

Research has proven that music is vital to a student's education. Music education benefits language development, spatial-temporal skills, and can lead to a higher IQ and increased test scores. Music also brings students together and gives them incentives to practice and strive for more self-improvement.

Mr. Speaker, I would like to congratulate the administrators, the teachers, instructors, the parents, and the students in these schools and districts for their impressive dedication to music education. They put a lot of time and effort into their music programs, and all that hard work is really paying off.

WELCOMING PRESIDENT MOON

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

Mr. SCHNEIDER. Mr. Speaker, I rise today to join my colleagues in welcoming President Moon Jae-in of the Republic of Korea on the occasion of his visit to Washington this week. This visit is an important opportunity to further the strong bonds of cooperation and friendship between our two countries.

As North Korea continues to threaten our allies and pursue its destabilizing missile program, including tests of intercontinental ballistic missiles, this meeting comes at a pivotal time. The United States and the Republic of Korea must continue to stand together to contain this threat and ensure the security and safety of this strategically important region.

Earlier I sent a letter urging Speaker RYAN to invite President Moon Jae-in to speak before a joint meeting of Congress so all Members can hear firsthand his perspective of these shared challenges. If not possible during this brief visit, I hope he will address this body in the future.

Once again, I extend my heartfelt welcome to President Moon Jae-in, and I express my commitment to furthering the vital economic, security, and cultural relationships between our two countries.

WELCOMING PRESIDENT MOON JAE-IN TO AMERICA

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

Mr. COFFMAN. Mr. Speaker, I rise today in welcoming President Moon Jae-in of the Republic of Korea to the United States of America.

Next week will mark his first official visit to Washington, D.C., since he assumed the Presidency of his country. This represents a continuation of the friendship between our two nations.

This October will mark the 64th anniversary of the mutual defense treaty between our two countries. This land-

mark legislation continues to be a vital component to peace and security in the Asia-Pacific region.

Once again, I look forward to welcoming President Moon Jae-in to the United States, and I look forward to continuing our partnership with the Republic of Korea.

REJECT SENATE HEALTHCARE BILL

(Mrs. CAROLYN B. MALONEY of New York asked and was given permission to address the House for 1 minute.)

Mrs. CAROLYN B. MALONEY of New York. Mr. Speaker, another Republican healthcare bill that the nonpartisan, bipartisan Congressional Budget Office tells us will rip away healthcare from 22 million Americans, raise premiums—especially on older Americans—and cut Medicaid by roughly \$800 billion.

The Senate Republican's plan is especially cruel for New York City. Not only will millions lose coverage, but sharp Medicaid cuts will cost hospitals over \$5 billion, and fewer seniors will be able to afford nursing homes and home care providers.

But the bill saves its worst for women. It cuts Federal funding for a year for Planned Parenthood clinics that provide essential healthcare to millions of American women. It allows States to easily waive guaranteed coverage for benefits like maternity. In short, women will have to pay more for essential healthcare because we are women, and women will have less access to healthcare because we are women.

Mr. Speaker, I urge the Senate to reject this cruel and merciless bill.

WELCOMING PRESIDENT MOON

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

Mr. MACARTHUR. Mr. Speaker, the friendship between the United States and the Republic of Korea is based not only on shared, strategic, and economic interests, but also on shared values. We share a commitment to democracy and to political, religious, and economic liberty. It is a joy to welcome President Moon Jae-in to Washington, D.C. I congratulate him on his election, and I wish him a successful summit.

But, for me, the relationship with South Korea is also deeply personal. My wife and I adopted two of our three children, David and Isabella, from Korea. I am deeply grateful to the people of South Korea for my children and for giving me the family that I love so much.

But not every family on the Korean Peninsula is so fortunate. We remember those who live under the oppression of the North Korean regime that has no regard for the dignity of human persons. We condemn the horrifying

crimes of that regime, and I express my hope for the reunification of Korea.

We express our firm commitment to the ongoing friendship with South Korea, rooted in our shared values of freedom and democracy.

FREE DR. AFRIDI FROM PAKISTANI PRISON

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

Mr. POE of Texas. Mr. Speaker, the day that Osama bin Laden, the world's number one terrorist, met his maker was a great day in the war on terror. But finding America's most wanted terrorist hiding in Pakistan was no easyfeat.

Pakistani Dr. Afridi worked with our CIA to help determine and confirm Osama's hiding place in Pakistan by using DNA evidence. But after Osama bin Laden was killed, Pakistan threw Dr. Afridi in jail.

Why?

Because he helped the United States find Osama bin Laden.

Pakistan claims to be United States' number one counterterrorism ally, yet they hypocritically hold this hero in a Pakistani prison. Pakistan is no friend of the United States. They are on the wrong side on the war on terror. Pakistan hid Osama bin Laden from the world.

Dr. Afridi deserves a medal for aiding the elimination of Osama bin Laden, not life in prison. Pakistan should free him, and it is time to declare Pakistan a state sponsor of terrorism.

And that is just the way it is.

WEALTH CARE OVER HEALTHCARE AND CONTRIBUTIONS OF CARIBBEAN AMERICANS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2017, the gentlewoman from the Virgin Islands (Ms. PLASKETT) is recognized for 60 minutes as the designee of the minority leader.

Ms. PLASKETT. Mr. Speaker, at this time I rise to take this Special Order hour on behalf of the Congressional Black Caucus.

It is with great honor that I rise as coanchor for the next 60 minutes. We have a chance to speak directly to the American people on the issues of great importance to the Congressional Black Caucus, Congress, and the constituents we represent, as well as all Americans.

This evening, myself and coanchor MARC VEASEY will discuss two topics: wealth care over healthcare and the contributions of Caribbean Americans.

On the matter of healthcare, Senate Republicans have finally released their draft version of the House-passed American Health Care Act, and it is clear why they kept it behind closed doors all this time. The bill is worse than the one that was passed in the House, with deeper cuts to Medicaid

and a ban on Planned Parenthood funding for 1 year.

Just like the bill that passed the House, this proposal will likely strip coverage for millions of Americans and do nothing to address affordability. This bill is just as mean and heartless as the one the Republicans jammed through the House.

As bad as it already was, Senate Republicans have made TrumpCare even more devastating to Americans on Medicaid, and those include veterans, middle class seniors with long-term care needs, vulnerable children, and pregnant women. No, it is not just minority Black people who are on Medicaid.

TrumpCare's Medicaid cuts will have an especially severe impact in rural America, shutting rural hospitals, an important source of good-paying jobs. TrumpCare fundamentally means higher health costs, millions of hard-working Americans losing healthcare coverage, gutting key protections, a crushing age tax, and stealing from Medicare.

Republicans shut the American people out of writing TrumpCare. And if TrumpCare passes, the American people will be shut out of affordable healthcare, too. Now, after crafting this monstrosity in secret, the GOP wants to rush it to the floor before the American people see the damage it will do, abandoning any pretense of respect for the democratic process.

Democrats in Congress and across the country will continue to fight with all our strength to protect seniors and hardworking families from TrumpCare's assault on their healthcare.

June, as we know, is Caribbean American Heritage Month, and we will later hear from Members of Congress related to that.

At this time, I yield to the gentleman from Fort Worth, Texas (Mr. VEASEY), my co-chair, an advocate for his constituents and for all Americans. He sits on the Armed Services Committee and is here to discuss the effect that this bill will have not only on his constituents, but to the people that we care deeply about.

Mr. VEASEY. Mr. Speaker, I thank Representative PLASKETT for yielding. I really do appreciate the gentlewoman heading up tonight and coanchoring and talking about the contributions of Caribbean Americans, and also talking about this health-scare bill that is going on right now, because it seems to be what everybody is talking about.

Of course, the CBO score came out today: 22 million Americans will lose their insurance, many of them that were able to get insurance for the first time under the ACA. So that should be very frightening and concerning to us.

The Senate is supposed to vote on this bill, Mr. Speaker, that will have a health-scare effect on so many millions of Americans. It is going to be much less affordable and it is going to be a lower-quality healthcare. Unlike the

Affordable Care Act, which boosted the African-American insured rate from 79 percent to 88 percent, the Senate Republican's healthcare plan will decimate the progress that we have made in the African-American community under the ACA.

Millions of Americans are at risks of losing their insurance, as the gentlewoman pointed out earlier when she said that it is not just people in the African-American community or the minority community that are on Medicaid.

It is something that affects all Americans and something that should be concerning to everyone, particularly when we talk about this opioid addiction that I know many people in many of these Republican areas, these conservative areas of the country, are hoping that they will be able to use Medicaid to be able to deal with that particular issue effectively. Because of this Senate Republican healthcare bill, they are going to be locked out. They are going to be trying to figure out how they are going to get themselves from under that addiction with absolutely no help from Medicaid. It is going to be a very sad day for them.

Many of these losses will come as States are forced to phase out Medicaid over the coming years. That will hurt the African-American population in particular.

Medicaid expansion under the ACA helped 15 million of the nearly 40 million African Americans in the U.S. gain healthcare insurance, and many of those were for the first time—many of those were for the very first time.

In addition to stripping our most vulnerable of healthcare, Senate Republicans want to defund Planned Parenthood and block lifesaving preventive care for hundreds of thousands of women in the district that I represent and nationwide.

Let me tell you something about Planned Parenthood. Oftentimes, when we start talking about Planned Parenthood, Representative PLASKETT, the issue revolves around abortion. But let me tell you something: you cannot have a serious discussion in this country. You absolutely cannot have a serious discussion about social service programs, about Medicaid, and trying to reduce those programs unless you have a serious discussion about family planning.

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Family planning is something that people don't want to talk about. Maybe in some circles, particularly Republican circles, it is a very taboo subject, but it is something that needs to be discussed more often and we don't talk about enough. We don't talk about it enough with our kids, with our families.

When you do something like defund Planned Parenthood, it is going to make that situation even worse. It is going to make people even more needy and more in a situation to where they cannot be self-dependent.

Instead of supporting smart public health initiatives, Republicans in the higher Chamber would rather repeal the ACA as another opportunity to demonize one of the country's leading reproductive health organizations, and that is Planned Parenthood that I talked about earlier.

We need to be doing everything that we can to make sure that Americans everywhere can lead a healthier life, but the Senate's cruel and heartless bill will cause unnecessary suffering.

The Affordable Care Act has been a lifeline for many in the Black community, and a full repeal will snatch that safety net out from under our community. The Black community has a lot to lose under the Republican healthcare plan, and we will not take an assault on healthcare lying down.

We have got to fight this thing. We need to fight for every grandmother out there. We need to fight for every aunt out there, every mother out there, all of our loved ones out there who may be forced to make the choice between whether or not they are going to have healthcare or whether or not they are going to be able to pay for groceries; and that is just not right.

We need to fight for all the single dads out there who are trying to make ends meet, the single moms out there who are trying to make ends meet, because we know that, if you take away Medicaid expansion, it is going to force individuals like that to have to make some really tough choices.

We need to make sure that we are doing everything we can to make sure that we have access to quality healthcare, and that it is not reserved for a few of the wealthy in our country. And when you look at the Republican bill, Representative PLASKETT, that is exactly what it does.

This is a vehicle that will deliver tax breaks to the very rich and will leave individuals like we have been talking about in the Black community, and not just in the African-American communities, but in all communities out there that are out there working hard, suffering, in a situation where they need Medicaid and they need insurance, it is going to leave them locked out.

It is going to be a sad day in America when people who thought that they were going to get insurance for the first time, or people who had insurance for the first time, they were going to get those wellness checkups, they were meeting with their family care physician on a regular basis, and they have that stolen from them because of this monstrous plan.

Ms. PLASKETT. Mr. Speaker, I thank the gentleman for those words. We were discussing the Medicaid expansion and the fact that it is going to disappear after 2023.

The other thing that is going to be removed from this bill is the Prevention and Public Health Fund which presently has billions of dollars that are supportive to the CDC. What is this money used for?

This money is used for preventative block grants that go to all places, like my district, the Virgin Islands, that deal with chronic conditions such as heart disease and hypertension, provide maternal and child care, support public laboratories and research, and maintain vital statistics. Those moneys would be gone if this bill passes.

Mr. Speaker, I yield to Mr. SCOTT, my esteemed colleague from Richmond and Hampton Roads in Virginia, who is the ranking member of the Education and the Workforce Committee, to talk about the issues and how he sees this is important, not only to his constituents, but to America as well.

I thank the gentleman for being here this evening and giving us his thoughts.

Mr. SCOTT of Virginia. Mr. Speaker, I thank the gentlewoman, and I have to point out that, after redistricting last year, I no longer represent the Richmond area.

Ms. PLASKETT. Mr. Speaker, it is their loss.

Mr. SCOTT of Virginia. And I certainly miss my friends from Richmond.

Ms. PLASKETT. I know the gentleman is still working for them though.

Mr. SCOTT of Virginia. I certainly am.

Mr. Speaker, I appreciate the gentlewoman for yielding, and want to point out that, as we discuss healthcare, we have to notice that the Republicans are using a very flawed reasoning to try to sell TrumpCare to the American public.

They say: “We have a bill, and if you don’t like the status quo, therefore, you have to support the bill.”

And if you ask: “Well, what’s in the bill?” They say: “Well, you have to do something.”

“What’s in your bill?”

“I don’t like the Affordable Care Act.”

“What’s in your bill?”

“The present law is called ObamaCare.”

There is no discussion about what the bill actually does or whether or not it improves the status quo and how the bill will affect American families every day.

But we do know something, based on the CBO report, and that is that TrumpCare is significantly worse than the current policy on every level.

They complain about costs. Costs will go up under this bill. And the only way anybody saves money on premiums is because the policies won’t cover as much of the costs. That is because they will cover a lower percentage of the costs, and they will cover fewer benefits.

This was confirmed today by the CBO, which said that 22 million fewer people will have health and coverage under this plan; and the policies that people buy will cover a lot less than they cover now.

Mr. Speaker, at some point, we have to recognize fundamental principles of

arithmetic. If you give massive tax cuts to the wealthiest Americans and corporations, as TrumpCare is proposing, you will have less money to help those who actually need money to afford insurance.

Less money means fewer people covered by Medicaid, fewer people receiving subsidies to help them buy their insurance, and policies that cover a smaller portion of the costs.

According to the CBO, TrumpCare will have a severe impact on rural America, threatening the services covered by rural hospitals which, in many areas, are the biggest employers in the area.

CBO also points out that the hardest hit will be those with preexisting conditions, low-income Americans, and seniors. But even those making \$100,000, around \$100,000, will also be hurt.

Mr. Speaker, why is the Senate even considering this bill? Who benefits? Maybe it is just those wealthy Americans who will get a huge tax cut as people lose their insurance.

Ms. PLASKETT. Mr. Speaker, I thank the gentleman so much for those thoughts and reflections that we should have about this bill.

Mr. Speaker, I yield to the gentlewoman from Houston, Texas (Ms. JACKSON LEE). She has been an advocate for Americans, has spoken, and done so eloquently, related to her work on the Judiciary Committee, as well as Homeland Security, and I am eager to hear what the gentlewoman has to say about healthcare. And as well, of course, as a fellow Caribbean American, I would wish her and her family a Happy Caribbean American Heritage Month, which was, of course, offered by our colleague, BARBARA LEE, in 2005.

Ms. JACKSON LEE. Mr. Speaker, I thank the gentlewoman who represents the U.S. Virgin Islands for her constant leadership and consistently allowing us to come to the floor to speak to our colleagues and, hopefully, the American people on important topics.

I can’t think of a topic more important than this one that really represents, when I say this one, the question of healthcare for Americans.

Might I say that the healthcare statement or framework was issued about 12 noon on Thursday. As you well know, we worked through Friday, and I left about 12 noon, landed in Houston, and went directly to the Legacy Community Health clinic on Lyons Avenue in Fifth Ward, Texas. That was a federally qualified health clinic that was able to be constructed in the neighborhood of Barbara Jordan and Mickey Leland by the Affordable Care Act and to bring healthcare to senior citizens living across the street access, easy access to healthcare.

There was 40, 50, 60, 70 people who came. We walked down the street to ask that this President and the Senators leave our healthcare alone. But more importantly, the disabled community came. I want to personally thank them.

There were children, there were passers, there were doctors, there were good people there, but there was the blind, there was the deaf community, there were people in wheelchairs, and they cried. And one of them said: Please don’t take my Medicaid healthcare away; and please allow me to continue to live independently, because I have at least the healthcare.

Of course, the Senate did not listen. The President today said that he hopes that the Affordable Care Act will crash and burn. And we know that polls are showing that they increasingly think their healthcare will get worse. But polls are showing that 51 percent of Americans believe and support the Affordable Care Act.

I want to spend the remaining moments of my life here on the floor—not my life, but my time on the floor. I hope to the Lord that it is not the remaining time of my life, but I am so overwhelmed by this bill, I know that some people will lose their lives.

So I am going to include in the RECORD an article entitled “Center for American Progress Coverage Losses Under the Senate Health Care Bill Could Result in 18,100 to 27,700 Additional Deaths in 2026.”

[From the Center for American Progress, June 22, 2017]

COVERAGE LOSSES UNDER THE SENATE HEALTH CARE BILL COULD RESULT IN 18,100 TO 27,700 ADDITIONAL DEATHS IN 2026

(By Ann Crawford-Roberts)

One Republican member of Congress, defending the GOP health care plan—the American Health Care Act (AHCA)—suggested that concerns that the loss of health care coverage leads to death are overblown. However, the scientific literature on the effects of insurance coverage on mortality shows that the coverage losses from the AHCA would result in tens of thousands of deaths.

The secret Senate bill was finally released today, and it is broadly similar to what passed in the House: It ends Medicaid expansion and makes further deep cuts to the program; eliminates the individual mandate; and reduces funding that helps low-income Americans afford health coverage. The Congressional Budget Office (CBO) has not yet released its score of the Senate bill, although it is expected to do so early next week.

The CBO, however, has released a score of the House’s version of the AHCA, which is largely similar to the Senate bill. The score projected that, by 2026, 23 million more Americans would be uninsured under the House bill compared to the Affordable Care Act (ACA).

Ms. JACKSON LEE. Mr. Speaker, this is what we are confronting. These are not numbers that anyone would print just to create hysteria. These are truthful numbers.

Now, let me answer the question. The critics keep saying that we are crumbling. I said to you the President said: crash and burn. That is not the case, that insurers appear to be fleeing the Affordable Care Act’s health insurance exchanges or State-based, online marketplaces where people can buy individual health insurance.

The fact that one-third of counties are projected to have just one insurer

on their ObamaCare exchanges this year has been a popular talking point among Republicans, including President Trump, trying to gain or gin up support to replace the Affordable Care Act.

The stat was echoed in a recent editorial by Tom Price. Though some insurers are still deciding whether to participate in ObamaCare exchange, the complaint about lackluster insurer participation is valid.

In recent weeks alone, Aetna pulled out, leaving its participation in ObamaCare limited. But the real issue is that we have been strangling these insurance companies.

They leave out that the insurers might be less likely to exit if more States had expanded Medicaid under ObamaCare.

Mr. Speaker, I include this article in the RECORD, “Why So Many Insurers Are Leaving ObamaCare.”

[From The Atlantic, May 11, 2017]

WHY SO MANY INSURERS ARE LEAVING OBAMACARE

HOW REJECTING MEDICAID AND OTHER GOVERNMENT DECISIONS HAVE HURT INSURANCE MARKETS

One of the most common reasons critics of ObamaCare say the law is “collapsing” is that insurers appear to be fleeing the Affordable Care Act’s health-insurance exchanges, or the state-based, online marketplaces where people can buy individual health-insurance policies.

The fact that one-third of counties are projected to have just one insurer on their ObamaCare exchanges this year has been a popular talking point among Republicans—including President Trump—trying to gin up support for their replacement bill, the American Health Care Act.

The stat was echoed in a recent editorial by Health and Human Services Secretary Tom Price, in which he portrayed ObamaCare as a house that’s on fire and “many of our fellow Americans are trapped inside.”

Though some insurers are still deciding whether to participate in the ObamaCare exchanges, the complaint about lackluster insurer participation is valid. In recent weeks alone, Aetna pulled out of Virginia’s ObamaCare exchange, leaving its participation in ObamaCare this year limited to just four states. Medica, the last insurer remaining in most of Iowa, threatened to stop selling individual plans. And after Humana pulled out of Tennessee in February, leaving 40,000 people with no insurance option, BlueCross BlueShield reluctantly stepped in on Tuesday, but only if certain conditions are met. According to a Kaiser Family Foundation analysis, 31 percent of counties will have just one insurer this year, up from just 7 percent last year.

There is one thing Republicans usually leave out of their indictment of ObamaCare, though: Insurers might have been less likely to exit if more states had expanded Medicaid under ObamaCare.

The Affordable Care Act was written with the idea that states would expand Medicaid, the insurance program for the poor, to cover people earning up to 138 percent of the federal poverty level, or \$16,400 for a single adult. But a 2012 Supreme Court case made that expansion optional, and so far 19 states have rejected the expansion. People earning below 100 percent of the federal poverty level, or about \$12,000 annually, in those states aren’t eligible for subsidies to buy pri-

vate insurance on the ObamaCare exchanges or, in most cases, for Medicaid. They fall in an insurance no-man’s land, the “coverage gap.”

People earning between 100 and 138 percent of the poverty level in those Medicaid-rejection states, however, do qualify for subsidies to buy insurance on the ObamaCare exchanges. Many of them enrolled in ObamaCare, and they make up about 40 percent of the ObamaCare enrollment population in the non-expansion states, compared to 6 percent in the expansion states.

The catch is, poor people tend to be sicker than rich people are. And having so many poor, sick people in their ObamaCare marketplaces might have made it more expensive for insurers to operate in the non-expansion states.

In Alabama, for instance, Blue Cross Blue Shield is the only insurer participating in the exchange in 2017, and it’s spending \$1.20 for every \$1 it collects in premiums—an unsustainable ratio, as insurance writer and analyst Louise Norris points out.

So, then, what happened in states that did expand Medicaid but nonetheless have very fragile insurance markets? Iowa, for example, expanded Medicaid, but it has had so many insurers pull out of its exchange that there might be no ObamaCare plans on offer this year. In Iowa and several other Medicaid-expansion states, a different ObamaCare-related choice might have contributed to the high cost of insuring their ObamaCare enrollees.

Before ObamaCare, insurers could reject customers they thought would be too sick and too expensive. After ObamaCare was passed, about 35 states continued to allow the sale of non-ObamaCare-compliant plans. (The states that didn’t allow this tended to be more liberal—New York, Vermont, and the like.) Therefore, the people on these so-called “grandmothered” plans were likely to be healthier than average, since they had to pass the healthiness test that insurers were formerly allowed to use to screen their customers. These plans can also raise peoples’ rates as they get sick—something that’s not allowed under ObamaCare. Many healthy people in the grandmothered states were, in a sense, kept out of the ObamaCare marketplaces, only joining ObamaCare if and when they get sick. Thus, the grandmothered plans might have made the ObamaCare pool sicker in those states.

According to a 2016 KFF analysis, states that both did not expand Medicaid and allowed the grandmothered plans had an average “risk score” that was 8 percent higher than those that did expand Medicaid and did not allow the grandmothered plans. The Kaiser researchers caution that there could be other hidden demographic factors at play, but write that the study “does suggest that state policy decisions may have had a noticeable effect on risk pools.”

Karen Pollitz, a KFF senior fellow, gave an example of how this worked in Iowa, via email:

In Iowa, most of the Wellmark (BCBS) market share continues to be in non-compliant plans (the grandmothered/grandfathered pre-ACA plans), so Wellmark cherry picks its own market share. Over three years, news reports show Wellmark lost \$90 million on ACA compliant plans, with one enrollee accounting for \$18 million in claims for one year alone. So for 2018 Wellmark will not only leave the marketplace, it will stop offering all ACA compliant plans, keeping in force just their pre-ACA policies.

Today, of course, insurers have even more to worry about, like whether the Trump administration will continue to make payments called cost-sharing reductions to defray medical costs for low-income people on

ObamaCare. House Republicans successfully sued the Obama administration in 2014 to stop the payments, and the Trump administration could simply drop the appeal. In that case, insurers participating in ObamaCare would be on the hook for billions of dollars in medical expenses. (The House health-care bill would eliminate the payments as well.)

As Cori Uccello, senior health fellow at the American Academy of Actuaries, put it to NBC News, “Insurers need to know if they are going to get paid.”

What’s more, some insurers are skeptical that the Trump administration will enforce ObamaCare’s individual mandate, so they are raising their rates as a precaution.

And of course, with the Senate currently debating its own version of the ObamaCare repeal bill, the entire future of ObamaCare is uncertain. Indeed, “uncertainty” comes up a lot in stories about insurers leaving ObamaCare.

At this rate, Republicans might live to see the ObamaCare “death spiral” they have long been prophesying. But insurance markets don’t just collapse on their own. Decisions by states, Congress, and the Trump administration can—and have—given them a hefty nudge.

Ms. JACKSON LEE. And the answer, of course, is a litany of ways that the Republicans have extinguished the very essence of it.

But I just want to close by bringing to the attention of my colleagues Ryan Smith. He has a mental health generalized anxiety disorder. He has got a beautiful picture with, it looks like, his mom and him. And it says: Without the ACA, I would not have been able to move and find a new job.

He has generalized anxiety disorder. He is a young man with a job who worked for the Michigan House of Representatives, and he was diagnosed in 2013. Because of the Affordable Care Act, he keeps his job.

Then we have, how TrumpCare will kill me before cystic fibrosis. I am 34 years old. If I was a Canadian, there would be a good chance I would live for 17 more years, but, in the Americas of Donald Trump and PAUL RYAN, that is not going to happen.

At 2, I was diagnosed with cystic fibrosis. And this individual indicates: I got married. I hope one day to have children. But without the Affordable Care Act, they too may lose their lives.

ObamaCare saved my life. What now? This was a gentleman, lying in bed with my dog, recovering from the most recent surgery, when the news alert went off on my iPhone after midnight. Breaking news: the Senate has just taken a major step toward repealing the Affordable Care Act. Fear, that is what I and millions of Americans felt.

This is a breast cancer survivor, and she is worried about being able to survive.

So there are many stories like this, and there are stories of the disabled and senior citizens who may be thrown out of nursing homes and children who are very sick who may, because of a preexisting disease, not have insurance.

I am glad to be with you on the floor, and I think I will end by saying, my commitment is to see that this never

happens to the American people; that whatever the shenanigans and negotiating that are going on in the Senate—and I respect the other body, but whatever is going on to pass a bill that may kill people, or cause people to lose their lives under the medical system, or, in fact, throw people off of insurance, I believe we have a moral obligation to stand in the gap and stand against this.

I really would lift up my hand to my friends, Senators and others, I lift my hand. Let us sit down to the negotiating table together, and let us save lives.

Mr. Speaker, I rise to join my colleague in strong opposition to the issue of repealing, revising, and replacing the Affordable Care Act presented by the Republicans.

Tonight, after seven years of claiming to have a workable replacement for the Affordable Care Act, the Senate, just as House Republicans before them, showed their hand; and it is empty.

Senate Republicans have finally released their draft version of the House-passed American Health Care Act and it is clear why they kept it behind closed doors all this time.

Today, the Congressional Budget Office and the staff of the Joint Committee on Taxation (JCT) completed their estimate of the direct spending and revenue effects of the Better Care Reconciliation Act of 2017, which is the Senate amendment in the nature of a substitute to H.R. 1628.

The Senate bill would increase the number of people who are uninsured by 22 million in 2026 relative to the number under current law, slightly fewer than the increase in the number of uninsured estimated for the House-passed legislation.

By 2026, an estimated 49 million people would be uninsured, compared with 28 million who would lack insurance that year under current law.

Senate Trumpcare is yet another plan that promotes Wealth Care—if you are billionaire or a millionaire you will become wealthier.

If you are part of the middle class or the working poor your economic you will become less well-off due to higher health insurance cost or out of pocket health care expenses.

Earlier today, they were making changes to address the growing chorus of objections to their ill-conceived attempt to end Obamacare for more than 20 million Americans.

The change they proposed could be described as a post-script that people should try to keep health insurance coverage while they strip away the assistance that makes health insurance a right that is affordable and accessible to all Americans.

The reality of keeping health insurance under the Republican proposal would be nearly impossible for the very sick who are receiving coverage under Medicaid.

The added difficulty for the chronically ill is that their preexisting condition may mean higher premiums that the Republican plan will not help them cover through subsidies or the removal of prohibitions that insurance companies cannot discriminate against them.

If you or your loved one depends on Medicaid you will be worse off because the insurance market may allow you to purchase insurance, but there is no subsidies to help you purchase plans, and no control over how high a premium might become.

The Senate bill is worse than the one that passed the House, with deeper cuts to Medicaid and a ban on Planned Parenthood funding for one year.

Just like the bill that passed the House, this proposal would likely strip coverage from millions of Americans and do nothing to address affordability, all while providing a windfall to corporations and the richest of the rich.

Both healthcare bills are immoral bill and I call on Republicans to abandon their efforts to repeal and replace the law of the land at the expense of the most vulnerable Americans.

The President promised to a plan to provide health insurance for everybody.

But that promise has not been kept.

The legislation unveiled by House and Senate Republicans would kick millions of Americans off their health coverage and force millions to pay more for less.

This plan is a prescription for misery and spells disaster for hard-working families struggling to make ends meet in the face of spiraling health care costs.

The Affordable Care Act was always about real people who have real lives that are impacted by not having access to affordable and accessible health insurance.

Those caught up in the Opioid addiction rely on Medicaid for healthcare treatment for withdrawal special medical care centers.

The Senate and House Republican bills would eliminate Medicaid coverage for tens of thousands of Opioid addicts who are seeking help.

The Affordable Care Act has established healthcare as a right and not just something that the privileged can afford.

This repeal charade must end.

Republicans have had seven years to show they have a better way to cover millions of Americans but we have learned at last that they have none.

Republicans will be held accountable for whatever happens to our health care system under their watch, especially the destabilizing uncertainty their efforts have already engendered.

With America finally on the move thanks to the expansion of coverage through the Affordable Care Act, the Republican plan to repeal and replace the ACA threatens to turn the clock back by making America sick again.

Statistics Texas

Should the Republicans be successful in repealing the Affordable Care Act people living in the State of Texas will be harmed: 1,874,000 individuals in the state who have gained coverage since the ACA was implemented could lose their coverage if the ACA is entirely or partially repealed.

1,092,650 individuals stand to lose their coverage if the Republican Congress dismantles the exchanges.

913,177 individuals who received financial assistance to purchase health insurance in 2016, received an average of \$271 per person, would be at risk of having coverage become unaffordable if the Republican Congress eliminates the premium tax credits.

1,107,000 individuals in the state could have insurance if the State of Texas would accept the Affordable Care Act's Medicaid expansion. These individuals will not be able to gain coverage if the Republican Congress eliminates the Medicaid expansion.

508,000 kids who have gained coverage since the ACA was implemented are also at risk of having their coverage rolled back.

205,000 young adults in the state who are able to stay on a parent's health insurance plan thanks to the ACA now stand to lose coverage if the Republican Congress eliminates the requirement that insurers allow children to stay on their parents' plans until age 26.

646,415 individuals in the state who received cost-sharing reductions to lower out-of-pocket costs such as deductibles, co-pays, and coinsurance are now at risk of having healthcare become unaffordable if the Republican Congress eliminates cost-sharing reductions.

10,278,005 individuals in the state who now have private health insurance that covers preventive services without any co-pays, coinsurance, or deductibles stand to lose this avenue of access to affordable healthcare if the Republican Congress eliminates ACA provisions requiring health insurers to cover important preventive services without cost-sharing.

Women in the state who can now purchase insurance for the same price as men are at risk of being charged more for insurance if the Republican Congress eliminates the ACA's ban on gender rating in the individual and small group markets. Before the ACA, women paid up to 56% more than men for their health insurance.

Roughly 4,536,000 individuals in the state who have pre-existing health conditions are at risk of having their coverage rescinded, being denied coverage, or being charged significantly more for coverage if the Republican Congress eliminates the ACA's ban on pre-existing conditions.

346,750 seniors who have saved an average of \$1,057 each as a result of closing the Medicare prescription drug "donut hole" gap in coverage stand to lose this critical help going forward.

1,746,043 seniors who have received free preventive care services thanks to ACA provisions requiring coverage of annual wellness visits and eliminating cost-sharing for many recommended preventive services covered by Medicare Part B, such as cancer screenings, are at risk of losing access to these services if congressional Republicans go forward with their plan to repeal the ACA.

National Statistics 2013–2016

There were over 41 million uninsured persons in the United States in 2013, and by 2015 that number had declined to a little over 28 million because of the tremendous success of the Affordable Care Act.

In March 2016, HHS reported that due to the Affordable Care Act, 20 million Americans have gained health care coverage.

In 2016, Medicaid's share of total U.S. health care spending amounted to 17 percent. The program is funded by both federal and state government. In 2016, there were 72.2 million people enrolled in Medicaid.

Since 2012 the number of people receiving healthcare through Medicaid grow by 24.6 million.

The number of children enrolled in Medicaid coverage is 43%.

As more families were able to purchase health care insurance through exchanges the number of children receiving health insurance through Medicaid decreased from 50% in 2011 to 43% in 2016 because their families' health plan provided them with coverage.

The 2016 HHS report said that 6.1 million uninsured young adults ages 19 to 25 have gained health insurance coverage because

they could remain on a parent's health plan due to the Affordable Care Act.

Black and Hispanic Insurance Rates

Gains in coverage because of the Affordable Care Act were strong across all racial and ethnic groups between October 2013 and early 2016.

The uninsured rate among Black non-Hispanics dropped by more than 50 percent (from 22.4 to 10 percent); corresponding to about 3 million adults gaining coverage.

The uninsured rate among Hispanics dropped by more than 25 percent (from 41.8 to 30.5 percent), corresponding to about 4 million Hispanic adults gaining coverage.

The greatest demographic that benefited from the Affordable Care Act were White non-Hispanics whose uninsurance rate declined by more than 50 percent (from 14.3 to 7.0 percent), corresponding to about 8.9 million adults gaining coverage.

History of Universal Healthcare in the United States

In 1949, Harry Truman became the first sitting President to propose universal healthcare for all Americans as part of the "Fair Deal."

On March 23, 2010, with the stroke of President Obama's pen, the American people received this part of the "Fair Deal."

The Affordable Care Act has been affirmed to be law by every means provided by our nation's constitution: On March 21, 2010, it passed the House and was sent to the President.

On March 23, 2010, President Obama signed the Affordable Care Act into law.

On June 28, 2012, the United States Supreme Court in National Federation of Independent Businesses v. Sebelius ruled that it was constitutional.

During the 2012 Presidential Election the Affordable Care Act was a central issue. President Obama was soundly reelected with 51.1 percent of the vote and 62% of the Electoral votes (332–206).

In 2014, the Affordable Care Act provisions banned insurance companies from:

Discriminating against anyone with a pre-existing condition.

Charging higher rates based on gender or health status.

Enforcing lifetime dollar limits.

Enforcing annual dollar limits on health benefits.

The Affordable Care Act means:

Over 19 million Americans now have health insurance.

105 million Americans have no life time limits on health insurance

Nearly 134 million people with pre-existing conditions have coverage.

6.6 million young-adults up to age 26 can stay on their parents' health insurance plans.

5 million Seniors in the 'donut hole' have saved billions on their prescription drugs.

3.2 million Seniors have access to free annual wellness visits under Medicare, and

360,000 Small Businesses are using the Health Care Tax Credit to help them provide health insurance to their workers.

[Statistics on Texas and the Affordable Care Act]

1.7 million Texas have health insurance because of the Affordable Care Act.

7 million Texans no longer have lifetime limits on their healthcare insurance.

300,731 young adults can remain on their parents' health insurance until age 26.

10 million Texans have insurance although they have pre-existing conditions that would have prevented them from getting coverage before the Affordable Care Act became law.

346,750 seniors are no longer in the prescription drug donut hole, which means they are no sudden large out of pocket expenses to get the medicine they need.

□ 2000

Ms. PLASKETT. I thank the gentlewoman so much for that information, for much of the testimonies that you have given for the record.

GENERAL LEAVE

Ms. PLASKETT. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include any extraneous material on the subject of this Special Order.

The SPEAKER pro tempore (Mr. GAETZ). Is there objection to the request of the gentlewoman from the Virgin Islands?

There was no objection.

Ms. PLASKETT. Mr. Speaker, at this time, it gives me great pleasure to yield to Congresswoman BARBARA LEE, who not only represents California in the area of Berkeley as well as Oakland, but is also someone who is a real progressive fighter for the American people, cares passionately about healthcare.

But on this evening when we are also talking about Caribbean American Heritage Month, I have to tell you that, in June of 2005, the House unanimously adopted H. Con. Res. 71, which was sponsored and ushered through by Congresswoman BARBARA LEE with other Members, which was recognizing the significance of Caribbean people and their descendants in the history and culture of the United States. On February 14, 2006, the resolution similarly passed the Senate, culminating a 2-year bipartisan, bicameral effort that was issued by President George Bush on June 6, 2006.

Since the declaration, the White House has issued annual proclamations recognizing June as Caribbean American Heritage Month, and it gives those of us of Caribbean-American heritage great honor and a real opportunity to extol and let other Americans know about the contributions, the issues that are important to us.

I thank Congresswoman LEE for bringing that forward and for ushering that through. It is really, I feel, quite often that we get subsumed, that the experiences of Caribbean Americans often get glossed over, and I want to thank her for affording us the opportunity to have this month to be able to talk among ourselves and among other Americans about the things that we have done.

I yield to the gentlewoman from California to discuss healthcare as well as Caribbean American Heritage Month.

Ms. LEE. I want to thank Congresswoman PLASKETT for hosting this Special Order and for her kind words, but

also for her commitment to providing healthcare for all Americans, for her leadership in the Caribbean Caucus, for her dedicated constituent representation of her constituents in her district, and also being the epitome of why Caribbean American Heritage Month is so important. There are so many Caribbean Americans throughout our country who have contributed so much to the fabric of our society, and so I am really proud to be with her tonight.

And thank you for signing H. Con. Res. 71 because that was during the days of the bipartisanship spirit. If a BARBARA LEE and a George Bush could work together, then that says something.

Ms. PLASKETT. It says a lot for what we can accomplish.

Ms. LEE. What we can accomplish, but also about the brilliance and the importance of the Caribbean-American community.

Let me just mention Dr. Claire Nelson, who is the founder and president of the Institute of Caribbean Studies, because, for over a decade, just in terms of history, we worked closely together to recognize the many individual contributions of Caribbean Americans and to make Caribbean American Heritage Month a reality. So I must today salute her for her tremendous leadership.

Our Nation has been so fortunate to benefit from countless individuals of Caribbean descent, including my personal mentor and friend, the late Honorable Shirley Chisholm, whose district now is so ably represented by our colleague of Jamaican descent, Congresswoman YVETTE CLARKE.

Now, Shirley Chisholm was a woman of Bajan and Guyanese descent who never forgot her roots in the Caribbean. She was the first African-American woman elected to Congress, the first woman and the first African American to run for President. She was truly a trailblazer, and she convinced me that I needed to actually register to vote.

Throughout her career, Shirley was an advocate and a fighter. She fought for working families, the poor, and our most vulnerable: children and seniors. She believed that everyone should have the basics: food, housing, a decent job, good wages, and healthcare—again, regardless of their background. And let me tell you, I know that she would have been appalled by this Senate health bill.

Mr. Speaker, I am disappointed, and, to be quite honest, I am terrified about the Republican's heartless bill to rip healthcare away from 22 million Americans. Now, next year, 15 million Americans will lose their healthcare, and believe you me, these are not just Democrats, these are not only African Americans, but these are also Republicans and people who voted for Trump.

The bill, currently—this bill—was hatched by 13 male Republicans in back rooms and basements. They hid it

for as long as they could because they knew if they held an honest debate, they would lose on the merits.

According to the Congressional Budget Office today, the Senate's bill would strip healthcare from 22 million Americans, devastate women's health, and weaken protections for those living with preexisting conditions, with disabilities. It will increase premiums and reduce benefits, and it would also make Americans pay more for less. It would end Medicaid as we know it, including long-term care for our seniors.

What is more, it will harm American families and really will present an environment now where it is a matter of life and death for so many who don't even need to worry about not having healthcare. They should have healthcare because, otherwise, many people who are going to be denied under this bill can lose their lives.

And for what? Why are we doing this, or why are they doing this? It is to pay for tax cuts for billionaires and for millionaires and for CEOs.

Mr. Speaker, over the last few months, like all of us, I received thousands of letters from constituents in the East Bay who are terrified of losing their healthcare. I have heard from people like Melissa, a mother in Oakland, whose son Sam was born premature with several preexisting conditions.

Her son received healthcare under the Affordable Care Act. Under the Senate healthcare bill, children like Sam will be locked out of the care that they desperately need. They are terrified. The bill would force American families like Melissa's to choose between groceries and healthcare.

Mr. Speaker, this bill is cruel and, yes, it is mean. It is a massive tax cut for billionaires at the expense of families and our most vulnerable.

Now, during the campaign, President Trump asked the question: What does the Black community have to lose? Well, for starters, Mr. President, I hope you hear us tonight, it is healthcare, given the number of African Americans, which Congressman VEASEY laid out, who, for the first time, now have healthcare.

In all my years in Congress, I have never seen such a morally bankrupt bill. And make no mistake, it is a matter of life and death, and the American people deserve better.

Finally, let me just say this bill is not a healthcare bill. It is a tax cut bill for millionaires and billionaires and is known as TrumpCare. I don't know how it got that title because it is more like—and what I call it—"Trump Don't Care" legislation, and it must be rejected.

Ms. PLASKETT. I thank the gentlewoman for that information and for her passionate words.

Mr. Speaker, I yield to the gentlewoman from Wisconsin (Ms. MOORE), who is an advocate for people throughout this country, not just Wisconsin, and who is a poet along with being a great Congresswoman.

Ms. MOORE. Mr. Speaker, I thank the gentlewoman from the Virgin Islands so very, very much for yielding to me.

I rise today to speak with you, Mr. Speaker, because we have gotten so many complaints about the messaging that Democrats have around this bill, and I just want to keep the main thing the main thing, and I just want to talk to you, Mr. Speaker, very directly.

We talked a lot about the 22 million, 23 million people who will lose their healthcare if we were to repeal and replace so-called ObamaCare. But this goes deeper than that.

This undermines the Medicaid program, a program that will be 52 years old on July 30, if it survives. This takes away the eligibility, changes eligibility standards; and right now, Mr. Speaker, there are 70 million people who rely upon Medicaid. Let me tell you, Mr. Speaker, tomorrow it could be you.

The average age of a Member of the House of Representatives is 57. The average age of a Senator is 61. So, I mean, Mr. Speaker, you are one stroke away, one heart attack away from becoming disabled. And after they wipe out your IRA and your pension and your Social Security so they can care for you, long-term care, or allow you to stay home, you, too, Mr. Speaker, could end up relying on Medicaid to have a decent end-of-life experience or to be able to stay in your home.

You are one kidney failure away, one car accident away. Even though you make \$179,000 a year, you don't have enough money, Mr. Speaker, were you to have a disabled child that would need extensive care. You would depend on the Medicaid program.

You know, so many people don't care about what is going on here because they think it couldn't happen to them, that those 70 million people who rely on Medicaid is someone other than them. But, no, Mr. Speaker, it is you.

And even if you don't, God willing, have a stroke or a heart attack, you are someone who is going to suffer from the cost shifting so that, when 22 million people lose their healthcare, your premiums are going to go up. Your deductibles are going to go up. And God forbid that you have arthritis or some other preexisting condition, because under this bill you will be left at the tender mercies of our insurance companies where they can charge five times as much for someone who has aged or has a preexisting condition.

Hospitals in your nice suburban rural area may find themselves being shut down because they don't get Medicaid payments, and community health centers—not just Planned Parenthood, Mr. Speaker, that you are ideologically opposed to, but those community health centers that serve rural communities.

And how cruel could a bill be where 50 percent of the children born in this country rely on Medicaid? How cruel could a bill be when 7 million people with disabilities, represented, you know, by those folks who were tossed

out of here in their wheelchairs the other day? And we will find that after we end the entitlement to Medicaid, we will have disabled people and children and people who need skilled nursing care fighting with each other because they will have to win the lottery in order to be able to access the crumbs that fall from the master's table of the States in which they live.

Mr. Speaker, this bill will have an impact on you. It is not just poor people. It is everybody. And I would urge the gentlewoman from the Virgin Islands, for us to be mindful of the fact that all Americans, every American relies on decent, good healthcare. This is the largest healthcare program in our country that is about to be dismantled, and I would urge caution and tell everyone, especially you, Mr. Speaker, to beware.

Ms. PLASKETT. Mr. Speaker, may I inquire as to how much time I have remaining.

The SPEAKER pro tempore. The gentlewoman from the Virgin Islands has 25 minutes remaining.

Ms. PLASKETT. Mr. Speaker, it is with enormous, not just gratitude, but great pride, actually, to yield to someone who, to me, is one of my big sisters here, who is the champion in the House, the foundation for those of us within the Caribbean Caucus who are Caribbean Americans here in the Congress. She represents probably one of the largest Caribbean constituencies in the United States, that being part of Brooklyn, New York, which I tell everybody is the largest Caribbean island in the world.

□ 2015

Congresswoman YVETTE CLARKE is a great member on the Committee on Energy and Commerce. She is one of the co-chairs of the Congressional Caribbean Caucus, and she is a passionate progressive advocate for healthcare and for all care for Americans and for those who have been forgotten.

I am so glad and so grateful for the gentlewoman's continued efforts to raise the level of awareness on issues related to the Caribbean Basin, of Caribbean Americans here in the United States, and the African diaspora as a whole, that we are not a monolithic group, that we have a richness and a variety within even Americans who are of Caribbean descent here in America. And that needs to be celebrated and discussed, and the achievements and how we all, as a mosaic, make America great by being part of different cultures.

Mr. Speaker, I yield to the gentlewoman from New York (Ms. CLARKE) this evening to discuss healthcare and Caribbean American Heritage Month.

Ms. CLARKE of New York. Mr. Speaker, I thank the gentlewoman from the United States Virgin Islands (Ms. PLASKETT) for yielding to me.

Mr. Speaker, I rise today to pay tribute to my Caribbean-American sisters and brothers across this country. For

hundreds of years, Caribbean Americans have contributed to the artistic, legal, literary, diplomatic, business, athletic, and medical—you name it, there is not an endeavor where you won't find a Caribbean American who helped shape American society.

Alexander Hamilton grew up in the Leeward Islands of St. Kitts and Nevis and went on to found our economic system. Former Attorney General Eric Holder, whose family came from Barbados, served honorably as the first Black Attorney General. General Colin Powell, whose own parents immigrated from Jamaica, became our Nation's first Black chairman of the Joint Chiefs of Staff and the first Black Secretary of State.

Constance Baker Motley, whose parents were from Nevis, drafted the complaint in the landmark case of *Brown v. Board of Education* before serving as our Nation's first Black female Federal judge.

Shirley Chisholm, my predecessor and role model, served in Congress for seven terms and became the first Black woman to seek a major party's nomination for President. Her family was from modern-day Guyana and Barbados.

Who can forget the unmatched contributions of such notable performers as Sidney Poitier, Harry Belafonte, Sammy Davis, Jr., and even Beyoncé?

Let me add Rihanna. I could go on.

But by any measure, Caribbean Americans have enriched the United States beyond their numbers. They have made the United States better, stronger, and more vibrant while serving as a credit to the Caribbean region and the United States of America.

I, myself, am the proud daughter of Jamaican immigrants. My mother, Dr. Una Clarke, served as the first Caribbean-born female member of the New York City Council. In fact, she was the first foreign-born female to serve in the New York City Council.

For those reasons, I am proud to represent one of the largest Caribbean diaspora communities in the Nation and to serve as one of the co-chairs of the Congressional Caribbean Caucus.

However, unfortunately, the Caribbean region stands at a crossroads today. Many of the nations face high energy prices, environmental degradation, public health challenges, and economic challenges imposed by the correspondent banking crisis. Haiti, in particular, has been beset by numerous challenges over the past few years through no fault of its own.

I believe that the United States must not be silent in the face of those challenges. The Caribbean region is known favorably as the third border of the United States. Instead, it should aid our Caribbean neighbors to help ensure a vibrant future in the region.

Indeed, the State Department's recent report to Congress on the U.S.-Caribbean strategic partnership marked a step in the right direction. However, we must continue making

strides on the road to full diplomatic engagement in accordance with our values and as befitting our friends and neighbors in the region.

I find it quite fascinating that so many other nations around the world have found this region in the Western Hemisphere to be partners with, and, we, right on its borders, have given it short shrift. When you look at the level of investment that China is making in the Caribbean region right now, it should give us all pause in the United States as we are concerned about the expansion of their influence into the Western Hemisphere.

So, Mr. Speaker, as I speak with pride today, I want to mention the name Susan Rice, former Ambassador to the U.N., another proud Caribbean American; and Patrick Ewing, formerly of the New York Knicks, another proud Caribbean American. The list goes on and on. We have deeply benefited from their contributions to our life, enriching society here in the United States of America.

I would be remiss if I left the floor this evening without adding my voice to that of my colleagues of the Congressional Black Caucus in condemning this horrible healthcare bill that has been put forth in the United States Senate. It is a companion to the horrible bill that was put forth by United States House of Representatives.

I am a Christian and I practice my faith regularly. There is something said in the Bible about wickedness in high places. I have to speak to the wickedness within this bill that we, as a civil society, would remove the ability for people to just have human dignity, to have life, to be able to see their doctors, to be able to make sure that their children are well taken care of, that their parents can live out their days in dignity and in as best health as possible is really a blot on this Nation.

We have been through generations of challenges. We have reached a point where, in this Nation, we have made a lot of progress in really doing our best for our neighbors as we would do for ourselves. This is totally a step back.

Our children are going to ask us where we were when this vicious bill was proposed that Americans would be stripped of the ability to access healthcare in the United States of America in the 21st century.

I stand shoulder to shoulder with my colleagues in the Congressional Black Caucus to say that we stood on the floor of the House and we fought. We fought for human dignity. We fought to make sure that this would not be something that would not rest on the mind and the conscious of our colleagues, that they would reflect on how they would feel if this bill were to impact them personally.

I find it really ironic that in many of the districts that this healthcare bill would impact, our colleagues are basically stripping away the well-being of their own constituents—people who voted and sent them here. It is truly

unfortunate that we value wealth over human dignity; that we value giving money to people who haven't even asked for it over making sure that we can stop pandemics, that we can continue research into cures for those who may be ill, and that we can continue to move along the path of preventive health, which is, by far, the best way for us to conduct our lives in the United States of America. To see emergency rooms, if they remain open, filled with those who are uninsured in this day and age is not worthy of who we are as a nation.

So I stand with my colleagues to say that we will fight until the last person standing to bring dignity to our Nation—to all people—but we fight, in particular, as a Congressional Black Caucus for those who have been most victimized and are the most vulnerable amongst us, and those are the people of the African-American communities here in the United States.

Mr. Speaker, I thank the gentlewoman from the Virgin Islands (Ms. PLASKETT) for yielding.

Ms. PLASKETT. Mr. Speaker, I find it very interesting for myself that we have Congresswoman YVETTE CLARKE and the next Member to come up is also from New York. Both of them have been Representatives of districts that I have lived in and that my family lives in. They represent what I think of when I think of my parents who live now in Congressman MEEKS' district, and my mother who was partly raised in Congresswoman CLARKE's district. My parents represent most Caribbean Americans who come to this country—people who come here with not much, who are willing to work hard, who believe that the sacrifice toward education and support of their families and helping others to come and find good, stable jobs and create middle class is what America is about.

We have contributed so much, and we can talk about so many of the Caribbean Americans who have done amazing things in this country. But it is those individuals who we do not talk about—our parents, our families—who come to this country, who provided the stability for others. It is why we are so concerned about the temporary protective status of Haitians—the 50,000 Haitians who are hardworking Haitians in this country, who are being sent back, who are now here working hard and sending so much money back that is the backbone of the economy of Haiti, who we cannot let go back because that country will collapse with them, leaving this country, and being good citizens—as much as they can be citizens—yearning for the American Dream.

Mr. Speaker, Mr. MEEKS represents Queens, which is one of the backbones of Caribbean Americans. He is my parents' Congressman. The gentleman has been so good to the people that he represents as well as all the American people. The gentleman sits on the Committee on Financial Services. He also

sits as a member on the Foreign Affairs Committee, where he advocates and speaks for those individuals who cannot speak for themselves.

Mr. Speaker, I yield to the gentleman from New York (Mr. MEEKS).

Mr. MEEKS. Mr. Speaker, I thank Representative PLASKETT for leading this Special Order on behalf of the Congressional Black Caucus.

It is extremely important that we first thank our Caribbean brothers and sisters, as my sister YVETTE CLARKE so eloquently stated, the history of so many individuals that have made substantial contributions to make this a more perfect union, who, but for their labor and hard work, we would not be the country that we are.

But also as Representative PLASKETT has indicated, when I think about the average, everyday person who came across to America from the Caribbean Islands—the schoolteachers, the plumbers, the lawyers, the doctors, the sanitation workers, and the individuals that come even just to cut grass—when you think about the contributions, what they have committed is those individuals have raised children who become Members of Congress, like STACEY PLASKETT and YVETTE CLARKE, who continued that tradition of making this a much better place to live for all Americans, a shining example of what this great Nation is when it is so inclusive.

YVETTE CLARKE talked about Alexander Hamilton and the contributions that were made from the very beginning. But when you look at that and when you think of who we are and the hemisphere that we share—you see, the Caribbean Islands are the same hemisphere, and we have to make sure that we are together in lockstep. We can never forget that, when America catches a cold, many individuals in the Caribbean now get pneumonia.

So as a result of understanding the contributions that they have made in this country, and continue to make, we are really one on the same continent and we are only as strong as we are together.

□ 2030

And so we would have to stop and think of our brothers and sisters from the Caribbean and those who are still living there as just places that we go visit for tourism and vacation. Yes, we want to make sure that we do visit there to strengthen those economies, but we want to also make sure that, as a government, as a people, we are also doing the appropriate investments there in their infrastructure, because it only helps us here in the United States of America.

We are only as strong as we can be together. *E pluribus unum*, from many one, that is what this Nation is supposed to be, and I think that we have come a long way to accomplish it, which brings me to the second phase of what I want to talk about this evening, because this is not supposed to be a

system of the haves versus the have-nots. It should not be where we have a reverse Robin Hood syndrome where you are taking from the poor to give to the rich. No, that is not the Nation that we want this country to be. In fact, people fled from a king who was wealthy and didn't care about the poor.

So here we are now as a nation, when the most important thing to anybody is health, because if you don't have health, you don't have anything. I don't care whether you are Black or White, whether you come from the East or the West or the North or the South—health. The one thing that we have in common, everyone, is that we are human beings. And one thing that we know for sure, humans' bodies, at times, break down.

So, yes, if you are young and healthy, and, yes, if you are wealthy, then maybe this bill that they are looking at on the Senate side is for you. But if you are young and healthy today, believe me, tomorrow you won't be young if you are lucky.

And believe me, the human body gets sick. And when that happens, the question is: Will you have the ability to access the healthcare that you need to keep you healthy?

Well, under this bill, based upon the American Medical Association, hospitals, AARP, you can go to almost any health provider, they will tell you that, no. 22 million Americans, as the CBO score showed, would lose their access to healthcare, and many of those are in the middle, the middle class. They talk about healthcare. We are not just talking about healthcare; we are talking about adequate health coverage so that when you are sick, you can go to a doctor and receive the care that you need and know that you are covered, because my Republican colleagues have forgotten where we were before the Affordable Care Act.

You see, before the Affordable Care Act, more Americans were going bankrupt in trying to stay alive, for healthcare. These are middle class, hardworking, everyday individuals who thought they had coverage. But when they were sick, they went to the doctor, then they found out that what they thought they were covered for, they were not, and so they had to take out loans and re-mortgage and refinance their homes, give up everything that they had to try to stay healthy and alive. We don't want to go back there.

Before the Affordable Care Act, we were not talking about making sure that those individuals with preexisting diseases were covered.

If you listen to my Republican colleagues, they will tell you that the Affordable Care Act is the worst thing in the world. But before the Affordable Care Act, we weren't talking about children being able to stay on their parents' health insurance until they were 27 years old.

Yes, indeed, before the Affordable Care Act, many seniors saw their cov-

erage capped, and, after a certain amount of payout, they had to come out of their pockets, which were not deep, and just hang in there with their families and suffer and go bankrupt.

So what we are talking about now is saving the lives of individuals.

I want to thank my friend and sister from the Virgin Islands for leading this for the Congressional Black Caucus, because the camera of history is rolling and it is recording, and it will record her and the members of the Congressional Black Caucus standing on the right side of history.

Ms. PLASKETT. Mr. Speaker, may I inquire as to how much time I have left.

The SPEAKER pro tempore. The gentlewoman from the Virgin Islands has 2½ minutes remaining.

Ms. PLASKETT. I yield to the gentleman from Pennsylvania (Mr. EVANS), and I will close out after that.

Mr. EVANS. Mr. Speaker, Republicans have said they want a healthcare system that cuts costs and covers more Americans, yet their bill does no such thing.

Last week, Republican leadership in the Senate unveiled their draft healthcare bill. Their bill makes extreme cuts to the Federal Medicaid program and doubles down on the President's vow to repeal the Affordable Care Act.

The nonpartisan CBO came out and said that 22 million Americans stand to lose health coverage. Their bill does nothing but further harms the communities and threatens the livelihood of neighborhoods nationwide.

The healthcare debate in our country should be about increasing funding, promoting prevention, protecting and enhancing the quality of life for each and every person in Philadelphia, the Commonwealth, and our Nation.

What do we have to lose? We have a lot to lose. We are talking about the lives of 22 million Americans who stand to lose their healthcare. The numbers do not lie. These are our veterans, our seniors, our students, and our children.

We cannot turn a blind eye. The livelihood of our neighborhoods depends on our commitment to stop this disastrous bill from becoming law. There is a lot at stake, and our neighbors have too much to lose if we turn a blind eye.

We have heard from all of our colleagues tonight that clearly this is going in the wrong direction. And we, members of the Congressional Black Caucus, stand together to fight this horrible bill.

One last thing I want to say to my colleague on Caribbean Americans. June is Caribbean American Heritage Month, and I think the most of my colleague. I have learned a lot from watching her in action. She has that spirit and that drive as a Caribbean American. She has helped shape and strengthen the fabric of our communities.

I thank the congresswoman publicly for all that she has done as a great Caribbean American in this body.

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

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise in celebration of Caribbean American Heritage Month. In June 2005, the House of Representatives adopted H. Con. Res. 71, recognizing the significance of the Caribbean people. In February 2006, the resolution passed in the Senate, and was signed by President George W. Bush in June 2006.

Since the declaration, the United States has celebrated June as Caribbean American heritage month every June, this year marks the twelfth anniversary. Approximately 3 million people in America can trace their ancestry to the Caribbean.

Historically, African-Caribbean migration to the United States can be traced back to the 17th century during British colonial slavery. While enslaved Africans imported from the Caribbean decreased after revolts in the 1700s, Caribbean immigration grew in the mid-1800s. After World War II, Caribbean immigration boomed during periods of economic growth. Between 1960 and 2009, the number of Caribbean immigrants grew from 190,000 to 2 million.

Caribbean Americans have contributed the fabric of our society, bringing a unique and vibrant culture to mesh with that of America's. Just to name a few, Colin Powell, Eric Holder, Cicely Tyson, and Lenny Kravitz are all Caribbean Americans.

I urge my fellow members of Congress to commemorate this month as National Caribbean American Heritage Month.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. LUCAS (at the request of Mr. McCARTHY) for today on account of a medical procedure.

Mrs. NAPOLITANO (at the request of Ms. PELOSI) for today through June 29 on account of spouse health situation in California.

ADJOURNMENT

Ms. PLASKETT. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 8 o'clock and 39 minutes p.m.), under its previous order, the House adjourned until tomorrow, Tuesday, June 27, 2017, at 10 a.m. for morning-hour debate.

OATH OF OFFICE MEMBERS, RESIDENT COMMISSIONER, AND DELEGATES

The oath of office required by the sixth article of the Constitution of the United States, and as provided by section 2 of the act of May 13, 1884 (23 Stat. 22), to be administered to Members, Resident Commissioner, and Delegates of the House of Representatives, the text of which is carried in 5 U.S.C. 3331:

“I, AB, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign

and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.”

has been subscribed to in person and filed in duplicate with the Clerk of the House of Representatives by the following Members of the 115th Congress, pursuant to the provisions of 2 U.S.C. 25:

KAREN C. HANDEL, Sixth District of Georgia.

RALPH NORMAN, Fifth District of South Carolina.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

1796. A letter from the Assistant Director for Legislative Affairs, Consumer Financial Protection Bureau, transmitting the Bureau's Semi-Annual Report to Congress, pursuant to Sec. 1016 of the Dodd-Frank Wall Street Reform and Consumer Protection Act of 2010; to the Committee on Financial Services.

1797. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's direct final rule — Air Plan Approval; Georgia: Permit Exemptions and Definitions [EPA-R04-OAR-2007-0113; FRL-9964-06-Region 4] received June 23, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

1798. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Implementation Plans; New Mexico; Albuquerque/Bernalillo County; New Source Review (NSR) Preconstruction Permitting Program [EPA-R06-OAR-2013-0615; FRL-9963-41-Region 6] received June 23, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

1799. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Department's direct final rule — Approval and Promulgation of Air Quality Implementation Plans; Texas; Redesignation of the Collin County Area to Attainment the 2008 Lead Standard [EPA-R06-OAR-2009-0750 9963-47-Region 6] received June 23, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

1800. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule and correction notice — Approval of Missouri's Air Quality Implementation Plans; Reporting Emission Data, Emission Fees and Process Information [EPA-R07-OAR-2015-0790; FRL-9964-04-Region 7] received June 23, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

1801. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's direct final rule — Air Plan Approval; GA and SC: Changes to Ambient Air Stand-

ard Definitions [EPA-R04-OAR-2016-0504; FRL-9964-09-Region 4] received June 23, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

1802. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Department's final rule — Fees for Water Infrastructure Project Applications under WIFIA [EPA-HQ-OW-2016-0568; FRL-9964-19-OW] (RIN: 2040-AF64) received June 23, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. SHUSTER: Committee on Transportation and Infrastructure. H.R. 1684. A bill to direct the Administrator of the Federal Emergency Management Agency to provide technical assistance to common interest communities regarding eligibility for disaster assistance, and for other purposes; with an amendment (Rept. 115-193). Referred to the Committee of the Whole House on the state of the Union.

Mr. SHUSTER: Committee on Transportation and Infrastructure. H.R. 2518. A bill to authorize appropriations for the Coast Guard for fiscal years 2018 and 2019, and for other purposes; with an amendment (Rept. 115-194). Referred to the Committee of the Whole House on the state of the Union.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. SHIMKUS: H.R. 3053. A bill to amend the Nuclear Waste Policy Act of 1982, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committees on Natural Resources, and Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. ROE of Tennessee (for himself and Mr. CORREA):

H.R. 3054. A bill to provide an amnesty period during which veterans and their family members can register certain firearms in the National Firearms Registration and Transfer Record, and for other purposes; to the Committee on the Judiciary, and in addition to the Committees on Ways and Means, and Veterans' Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. FERGUSON (for himself and Mr. CARTER of Georgia):

H.R. 3055. A bill to amend the National Labor Relations Act to prohibit the preemption of State identity theft laws; to the Committee on Education and the Workforce.

By Mr. FERGUSON (for himself and Mr. CARTER of Georgia):

H.R. 3056. A bill to amend the National Labor Relations Act to prohibit the preemption of State stalking laws; to the Committee on Education and the Workforce.

By Mr. BEYER (for himself, Mr. RASKIN, and Mr. KHANNA):