topic of importance to millions of Americans who deal with long COVID every day and tens of millions

of people around the world who are dealing with long COVID, from mild symptoms to symptoms that are so debilitating that they are unable to work.

There is still an awful lot to learn about the condition, but what we do know is that long COVID is comprised of ongoing health problems that people experience after being infected with COVID-19. For some, long COVID can last weeks or months. For others, like me, long COVID has now lasted for 3 years.

Long COVID symptoms can vary. Some people experience general symptoms like fatigue, neurological symptoms like headache or difficulty concentrating, digestive problems, shortness of breath, heart palpitations, and other neurological conditions.

The prevalence of long COVID is a best estimate, but the recent survey by the Census Bureau, in partnership with the National Center for Health Statistics, shows that about 5.8 percent of Americans have long COVID, and that amounts to about 11 percent of Americans who have had COVID who continue to experience long COVID symptoms.

I am on my own long COVID journey. My symptoms are mild, but they have been continuous for 3 years. When we were working in the Capitol in March of 2020 at the very beginning of COVID, most of us had dispatched our staffs and sent them home. So I was working in my office together just with my chief of staff. It was kind of a lonely time, as those of us who were here remember, but we were working hard. We were working hard to pass the first COVID relief bill, the CARES Act, and we did good work, in a bipartisan way, to provide relief to individuals and our businesses and hospitals and universities and schools in those early days.

I noticed one day that my nerve endings turned on like a light switch was flicked, and all of them started to tingle like my skin had been dipped in an Alka-Seltzer—24/7, every nerve ending in my body. It has not gone away in 3 years.

I had a mild case of COVID. I never had respiratory problems. I never had fatigue. Within a few days after getting this, I was fine except for the nerve tingling, and I assumed because of the pollen on my car that it was hay fever gone wild. Other symptoms were more like allergic symptoms—pinkeye and skin rashes.

That all went away, but when I went home, I gave COVID to my wife—just one more thing for a husband to feel guilty about. She got the standard case of COVID, and that is what made us realize that that is what I had. We both had mild cases. Within a very few days, we were up and at 'em and feeling great, but this nerve tingling sensation has never gone away.

I kept waiting, thinking next week it will go away or next month it will go away, but after 6 months, I finally decided I should see a neurologist. I went

to George Washington and did fine on neurological tests, but the neurologist told me: Look, viruses can have a neurological aftereffect. The good news is, it is probably not going to get worse. The bad news is, it may not get better.

The doctor was perfectly right on both counts. It has never gotten worse, and it has never gotten better. It is not painful. It is not debilitating. I can work. I can exercise. I can focus. It is harder to sleep—that would be the only area where it is affecting my life. But it is eerie that, after 3 years, it hasn't changed.

My wife said: Well, but then doesn't that mean you just get used to it and you don't notice it?

No. It is just a little too intense. I notice it all the time, everywhere.

Well, the good news is, my symptoms are mild and I can continue to work, but as I have shared my story, what I have found is many come and share their stories with me, including people here around the Capitol. They share their own long COVID stories, and many are very, very troubling: The marathon runner who can't walk around the block. I have a dear friend who—I am godfather to her oldest child—has a very physically demanding job as a dialysis nurse, which involves a lot of helping patients around. She got COVID, and both fatigue and balance issues are so challenging that she is not able to do the work.

I had a State employee who worked in my department of transportation who saw me on a bike ride by his house one day in Richmond, where I live, and he flagged me down and stopped me. He said: Hey, look, I was your employee when you were Governor working with the department of transportation. I am a young dad. I have two boys under age 10. I want to be a great father for them, but I got COVID, and now my long COVID symptoms are so significant, I can't play baseball with them.

He can't do the kinds of things that a dad wants to do with his children. This individual is now on long-term disability, unable to work at all.

These are very, very serious stories.

The public health emergency around COVID is likely to come to an end on May 11, but we can't forget millions of people who are dealing with this issue.

Now, let me just share some statistics. Across the United States, adult women are more likely than men to experience long COVID. Individuals who identify as Hispanic or Latino experience long COVID more than any other racial or ethnic group. People with disabilities are more likely to experience long COVID than those without disabilities.

Long COVID is not limited to people like me. I just turned 65. A lot of young people are dealing with long COVID symptoms. Their initial COVID presented differently than it did with most adults, but some of the long COVID symptoms are those I have described. Twenty-five percent of people who have long COVID say that their

symptoms significantly limit their activity.

The economic cost of long COVID disability is upward of \$200 billion a year. Up to 4 million people are out of the American workforce right now because of long COVID, at a time when I know all of us are hearing from our employers: I can't hire people. It is so hard to hire people now.

The unemployment rate is the lowest it has been since 1969. If there are things we could do that could help those 4 million come back into the workforce, it would be good not only for them, for their happiness, for their pocketbooks; it would be great for our economy.

To better understand the impact of long COVID, in January, I worked together with the Agency for Healthcare Research and Quality to gather patients and providers from Virginia and State and Federal officials from everywhere to come to a summit in Richmond to talk about long COVID. The conversations that day allowed us to, nearly 3 years in, dig into long COVID and what are its impacts and, most importantly, what can we do. We were able to discuss experiences, share best practices and research.

I was honored to have four Virginians with long COVID who joined me in discussing their own journeys.

Cynthia talked about having unusual symptoms and not being believed initially that she even had COVID and then not being believed that she had long COVID. Her symptoms were more in the allergic reaction space, similar to mine. In fact, she went multiple times to emergency rooms because her symptoms were so intense and found that, without telling her, she was often being drug-tested because they assumed that she was there and maybe she was suffering from some kind of a drug overdose. So they were testing her for that and not believing her long COVID story.

She has since found healthcare professionals who believe her and are offering her treatments that have not ended her long COVID symptoms but are enabling her to more effectively negotiate her schedule.

Mattie from Southwest Virginia was kind of your quintessential do-everything, 35-year-old mom of three, who also worked, who also went to school. She could juggle everything and make it seem easy. When she got COVID, she got hit with fatigue so intense she couldn't do any of those things, and then that spiraled into depression. She was a healthcare provider herself, working with seniors, and really started to question, What kind of purpose do I have if I can't be the mom I want to be, if I can't be the healthcare provider I want to be? It caused tremendous anxiety and depression.

Now, Mattie's was a story of hope because she eventually found a physician who realized COVID had exacerbated an underlying medical condition called Hashimoto's disease that she had had

probably since birth but had never really been serious enough to notice. COVID exacerbated it. She is being treated for Hashimoto's, and many of those symptoms have abated. So hers is a story of hope. This is not a hopelessness story. You can find paths forward. She is doing better.

ZZ and Katy. ZZ is a middle schooler who had serious long COVID experiences, and Katy talked about trying to help her son and not being believed until they finally found their way to the Children's National Hospital, just up the hill from where we are.

Finally, Rachel—a longtime human resources professional at a community college in Virginia—used to working with people, including people with disabilities, to help them either get jobs or do coursework at the local community college. Her long COVID experience was so debilitating in fatigue and migraine headaches and other problems with respect to focus that she eventually had to leave her job and apply for long-term disability and her Social Security.

She was told when she applied that there were more than half a million applications before hers, and after a year, she was turned down with little explanation. She described the challenges of trying to negotiate the system and fill out forms when she is suffering from such fatigue and headaches and other symptoms that make even filling out a form difficult.

So these four stories were a mixture of young people and adults, some stories that didn't yet have happy endings and at least one that did have a positive ending, and it was important that we understand them.

Congress has taken some steps. I have colleagues in the room, and I just want to thank them for this. We provided \$1.15 billion in Federal funding to the National Institutes of Health to advance understanding, prevention, and treatment. In December, Congress passed a budget that included \$10 million for this Agency for Healthcare Research and Quality to do critical research. These efforts are a step in the right direction, but more must be done.

Just last week, the President introduced the fiscal year 2024 budget. He requested additional funding for AHRQ and additional funding for the HSRA to do long COVID.

Today, I am reintroducing a bill, the CARE for Long COVID Act, with Senators Markey and Duckworth and eight other Senators. It is also being introduced in a bipartisan way on the House side. The bill will expand research to increase understanding of treatment efficacy and disparities and provide more recommendations, educate long COVID patients and health providers, facilitate interagency cooperation, and develop partnerships between community-based organizations, social services, and others.

But there is more work to be done, so as I conclude—I see my colleague from Louisiana on the floor waiting to

speak—we just have to keep focused on this to try to address this challenge. When the public health emergency ends, we can't forget those who are dealing with long COVID, and we can't forget those who are dealing with the significant amount of mental anxiety and stress that has been present in the lives of all for the last 3 years. We have to improve our outreach and education, we have to accelerate our research to come up with treatments and cures that work, and we have to do it with a sense of urgency. I am committed to working with you all to do that.

By Mr. THUNE:

S. 808. A bill to amend the Healthy Forests Restoration Act of 2003 to require the Secretary of Agriculture to expedite hazardous fuel or insect and disease risk reduction projects on certain National Forest System land, and for other purposes; to the Committee on Agriculture, Nutrition, and Forestry.

Mr. THUNE. Madam President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 808

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Expediting Forest Restoration and Recovery Act of 2023”.

SEC. 2. APPLICATION BY FOREST SERVICE OF AUTHORITIES TO EXPEDITE ENVIRONMENTAL ANALYSES IN CARRYING OUT HAZARDOUS FUEL AND INSECT AND DISEASE RISK REDUCTION PROJECTS.

Section 104 of the Healthy Forests Restoration Act of 2003 (16 U.S.C. 6514) is amended by adding at the end the following:

“(i) APPLICATION BY FOREST SERVICE OF AUTHORITIES TO EXPEDITE ENVIRONMENTAL ANALYSES IN CARRYING OUT HAZARDOUS FUEL AND INSECT AND DISEASE RISK REDUCTION PROJECTS.—

“(1) DEFINITIONS.—In this subsection:

“(A) INSECT AND DISEASE TREATMENT AREA.—The term ‘insect and disease treatment area’ means an area that—

“(i) is designated by the Secretary as an insect and disease treatment area under this title; or

“(ii) is designated as at risk or a hazard on the most recent National Insect and Disease Risk Map published by the Forest Service.

“(B) SECRETARY.—The term ‘Secretary’ has the meaning given the term in section 101(14)(A).

“(2) USE OF AUTHORITIES.—In carrying out a hazardous fuel or insect and disease risk reduction project in an insect and disease treatment area authorized under this Act, the Secretary shall—

“(A) apply the categorical exclusion established by section 603 in the case of a hazardous fuel or insect and disease risk reduction project carried out in an area—

“(i) designated as suitable for timber production within the applicable forest plan; or

“(ii) where timber harvest activities are not prohibited;

“(B) conduct applicable environmental assessments and environmental impact statements in accordance with this section in the case of a hazardous fuel or insect and disease risk reduction project—

“(i) carried out in an area—

“(I) outside of an area described in subparagraph (A); or

“(II) where other significant resource concerns exist, as determined exclusively by the Secretary; or

“(ii) that is carried out in an area equivalent to not less than a hydrologic unit code 5 watershed, as defined by the United States Geological Survey; and

“(C) notwithstanding subsection (d), in the case of any other hazardous fuel or insect and disease risk reduction project, in the environmental assessment or environmental impact statement prepared under subsection (b), study, develop, and describe—

“(i) the proposed agency action; and

“(ii) the alternative of no action.

“(3) PRIORITY FOR REDUCING RISKS OF INSECT INFESTATION AND WILDFIRE.—Except where established as a mandatory standard that constrains project and activity decision making in a resource management plan (as defined in section 101(13)(A)) in effect on the date of enactment of this Act, in the case of an insect and disease treatment area, the Secretary shall prioritize reducing the risks of insect and disease infestation and wildfire over other planning objectives.

“(4) INCLUSION OF FIRE REGIME GROUP IV.—Notwithstanding section 603(c)(2)(B), the Secretary shall apply the categorical exclusion described in paragraph (2)(A) to areas in Fire Regime Group IV.

“(5) EXCLUDED AREAS.—This subsection shall not apply to—

“(A) a component of the National Wilderness Preservation System; or

“(B) an inventoried roadless area, except in the case of an activity that is permitted under—

“(i) the final rule of the Secretary entitled ‘Special Areas; Roadless Area Conservation’ (66 Fed. Reg. 3244 (January 12, 2001)); or

“(ii) a State-specific roadless area conservation rule.

“(6) REPORTS.—The Secretary shall annually make publicly available data describing the acreage treated under hazardous fuel or insect and disease risk reduction projects in insect and disease treatment areas during the previous year.”.

SEC. 3. GOOD NEIGHBOR AUTHORITY.

Section 8206(b)(2) of the Agricultural Act of 2014 (16 U.S.C. 2113a(b)(2)) is amended by striking subparagraph (C) and inserting the following:

“(C) TREATMENT OF REVENUE.—Funds received from the sale of timber by a Governor of a State under a good neighbor agreement shall be retained and used by the Governor—

“(i) to carry out authorized restoration services under that good neighbor agreement; and

“(ii) if funds remain after carrying out authorized restoration services under clause (i), to carry out authorized restoration services within the State under other good neighbor agreements.”.

By Mr. DURBIN (for himself and Mrs. SHAHEEN):

S. 814. A bill to allow the Secretary of Homeland Security to designate Romania as a program country under the visa waiver program; to the Committee on the Judiciary.

Mr. DURBIN. Madam President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 814

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Romania Visa Waiver Act of 2023”.

SEC. 2. SENSE OF CONGRESS.

It is the sense of Congress that the Government of Romania should—

(1) undertake all steps necessary to prepare Romania for participation in the visa waiver program under section 217 of the Immigration and Nationality Act (8 U.S.C. 1187) by developing a strategy to meet all criteria for the program; and

(2) continue to advance robust efforts to eliminate trafficking in persons, including by prioritizing the recommendations outlined in the report of the Department of State entitled “Trafficking in Persons Report” issued in July 2022.

SEC. 3. ELIGIBILITY OF ROMANIA FOR VISA WAIVER PROGRAM.

Notwithstanding any provision of section 217 of the Immigration and Nationality Act (8 U.S.C. 1187), the Secretary of Homeland Security may designate Romania as a program country under the visa waiver program established by that section.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 106—CONDEMNING BEIJING'S DESTRUCTION OF HONG KONG'S DEMOCRACY AND RULE OF LAW

Mr. RISCH (for himself, Mr. MENENDEZ, Mr. BARRASSO, Mr. BLUMENTHAL, Mr. CASSIDY, Mr. MERKLEY, Mr. YOUNG, Mr. OSSOFF, Mr. GRAHAM, Ms. DUCKWORTH, Mrs. BLACKBURN, Mr. KAINE, Mr. CRAPO, Ms. CORTEZ MASTO, Mr. RUBIO, Mr. WYDEN, Mr. CRUZ, Mr. COONS, Mr. DAINES, Mr. LUJÁN, Mr. MORAN, Mrs. SHAHEEN, Mr. CRAMER, Mr. CARDIN, Mr. BOOZMAN, Mr. PETERS, Mr. LANKFORD, Mr. VAN HOLLEN, Mr. SULLIVAN, Ms. HASSAN, Ms. MURKOWSKI, Ms. SMITH, Mr. BRAUN, Mr. SCHATZ, Mr. HOEVEN, Ms. BALDWIN, Mr. HAWLEY, Mr. MURPHY, Mr. SCOTT of South Carolina, and Mr. BOOKER) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 106

Whereas, in 1997, Great Britain handed Hong Kong over to Chinese rule under guarantees that Hong Kong would become a Special Administrative Region under the “one country, two systems” principle, pursuant to which Hong Kong's Basic Law would apply and would enshrine “fundamental rights” of Hong Kong residents and a political structure, including an independent judiciary, the right to vote, and freedoms of assembly and speech, among others;

Whereas the Government of the People's Republic of China (PRC) has repeatedly undermined Hong Kong's autonomy since the 1997 handover, including actions which resulted in political protests in Hong Kong, including the Umbrella Movement in 2014, a protest against Beijing's attempt to reform Hong Kong's electoral system, and the 2019–2020 protests, which opposed the Hong Kong government's attempt to implement an extradition law that would have subjected Hong Kongers to prosecution in mainland China;