

## PERSONAL EXPLANATION

**HON. LOUISE McINTOSH SLAUGHTER**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Thursday, April 27, 2017*

Ms. SLAUGHTER. Mr. Speaker, I was unavoidably detained and missed Roll Call vote numbers 224, 225, 226, 227 and 228. Had I been present, I would have voted "aye" on votes 226 and 227. I would have voted "nay" on votes 224, 225, and 228.

TRIBUTE TO PUNAHOU SCHOOL  
NATIONAL SCIENCE BOWL TEAM

**HON. COLLEEN HANABUSA**

OF HAWAII

IN THE HOUSE OF REPRESENTATIVES

*Thursday, April 27, 2017*

Ms. HANABUSA. Mr. Speaker, I rise today to celebrate Punahou School's win in the Hawaii Regional Science Bowl and for earning the opportunity to compete in the National Science Bowl for the second year in a row.

Created by the Department of Energy's Office of Science in 1991, the National Science Bowl is one of the largest and most prestigious academic competitions in the United States. Over 265,000 students have participated throughout the National Science Bowl's 26 years. This year, over 14,000 students competed for a coveted spot in the National Science Bowl. Each team completed a series of daunting hands-on challenges that tested their knowledge. This meeting of some of the brightest student minds has encouraged thousands to expand their understanding of mathematics and science and pursue careers in such fields.

This week, Punahou School will compete against 62 other high schools in the National Science Bowl. To the Punahou School team—John Winnicki, Andrew Winnicki, Anna Kimata, Deborah Wen, Conrad Newfield, and Coach Warren Huelsnitz—all the best in this year's competition. They are a great example to their peers and I wish them continued success in their education and careers.

Mr. Speaker, I am honored to represent these students and their families in the United States Congress and I know all my colleagues in the House will join me in congratulating them on competing in the National Science Bowl Finals 2017.

COMMEMORATING NATIONAL  
MINORITY HEALTH MONTH

**HON. DANNY K. DAVIS**

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

*Thursday, April 27, 2017*

Mr. DANNY K. DAVIS of Illinois. Mr. Speaker, I am here to recognize the month of April as National Minority Health Month. The Affordable Care Act is a transformative piece of legislation that has helped millions of uninsured people to acquire affordable health insurance who otherwise would not have access to quality patient-centered care. This legislation was not just relegated to help the poor and the needy but also the 177 million employer spon-

sored insured employees with additional health benefits that never existed before the Affordable Care Act. For instance, ACA prohibited insurance companies from discriminating individuals with pre-existing conditions, and imposing lifetime cost caps on patients. Under ACA, parents can keep their children on their insurance plan up to the age of 26. Also, insurance companies are required to spend 80 percent of all premium dollars toward direct medical expenses and 20 percent toward insurance companies' administrative costs. Otherwise, they must reimburse the customer some of their money back. Currently, ACA has allowed more than 20 million U.S. residents to have health insurance coverage, which has improved the racial and ethnic disparities among minority population.

The purpose of the Affordable Care Act consisted of five basic goals:

1. Expand health insurance coverage for nearly 50 million uninsured people in the United States, which consist of 44 percent Whites, 32 percent Latinos, 16 percent African Americans, 6 percent Asians, 2 percent Native Americans and 0.4 percent Native Hawaiian and other Pacific Islanders.

2. Reduce health care costs by establishing marketplaces called exchanges where federal and state-based marketplaces will have a single process to determine whether someone is eligible for tax credits to reduce the cost of premiums, in the form of cost sharing, Medicaid, or Children's Health Insurance Program. ACA requires a minimum standard of essential health benefits to include ambulatory patient services, prescription drugs, emergency services, rehabilitative and facilitative services, hospitalization, laboratory services, maternity and newborn care, preventive and wellness services and chronic disease management, mental health and substance use disorder services (including behavioral health treatment), and pediatric services (including oral and vision care). Whereas before, ACA's essential benefits did not exist, thus leaving the prospective patients without quality access to care.

3. Reduce health care fraud and abuse

4. Improve health care quality through several initiatives: (1) a national quality strategy; increased reliance on value-based purchasing; expansion of meaningful use of electronic health records (EHRs); better care coordination; development of quality measures for Medicaid and Medicare; and measures of quality in the marketplace.

5. Improve population health that includes reducing racial and ethnic disparities among the minority population. One aspect of the ACA helping people of color to reduce disparities is by requiring health plans to cover certain preventative services such as blood pressure and cholesterol screening, mammograms and Pap smears, and vaccinations, with no cost-sharing. The ACA increased funding for community health centers, which provide quality primary and comprehensive services to underserved communities. They served approximately 25 million people in rural and urban centers where more than half of the patients were members of various ethnic and minority groups.

We need more doctors and allied health professionals to assist a healthcare system that for decades was not adequately addressing health disparities among millions of racial and ethnic minority Americans. Many of our

minorities are disproportionately more likely to suffer deleterious health disparities just because they are low-income wage earners, poorer in health and suffer worse health outcomes, and are more likely to die prematurely and often from preventable causes compared to their White counterparts. Some of the examples of these health disparities include the following:

The infant mortality rate for African Americans and American Indian/Alaska Natives are more than two times higher than that for whites;

African Americans with heart disease are three times more likely to be operated on by "high risk" surgeons than their White counterparts with heart disease;

Hispanic/Latina women have the highest incidence rate for cancers of the cervix; 1.6 times higher than that for white women, with a cervical cancer death rate that is 1.4 times higher than for white women;

Puerto Ricans have an asthma prevalence rate over 2.2 times higher than non-Hispanic whites and over 1.8 times higher than non-Hispanic blacks;

Together, African Americans and Hispanics account for 28 percent of the total U.S. population, yet account for 62 percent of all new HIV infections;

American Indian/Alaska Natives have diabetes rates that are nearly 3 times higher than the overall rate; and

Of the more than one million people infected with chronic Hepatitis B in the United States, half are Asian-Americans and Pacific Islanders.

In addition to the unacceptable costs of human suffering and premature death, there are significant economic repercussions of allowing health disparities to persist. A 2010 study from the Health Policy Institute at the Joint Center for Political and Economic Studies found that the total costs of health disparities were \$1.24 trillion over a three-year period. This same report found that eliminating racial and ethnic health disparities would have reduced direct medical care expenditures by \$229.4 billion over the same three-year period.

Many analysts over the past several years have reported that investments through the Affordable Care Act and the American Recovery and Reinvestment Act of 2009 have helped double the number of clinicians in the National Health Service Corps by providing scholarships and loan repayments to medical students and primary care physicians and other healthcare professionals as incentives for them to practice in underserved communities. The ACA helped bridge some of the gap in workforce diversity to include dentists and other primary oral health care providers.

Increasing the proportion of African-American dentists is critical because studies show that they are more likely to serve in underserved communities than their white cohort. In 2010, underrepresented minority (URM) Black or African American, Hispanic/Latino of any race, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander-students composed 13 percent of the overall applicant pool for dental school programs. For the 639 URM applicants who enrolled in 2010, the enrollment rate increased only by 1 percent since 2009. A statistic that shows that progress is needed. Dental schools today are graduating 300 Black dentists out of 5,000 each year. Today, 5 percent of dentists are African-American. Black dentists treat nearly 62

percent of Black patients; White dentists only treat 10.5 percent; Hispanics treat 9.8 percent; and Asian dentists only treat 11.5 percent Black patients. The Affordable Care Act helps ensure that dental visits and oral and dental health care become a routine part of everyone's health care regimen.

IN CELEBRATION OF MRS. PEARL BIGGS' 100TH BIRTHDAY

**HON. SANFORD D. BISHOP, JR.**

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, April 27, 2017*

Mr. BISHOP of Georgia. Mr. Speaker, I rise today to extend my sincerest congratulations and Happy Birthday wishes to Mrs. Pearl Biggs, who is celebrating her 100th birthday on Tuesday, May 2, 2017. A birthday celebration will be held for Mrs. Biggs on Saturday, April 29, 2017.

In 1917, the United States entered World War I, women did not yet have the right to vote, and segregation was rampant in the South. This is the year Mrs. Pearl Biggs was born to Mahaley Jones and Wiley Bunkley. Indeed, Mrs. Biggs has seen much in her lifetime and through it all, she has relied on her faith in the Lord.

Mrs. Biggs began working as a cook at a young age and so it was inevitable that she would become known as a very good cook. In 1937, she married Pedro Biggs and they would spend the next 76 years together until his passing in 2014.

Pearl and Pedro Biggs opened one of the first Black-owned businesses in the Geneva and Box Springs area in Southwest Georgia. They owned several businesses, including Biggs Sandwich Shop, a movie theatre, and a pulpwood company. They were also farmers.

Mrs. Biggs loves to sing and she sang in the choir at her church. Her favorite song is "Let Jesus Lead Me." She loves collard greens and the color pink. She enjoys fishing and talking on the phone. Mrs. Biggs has never met a stranger—she always wants to feed people and no one ever goes hungry around her.

George Washington Carver once said, "How far you go in life depends on your being tender with the young, compassionate with the aged, sympathetic with the striving and tolerant of the weak and strong because someday in your life you will have been all of these." Mrs. Biggs has advanced far in life because she never forgot these lessons and always kept God first.

As she celebrates 100 years of life, Mrs. Biggs will be surrounded by her sons, Monroe and Allen; daughters-in-law, Mildred and Cynthia; grandchildren, Timothy, Kelton, and Amelia; and great-grandchildren, Jackson and Christopher; plus a host of other family members and friends.

Mr. Speaker, I ask my colleagues to join me, along with my wife Vivian and the almost 730,000 people of Georgia's Second Congressional District, in honoring an outstanding citizen and woman of faith, Mrs. Pearl Biggs, as she, her family, and friends celebrate her 100th birthday.

IN RECOGNITION OF VISTA MARIA AND ITS 2017 WOMAN OF ACHIEVEMENT HONOREE GLENDA REED

**HON. DEBBIE DINGELL**

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Thursday, April 27, 2017*

Mrs. DINGELL. Mr. Speaker, I rise today to recognize Vista Maria and its 2017 Woman of Achievement Honoree Glenda Reed. As founder and CEO of Crossroads Learning Center, Ms. Reed has dedicated her life to protecting children, teens and adolescents.

Founded in 1883, Vista Maria is a private, non-profit agency that provides treatment and care for vulnerable youth with emotional and behavioral problems resulting from neglect or abuse. Since its establishment by the Sisters of the Good Shepherd, the organization has evolved into a multi-service agency that provides comprehensive support to children and their families. In addition to its community youth assistance programs, Vista Maria runs two on-campus charter schools at their 37-acre Dearborn Heights campus, as well as a health clinic, residential treatment programs, and foster care initiatives. Collectively, these initiatives provide critical services to support and improve outcomes for high-risk youth and adolescents. Vista Maria also raises awareness and recognizes outstanding women in the community at its annual Celebrating Women event.

Vista Maria's 2017 Woman of Achievement Honoree is Glenda Reed, an educator who founded the Crossroads Learning Center, an early childhood education facility in Detroit. Crossroads provides high-quality childcare and after-school care for children ages 0–12. In addition, Ms. Reed runs Once Upon a Time, a nonprofit organization that recognizes and supports survivors of childhood abuse. Her efforts to support these individuals have helped empower them to take control of their lives and fulfill their potential. She has also traveled around the country as an advocate for these women, and her exceptional work on their behalf is more than deserving of this prestigious honor. It is my hope that Ms. Reed and Vista Maria continue to build on their legacy of service on behalf of these youth.

Mr. Speaker, I ask my colleagues to join me in honoring Vista Maria and its 2017 Woman of Achievement Honoree, Glenda Reed. Their work has had a tremendous impact and helped improve the lives of countless women.

CELEBRATING THE 20TH ANNIVERSARY OF TECHNET

**HON. NANCY PELOSI**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, April 27, 2017*

Ms. PELOSI. Mr. Speaker, twenty years ago, Bay Area innovation leaders John Doerr, John Chambers, and Jim Barksdale spurred a new era of American technological advancement by creating TechNet.

Today, TechNet represents the spirit of technological innovation that continues to thrive in Silicon Valley.

TechNet stands as a remarkable example of how bringing people together can inspire inno-

vation, strengthen our economy, and create a more productive future.

TechNet's network of CEOs and senior executives have worked with leaders in Congress to drive an Innovation Agenda that creates jobs and opportunities for Americans.

As we look to the future, the iconic companies and dynamic startups that form TechNet will continue to lead our nation in the development of transformative technologies that create more opportunities for more Americans.

Congratulations on 20 years of inspired leadership and shining achievement. Best wishes on many more years of success unleashing the full potential of American innovation.

HONORING LONNIE CARPENTER OF WEST VIRGINIA

**HON. EVAN H. JENKINS**

OF WEST VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, April 27, 2017*

Mr. JENKINS of West Virginia. Mr. Speaker, I rise today to recognize my constituent, Lonnie Carpenter. Lonnie, a lifelong Wayne County resident, served his country as a seaman onboard the USS *Ault* destroyer during the Korean War.

After his service, Lonnie returned back to his home in the beautiful hills of West Virginia and started a family with his wife of more than 63 years, Edna Davis. Together they had three wonderful children, and Lonnie provided for them through his career in the banking and finance industry. Lonnie is a proud Mason, having been conferred the 33rd Degree, and chronicled the history of Freemasons in many articles for the Scottish Rite.

Lonnie also served a term as a councilman for the town of Ceredo and volunteers his time for numerous organizations that have improved the lives of the people of his community. I thank Lonnie for all he has done for the people of West Virginia and for his service to our nation.

TRIBUTE TO LIEUTENANT COLONEL VINCENT B. MYERS

**HON. BRAD R. WENSTRUP**

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

*Thursday, April 27, 2017*

Mr. WENSTRUP. Mr. Speaker, I rise today in gratitude for the hard work and commitment of Lieutenant Colonel Vincent B. Myers, who has served as the Medical Army Legislative Liaison to my office for the past two years.

A Lieutenant Colonel in the United States Army and an experienced health care provider, Vince has been essential to my office and the House Armed Services Committee, as we work toward the goal of enhancing medical readiness and providing top care for our service members.

On May 11, Vince will continue his committed service to the United States as he takes command of McDonald Army Health Center at Fort Eustis, Virginia. I know that in this role, Vince will serve with conviction and honor.

I congratulate Vince, and thank him for his work and friendship.