

legislation would be, ensuring that Americans from all over the country, including doctors, healthcare organizations, providers, insurance companies, average citizens could weigh in.

Now in their rush to pass their repeal, Republicans are doing everything they said was wrong and much more. Republicans are terrified that the American people will find out what is in this bill. The problem they have is a lot of their Members have found out what is in this bill, and they don't like it. Hardly any newspaper in America likes it. We think the public is thinking they are moving too fast and are going to hurt them. They are afraid, however, of having to face angry constituents who will see that this bill will take healthcare coverage away from 20 million Americans and cause out-of-pocket costs to go up for millions more. This bill could destabilize even the employer-based insurance market. That is people who know nothing about the exchange, but they have insurance through their employer. This bill will destabilize their insurance as well.

The point is, Mr. Speaker, we don't know for sure how bad it is. We know it is bad, and that is information we ought to have before being asked to vote on the floor or in committee on such consequential legislation. My Republican friends say, well, we will have a CBO score by the time we consider it on the floor. But they don't want that information out for very long because it is going to be very negative.

Democrats will continue, Mr. Speaker, to do everything in our power to slow down this process and throw back the curtain Republicans have pulled over this bill and this process in an attempt to hide the details of their dangerous plan from the American people. We are ready, as I said, to turn the lights out in this Chamber before we let the Republican repeal bill turn the lights out on coverage and care for millions of our fellow Americans. I do not yield my conviction to oppose this bill as strongly, as long as I possibly can.

PHILANDER SMITH COLLEGE CELEBRATES THE 140TH ANNIVERSARY OF ITS FOUNDING

The SPEAKER pro tempore. The Chair recognizes the gentleman from Arkansas (Mr. HILL) for 5 minutes.

Mr. HILL. Mr. Speaker, the distinguished minority leader from Maryland certainly knows my great affection for him and his leadership of the opposition. We are the opposition here. I have to say that should he not have access to C-SPAN, like all of us, we invite him to tune in to C-SPAN and the Committee on Ways and Means and the Committee on Energy and Commerce and enjoy this long markup, Mr. Leader, and it is quite the contrary.

Mr. HOYER. Will the gentleman yield?

Mr. HILL. I yield to the gentleman from Maryland.

Mr. HOYER. It may not be true of your constituents, but most of my constituents were asleep between 12 and 6 this morning.

Mr. HILL. I thank the gentleman. Reclaiming my time, I recognize that. But the American people, Mr. Leader, want us to work to correct the deficiencies in the Affordable Care Act, to repeal and replace it, make it better for the American people, to lower premiums, give more access, let people choose the plan they want.

I would remind the leader that there was no C-SPAN camera in Ms. PELOSI's office when the original Affordable Care Act was cobbled together over Christmas break, certainly not in the light of the American people.

So I urge people who are watching C-SPAN today, go to readthebill.gop, understand what is going on to repair and replace the Affordable Care Act, engage with your Member of Congress, and let's make health care available for all of our citizens. Let's make it truly affordable. Let's take care of the least of these, but let's do it in a patient-centered, market-based approach.

Mr. Speaker, today I come to the House floor to honor my friends at Philander Smith College in Little Rock. They celebrate their Founder's Day, commemorating the 140th anniversary of their founding in 1877. Philander Smith is a Historically Black College and an early higher education institution built and created by former African-American slaves, the first such institution west of the Mississippi River.

Graduating thousands of students over its 140-year legacy, the college is particularly important to Arkansas' history, economy, and higher education community. Currently, approximately 760 students are enrolled at Philander Smith, and the college continues to play an integral role in preparing predominantly minority and low-income students for careers and employment in Arkansas and throughout our country. I always enjoy my opportunities to be on campus, engaging with their bright, dedicated young minds.

The college's president, Dr. Roderick Smothers, recently joined his HBCU colleagues here in Washington to meet with the White House and leadership in Congress and talk about the challenges facing our Historically Black Colleges and their students. I appreciate Dr. Smothers' dedication to his students and their education at Philander Smith. I am proud to represent such a historic and valuable institution.

I congratulate Philander Smith on its 140th anniversary. I look forward to many more decades of their success.

HATE CRIMES IN AMERICA

The SPEAKER pro tempore. The Chair recognizes the gentleman from Georgia (Mr. JOHNSON) for 5 minutes.

Mr. JOHNSON of Georgia. Mr. Speaker, since November's election, it seems that there have been a rise in incidents

of hate crimes in this country. This wave of hate crimes has spread fear and anxiety in communities of different faiths, ethnicities, and cultures across this country. On Tuesday, multiple Jewish community centers, schools, and organizations across the Nation, including in Atlanta, received anonymous bomb threats. This follows a wave of over 120 threats against Jewish community centers across America as well as the senseless desecration of graves at Jewish cemeteries country-wide.

I suspect, Mr. Speaker, that these are not unrelated incidents of juvenile delinquents. This is rank, organized anti-Semitic activity. It is systematic and organized activity meant to terrorize Jews in America. This comes at a time when Islamophobia is taking root and spreading across America. Mosques are being burned to the ground, Muslim children are being bullied at school, and Muslim women are subjected to having attackers snatching their hijabs from their heads as they walk the streets.

The President's Muslim ban is payback on the pledge he made to his supporters during the campaign. Meanwhile, in February, a 32-year-old Indian man was shot and killed, another was wounded, and a third man who intervened was shot and wounded by a gunman shouting "Get out of my country."

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Again, on March 3, a Sikh man was shot in Seattle by an attacker yelling, "Go back to your country." At that time, the attacker had a mask on. During these incidents, our President has remained uncharacteristically silent on these attacks. His silence comes after his anti-Mexican, anti-Muslim, and anti-Obama campaign sparked American White nationalists to feel emboldened.

This is a dangerous and slippery slope that we are on, ladies and gentlemen. It must end, and it must end now. As Dr. King once said: "Injustice anywhere is a threat to justice everywhere." We must protect all communities that have come under assault.

Today I introduce the Reaffirming DHS' Commitment to Countering All Forms of Violent Extremism Act of 2017 to ensure that countering violent extremism funds within the Department of Homeland Security are used to tackle the rise of rightwing extremism, which threatens the safety of us all here in America.

HEALTH CARE

The SPEAKER pro tempore. The Chair recognizes the gentleman from Kentucky (Mr. BARR) for 5 minutes.

Mr. BARR. Mr. Speaker, ObamaCare is collapsing. It is hurting more people than it is helping. It is forcing Americans to buy insurance they don't like, they don't need, and cannot afford. Premiums have increased by an average of 25 percent this year. Deductibles

are skyrocketing. Nearly 70 percent of U.S. counties have only two or fewer insurers offering plans on their State's exchanges. Thirty-four percent fewer doctors and other healthcare providers accept ObamaCare insurance compared to private insurance. Congress must act decisively to protect the American people from this failed law.

The American Health Care Act is an important step in this process. While not perfect, it moves us significantly in the right direction, which is why The Wall Street Journal says that the legislation would be "the most consequential social policy reform since the welfare overhaul of 1996."

I am also encouraged that the committees of jurisdiction are, as we speak, entertaining amendments in regular order that will improve the legislation. But even without these amendments, the American Health Care Act is a dramatic improvement over ObamaCare.

The bill ends job-killing individual and employer mandates. It cuts \$1 trillion of ObamaCare's worst taxes, including the medical device tax, the health care insurance tax, and the Medicare payroll tax. It blocks Federal funds from Planned Parenthood. It reduces regulations so that individuals can buy plans that they want and can afford. And it reforms Medicaid by returning power to the States.

Some have criticized this bill because it lacks certain important reforms that will bend the cost curve down, such as association health plans, interstate competition, reforms to facilitate more competition and choice in the private health insurance marketplace, and medical liability reform. These are important reforms, and I support them.

In fact, I have introduced a medical liability reform bill that would deal with the doctor shortage and junk lawsuits and reduce costs. Unfortunately, these reforms are not eligible for inclusion in the reconciliation bill under the rules of the Senate. But it is important to note that this is just the first phase in a three-phase process to repeal and replace ObamaCare.

This bill is a crucial and necessary first step in a step-by-step process. In stark contrast to ObamaCare, we are actually reading the bill, and we invite the American people to do the same—readthebill.gop. I hope all Americans will take this opportunity to learn more about this bill and offer their feedback.

Mr. Speaker, we have tried to put Washington in charge of health care. Now it is time to put patients, their doctors, and their families in charge.

CFPB REGULATIONS HINDERING MANUFACTURED HOUSING FINANCING

Mr. BARR. Mr. Speaker, last month, a hospital worker in Paducah, Kentucky, applied for a loan of \$38,500 to finance a manufactured home. He had an 8 percent down payment. His monthly income was \$2,200 per month—plenty to cover the all-in housing costs of \$670 per month. The payment for his own

home would have been less than what he was spending on rent, but he was unable to get financing. He contacted his local banks and credit unions, but they did not finance manufactured homes.

This hospital worker from Kentucky can't get financing because of the very entity that was created to protect consumers—the Consumer Financial Protection Bureau. That is right, the Federal Government is protecting people right out of homeownership. Consumers are protected so much they can't even purchase a manufactured home.

Lenders have stopped making manufactured housing loans because of the Dodd-Frank Act and CFPB regulations. Even worse, current owners are having to sell their homes below market value to cash buyers because potential buyers can't find financing.

And this isn't just anecdotal. Government statistics prove that CFPB rules have prevented credit-worthy consumers from accessing affordable financing that would allow them to purchase manufactured homes. According to 2014 HMDA data, manufactured home loan volume for loans under \$75,000 decreased in the first year that these regulations went into effect.

This is proof that many lenders who were previously willing to make manufactured home loans are no longer capable of doing so under Dodd-Frank. These are exactly the kinds of top-down bureaucratic Federal regulations that my constituents in rural Kentucky are fed up with.

The CFPB has the authority to make adjustments to its requirements, but it has refused to act even when the data shows that consumers are being harmed.

A bipartisan group of Members of this body came together in the last Congress to do what the CFPB has refused to do. The House voted three times to make these changes so that people seeking to purchase manufactured homes would have access to financing.

I invite my colleagues to join me in this fight for consumers. Let's work together to make these changes to the CFPB and to their regulations and stop Federal bureaucrats from hurting modest income Americans who need access to affordable housing and deserve access to the American Dream of homeownership.

GUN VIOLENCE RESEARCH

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Florida (Mrs. MURPHY) for 5 minutes.

Mrs. MURPHY of Florida. Mr. Speaker, each year, about 33,000 Americans die in gun-related incidents, and twice as many are wounded.

Over 60 percent of gun deaths are suicides. Individuals in emotional distress who attempt suicide with a gun rarely survive, so they don't get the chance to reconsider, to recover, and to live on.

Nearly 35 percent of gun deaths in this country are homicides, with one

human being using a firearm to take the life of a fellow human being. These homicides occur as a part of the daily drumbeat of violence, particularly in cities, but also our suburbs and small towns.

Homicides in certain cities have become so customary they are relegated to the back pages of newspapers or not covered at all. Of course, the lack of public attention does not diminish the private pain felt by a victim's family and friends.

Homicides in America also take place in the context of mass shootings that make headlines because the carnage is so immense. The most recent incident was the deadliest in American history. On June 12, 2016, an individual using a semiautomatic rifle shot 49 people to death and wounded 53 at the Pulse nightclub in my hometown of Orlando.

My guest to the President's address to Congress last week was Dr. Marc Levy, a surgeon in Orlando. He and his team operated on victims of the Pulse nightclub shooting, some of whom had their bodies torn apart. As Dr. Levy and other first responders that fateful evening can attest, a weapon designed for the battlefield transformed a celebration of life into a scene of devastation and death that resembled a war zone.

Although Orlando united in the wake of the Pulse attack, earning the label "Orlando Strong," our city was profoundly and permanently affected by this tragedy. I don't want another American community to experience what we have endured.

That is why today I am introducing legislation that would take a modest but meaningful step forward. Specifically, my bill would ensure that the CDC can offer evidence-based research into the causes of gun-related incidents and potential ways to reduce gun deaths and injuries. This research would inform policymakers as they consider whether to enact reasonable reforms that both save lives and protect the constitutional rights of law-abiding gun owners.

The decision rests with elected officials about whether to pass new laws designed to keep the most dangerous weapons out of the hands of the most dangerous individuals, in a manner consistent with the Second Amendment. But lawmakers of both parties should have the benefit of the best scientific research on the subject as they deliberate and debate.

My bill is necessary because, for 20 years, Congress has included a policy rider that, as a practical matter, has prevented the CDC and other HHS agencies from supporting research on gun-related incidents.

I can respect that elected officials, like the diverse Americans that they represent, have a range of views about the wisdom of enacting reasonable reforms within the space allowed by the Second Amendment. What I cannot respect is any lawmaker who would seek to suppress research into gun-related