

And that is just the way it is.

NATIONAL VITILIGO AWARENESS DAY

(Mr. JOHNSON of Georgia asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. JOHNSON of Georgia. Mr. Speaker, I rise to introduce a bipartisan resolution which designates October 17 as National Vitiligo Awareness Day.

Vitiligo is a chronic medical condition resulting in the loss of skin pigmentation. Studies show that about 50 million people worldwide are diagnosed with vitiligo. In the United States, around 2 to 5 million individuals are affected. Michael Jackson had it.

The American Academy of Dermatology refers to vitiligo as a life-altering disorder that can result in low self-esteem, anxiety, and depression. Children with vitiligo are especially vulnerable to being bullied because of their looks. They have a harder time making friends and are more likely to perform poorly at school. We have the power to change this. By naming October 17, 2017, as National Vitiligo Awareness Day, we highlight the importance of providing support to individuals diagnosed with vitiligo in an effort to improve their quality of life.

PUTTING LIVES AT RISK WITH REPEAL

(Mr. CÁRDENAS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. CÁRDENAS. Mr. Speaker, I rise today gravely concerned for the lives put at risk by the Republicans' repeal scheme. Trump has flip-flopped on his promises to the American people.

I recently heard from a person named Nancy who lives in my district. Nancy said: I am not asking for a handout. I have been a gainfully employed taxpayer for close to 40 years.

Nancy was able to pursue her dream of opening her own small business because she could finally afford her own health care.

This bill breaks Trump's promise to Nancy and to millions of Americans. It does not lower deductibles or drug prices, and it doesn't provide better coverage. Instead, they are purposefully taking away the health insurance from 24 million Americans by cutting \$170 billion from Medicare and \$880 billion from Medicaid.

Why are they doing this?

Simply to give a \$600 billion tax cut to millionaires. Let me be very clear. This bill hurts kids, women, families, working people, the disabled, and seniors.

THE INTEGRATED NATURE OF THE U.S.-CANADA RELATIONSHIP

(Mrs. LAWRENCE asked and was given permission to address the House for 1 minute.)

Mrs. LAWRENCE. Mr. Speaker, I rise today to illustrate the importance of the U.S.-Canada relationship, one that is based on shared values, shared hopes, and shared dreams. The United States and Canada have established strong partnerships to provide leadership on climate change, clean energy, and the environment.

The United States and Canada share deeply connected economies and enjoy the largest bilateral trade and investment relationship in the United States. We trade an average of \$1.3 million in goods and services. Nearly 9 million U.S. jobs depend on trade with Canada. In my State of Michigan, over 250,000 jobs depend on the U.S.-Canada trade and investment, making Canada the number one customer for the State of Michigan.

Our two countries share the common goal of creating jobs and protecting workers. I am proud to call Canada a friend, ally, and partner.

CONGRATULATING CCDD ON 51 YEARS OF SERVICE

(Mr. ESPAILLAT asked and was given permission to address the House for 1 minute.)

Mr. ESPAILLAT. Mr. Speaker, I rise today to recognize Centro Cultural y Deportivo Dominicano de New York.

The story of Club Deportivo began 51 years ago in the New York City neighborhood of Washington Heights, where a group of Dominican immigrants bonded over weekly games of the classic board game dominoes and a shared desire to maintain their cultural roots.

Over time, this proud group, inspired by the founding fathers of the Dominican Republic—Juan Pablo Duarte, Francisco del Rosario Sanchez, and Ramon Matias Mella—made the decision to formalize itself in order to protect their own identity and cultural heritage. They officially incorporated on March 23, 1966.

As the years passed, what initially began as a way for friends new and old to stay in touch through the power of sports blossomed into what is now institutionally and athletically one of the most important centers of Dominican Americans and their friends in the 13th Congressional District. Over the past 50 years, they have hosted numerous recreational sports tournaments and have played an integral role in formation of many other civic, cultural, and social organizations.

Club Deportivo also provides its members with many vital forms of community service: ESL, citizenship classes for immigrants, folklore classes, music and arts classes for young and adults. Additionally, the group provides hot meals for the homeless each Thanksgiving and carries out frequent medical fairs.

Mr. Speaker, we are joined today by several members of the Club Deportivo Dominicano. They are celebrating their 51st anniversary. Santiago Cruz, Felix Grant, Jose Monta, Carlos

Leerdam, and Jose Rodriguez are here to celebrate.

THE LATEST INCARNATION OF TRUMPCARE

(Ms. JAYAPAL asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. JAYAPAL. Mr. Speaker, late last night, in a callous betrayal of the very people who elected them, Republicans hatched up the latest plan to deprive more than 24 million Americans of their health care. Let me say that again. 24 million people. In fact, perhaps more because we have yet to receive the CBO estimates on this latest plan.

This incarnation of TrumpCare would freeze Medicaid expansion in its tracks on top of the \$880 billion cut that was already in the bill. In my home State of Washington, this plan would put in jeopardy 600,000 people assisted by Medicaid expansion, people who have gained access to critical treatments for substance abuse, diabetes, and cancer screenings.

Dominic in Seattle has a son who, along with many others who suffer from asthma and other respiratory diseases, will not be able to afford his inhaler anymore. Nursing homes will shut down and throw thousands of grandparents out with no help. New so-called work requirements will add even more obstacles to healthcare coverage for our most vulnerable.

TrumpCare will strip coverage from 24 million. It is past time for my colleagues to reject this pay even more for even less plan.

HISTORIC PARALLELS

The SPEAKER pro tempore (Mr. JOHNSON of Louisiana). Under the Speaker's announced policy of January 3, 2017, the gentleman from Texas (Mr. GOHMERT) is recognized for 60 minutes as the designee of the majority leader.

Mr. GOHMERT. Mr. Speaker, it has been an interesting couple of days. We heard from our President, and that was a great privilege this morning to hear from him at our Conference. We were reminded what an amazing victory President Trump had last November. Some said it was so very historic, maybe as historic going back clear to Andrew Jackson's victory in 1828.

That took me back, being a lover of history, being convinced over the years, as I majored in history in college because I knew out of the Army 4 years, when I finished that, I figured I would major in what I loved, and that was history. Although my mother thought I should have majored in math or either been a doctor or a college math professor.

But history I loved, and I continue to learn from history. The old adage is those who refuse to learn from history are destined to repeat it. The corollary that is not as well known is those who

do learn from history will find new ways to screw up.

But the 1828 election that saw Andrew Jackson become our President actually happened after four abysmal years, some would say the least productive 4 years any President has ever had, and it was actually a President who was a hero of mine, John Quincy Adams. He was the first son of a former President to be President. Some have said he was probably the best educated President we have ever had, having been educated at the best Massachusetts had, England had, and France had. He wrote books in German, fluently spoke French.

Of course, if he had had his way, he would have been married to an American, but when his mother, Abigail, was not too pleased with the girl he thought was the love of his life, he ended up being directed to England where he ended up falling in love with Louisa, and she ultimately became his wife; but apparently his mother didn't think she was quite fit. Louisa became the first—used to be able to say the only—First Lady the country has ever had who was not born in the United States. Like I say, if he had had his choice—first choice—then his wife would have been born in the United States. But that is the way things fall. He loved his wife dearly.

He was quite accomplished. He kept the most complete journal of anybody we have ever had who was President. He knew slavery was wrong. He knew slavery was destroying our country, that we could never reach the potential that God had for this country unless we eliminated slavery. He had corresponded to England with a guy by the name of William Wilberforce, who had dedicated his adult life since his twenties to eliminating slavery in the British Isles and British territories.

□ 1715

He ran for President in 1824. No one won with the electoral votes. It was thrown to the House of Representatives. John Quincy Adams garnered the favor of Henry Clay in the House. And when Clay threw his support behind John Quincy Adams, Adams then won the Presidency.

Adams had some friends who were very close to him. They knew his heart, they knew his heart was pure, and his intentions were clearly nothing but the very best for the United States. They knew him to be a man of honor, a man of integrity, a man of his word. He had not made any kind of deal with Henry Clay to make him Secretary of State. But as a man of honor, a man of integrity, he could not understand why he couldn't go ahead, and why he shouldn't go ahead, and appoint Henry Clay to be Secretary of State.

His closest friend said: John, if you appoint Henry Clay to be Secretary of State, you will never, ever be able to convince anybody in Congress—the House or Senate—you will never convince anybody in Washington but your

closest friends, those of us that really love you, you will never convince the rest of the world or posterity that you had not cut a deal with Henry Clay that in return for his support for you being President, you would make him Secretary of State. Please, appoint him to anything, but not Secretary of State. It is going to look like you made a deal and bought the Presidency with the appointment.

But there were those who did not love John Quincy Adams, didn't have that much respect for him, and would have been fine if he had not won the election, but he had won the election. And those who didn't care about John Quincy Adams encouraged him: Sure, appoint Henry Clay, it is your choice. You appoint whoever you want.

Those who loved John said: John, it is not a good idea. People are going to brand you improperly. We know you are honest. Those are not really your friends that are telling you to just appoint Henry Clay to be Secretary of State. Go ahead.

He didn't listen to the closest friends who loved him and cared about him. He listened to those who didn't care if he succeeded or failed. So he appointed Henry Clay to be Secretary of State.

Some historians would say he had the least productive 4 years of any President in history. It is always arguable. But there were clearly times throughout his 4 years as President when he backed bills and pushed bills that would have been good for the United States and that should have had the support of both the House and Senate when they couldn't get passed simply because people thought he had bought the office with the appointment of Henry Clay to Secretary of State. And so they went against anything and everything that John Quincy Adams tried to support thereafter.

That may seem kind of a strange story to pull out from history, except I was reminded of it as I thought about today, and I thought about some folks who even in October, they didn't care about Donald Trump getting elected President, they didn't really support him at that point, so they encouraged him: You go ahead and let's do this bill that we are bringing to the floor and just never mind the fact that prices will not come down, unless you want to say 10 percent over 3 years, maybe 10 percent.

After the prices will probably continue to go up after those same 3 years, we may be able to cut 10 percent off at some point. Why? Because we are not stripping the regulation, the regulatory authority, out of ObamaCare. We are only repealing part of it. And we are leaving almost all of the part that has driven costs through the roof. It has driven the price of health insurance through the roof. It has blown the deductibles so high that so many of my constituents and friends know they will never have enough cash to pay for the deductible to even get to a claim that the insurance company would pay.

And I just know that when the prices of health insurance don't come down over the next few years, people are going to say President Trump broke his promise to repeal ObamaCare. He only got part of it, but the monopolies that had begun to grow in the health insurance market grew bigger and fatter. And a man who wanted to do an honorable thing for America and get rid of ObamaCare—that it cost people their insurance, their doctor, their medicine, that it caused so much suffering and heartache as people struggle with their healthcare bills—he promised he would get rid of it, he wanted to deliver on his promise, and he has been told by people who weren't really sure if they cared if he won or lost that: Gee, just pass this, this will be great. Just pass anything. Pass something. We will call it a victory and move on.

But these are the times when it is very important to take an assessment of those who want to see you succeed and those who really don't care. There are those who have felt on the Republican side that if Donald Trump was defeated, that would be the end of the Tea Party movement, that would be the end of any type of populism rising up against the runaway socialism, the runaway assault on religious freedom, the Second Amendment.

The American public rose up, and this is our first chance to really deliver on our promises. I hope that the votes are not all there yet so that we can reach an agreement so that we can include in the bill that comes to the floor, not an amendment we vote on so that it can be voted down, but actually included in the bill so that we take out at least the big hunk of what has caused health insurance prices to skyrocket.

And if we can do that, we can have a win this week, one that we can all feel good about on our side of the aisle, and even my friends on the other side of the aisle. If we do the right thing and make sure that we take action that actually legitimately brings down health insurance costs, then my friends on the other side of the aisle will hear good reports of joyful remarks with gratitude that insurance prices have come down, we can now afford it, our deductible is lower, we are building a health savings account, it is great.

There are some good things that can come out of the votes this week. But if people take advice from those who are not as concerned with their total success, then this could be the start of a Presidency that was as unpleasant as John Quincy Adams' Presidency, which ended up leading to the inevitable result of his defeat in 1828 to Andrew Jackson.

I hope we keep our promise.

Mr. Speaker, I yield back the balance of my time.

BRINGING DOWN THE COST OF HEALTH INSURANCE PREMIUMS IN AMERICA

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2017, the gentleman from California (Mr. GARAMENDI) is recognized for 60 minutes as the designee of the minority leader.

Mr. GARAMENDI. Mr. Speaker, I thank the Speaker for this opportunity to continue the discussion. My colleague from Texas really left here a moment ago with a plea about bringing down the cost of health care in America. Actually, it was the cost of premiums in America. That is a plea that I think all 435 of us would echo. It would certainly be our goal, as representatives of the American people, to find some way to accomplish that, some way to bring down the cost of premiums.

I would like just to make a point right at the outset. When discussing health care, there are really two connected, but very separate, parts to the healthcare system.

One part is the delivery of medical services. These are the doctors, some of whom are in organizations of doctors of various specialties. Some are in large practices, such as the Kaiser practice. Some are in hospitals disconnected from doctors. But there is just a plethora of different ways in which medical services are delivered. That is the delivery of medical services. That is one part of it.

The other part of the healthcare system in America, and really anywhere in the world, is the collection of money to pay for the services. Now, in the United States, we have many different ways to collect the money. One of them is through taxes. And this is how we pay for Medicare and Medicaid, what we call MediCal in California. We pay for the veterans' medical services through the collection of taxes, children's health services, and some other programs that are much smaller. So that is one way in which we collect the money to pay for services. You might call those single-payer taxpayer services, taxpayers' money being spent on services delivered by that whole range of providers, some of which happen to be government providers, for example, the Veterans Administration and military medical services.

Now, the other way in which we collect money to pay for services are premiums, health insurance premiums that are charged by health insurance companies. The largest single part of that is from corporations, businesses, that buy health insurance and pay the premiums. And the others are individuals, and this is the individual insurance market. There are some small group markets out there, also. But these two systems, we need to understand that they are different. They are connected, obviously.

Now, if we are going to deal with the cost of premiums, you have to go over and deal with the cost of health care,

because the health care drives the premiums and also drives the amount of money that we need to raise to pay for the services that are provided by the various governmental programs.

Now, in the Affordable Care Act, which is now some 7 years old Thursday of this week, the seventh anniversary of the passage of the Affordable Care Act, there are some very powerful mechanisms to reduce the cost of health care—doctors, hospitals, and the rest. Some of these are electronic medical records so that there is a continuity of knowledge as to what happened, what was provided, what services were provided to the individual.

□ 1730

Another one happens to be a penalty assessed on hospitals for hospital readmissions on hospital-acquired infections—profound in driving down the cost; also extremely important for individuals because hospital infection rates dramatically dropped.

There are also ways in which we pay for the services. It is very clear that the utilization of fee-for-service drove up the cost.

Anyway, as we go through this discussion today on the Affordable Care Act, and I see I am being joined by my colleagues here, I just want us to keep in mind that in order to deal with the cost of premiums, you have got to deal with the cost of services that are provided.

Now, in the Affordable Care Act, we actually saw, over the last 5 years as the Affordable Care Act, ObamaCare, went into effect, a decrease in the rate of increase. We haven't seen a decrease in the cost of medical services, but what we have seen is that the inflation rate has significantly reduced, so much so that the financial security of the Medicare program, which is the single biggest expenditure, has been extended by some 11 years because the inflation rate has declined—not decreased, but the rate of inflation has declined almost 50 percent from what it was before the Affordable Care Act.

That is a direct result of the many reforms that went into the way in which medical services were delivered. That allowed for a lower inflation rate for premiums and an extension of the financial viability of Medicare and other medical programs.

Now, unfortunately, we are now faced with a repeal or a partial repeal of the Affordable Care Act, and the promise has been made by my Republican colleagues that somehow this will reduce the premiums. Well, that is interesting. Now, exactly how are you going to reduce the premiums unless you are dealing with the cost of medical care?

In their reforms, there is—as best I can determine and everybody else—no effective way to reduce the cost of medical services and, in fact, the high probability that the cost of medical services will increase, specifically, because, in their proposed reform, men and women that are 45, 50 to 65 are

going to find it virtually impossible to continue to buy insurance. They will drop their insurance. That is part of those 14 million Americans that will lose their insurance next year and part of the 24 million Americans that will not have insurance 9 years from now.

That population, before they get to Medicare, when they begin to get ill, 40, 50, 60, they will not be able to afford insurance. It is something like a \$12,000 increase in cost to them. It is what is known as the senior tax.

Now, that will drive up the cost of medical services. Because they will not be able to have continuity of care, their diabetes, their heart issues, their high blood pressure, and on and on will not be treated.

Similarly, in the proposed reform, there is a significant reduction in the number of men and women across this Nation—and we are talking probably in the range of 4 to 6 million in the next 2 years that will not be covered under the Medicaid program. Those people, not having access to continuous medical services, will not seek treatment for those illnesses that can be treated effectively or held in abeyance, such as diabetes, heart disease, and the like. That means that the cost of medical care for them will rise.

Where will they go to get medical care? Not to worry, say our Republican colleagues. They can go to the emergency room. We have been there. We have seen what that means.

The expansion of the Medicaid program is unraveled by the proposed TrumpCare. I am going to come back to this.

I would like to ask my colleague from Texas to carry on here, if you would. I yield to the gentlewoman from Texas.

Ms. JACKSON LEE. Mr. Speaker, I am going to take just a moment.

This is an excellent presentation. I think our constituents should be aware, and our colleagues, of your enormous knowledge as the former State insurance administrator in California, years of service to the people of California, and we are grateful for that analysis because you are right on the money, if you will, on the disaster or the questioning that comes about through two points: the existing bill, and then now an amendment which has been called meaningless that will be on the floor on Thursday, meaning that this bill has been amended by those who want to make it worse.

We sat in the Budget Committee on Thursday with Ranking Member YARMUTH most of the day trying to debate these numbers. So I just want to make points about wellness, about some of the criteria that maybe is misrepresented as making the insurance product more expensive.

To the Republicans, 10, 20 years ago, the product you had may not have been worth what you paid. In the product we have now, preexisting condition, stay on your parents insurance until you