

distort the reality of the law and deflect attention from its enforcement mechanism.

However, the effect of the enforcement mechanism is already in the making, as anti-abortion groups in Texas have already set up anonymous tip lines to allow individuals to act on their vigilante desires to punish people for making a personal decision.

This is why, in October 2021, I introduced H.R. 5710, the “Preventing Vigilante Stalking that Stops Women’s Access to Healthcare and Abortion Rights Act of 2021”; my Senate companion bill S.3057.

This bicameral bill will enhance criminal penalties under the federal stalking statute if the stalking is done with the intent to prevent or report on a woman’s health decisions. This bill does not include any mandatory minimums.

The “Preventing Vigilante Stalking that Stops Women’s Access to Healthcare and Abortion Rights Act of 2021” will save lives—not only for women seeking essential healthcare services; it would also stop the threats poised by abusive partners who may feel emboldened by this heinous Texas law.

Thus far, SB 8 has accomplished exactly what it was meant to: the law’s in terrorem effect has forced women to flee the state in order to obtain a safe and legal abortion.

For example, at 21 years old, Texas college student Madi was a senior in college when she discovered that she was pregnant. Madi was in a committed relationship and on birth control, and did not experience any early pregnancy signs until the nine-week mark, which she initially chalked up to the typical stress of being a senior and starting a new semester.

Madi immediately began to research nearby clinics across state lines, because SB8 prevented her from obtaining an abortion in Texas.

Madi called more than 30 clinics in Louisiana, Alabama, Kansas, Oklahoma, and Nevada—they were all booked for weeks.

Eventually, Madi was able to obtain an appointment at Jackson Women’s Health in Mississippi, more than 400 miles away.

Another example is Ianthe Davis, who at just over six weeks pregnant ended her bartending shift at 4 a.m. one morning in Dallas in order to drive three three hours up Interstate 35 to Trust Women clinic in Oklahoma City.

She was treated by Dr. Rebecca Taub, an obstetrician and gynecologist who travels once a month from California to perform abortions for women.

After the procedure, Davis drove home; according to Davis on the need for the procedure, “If I don’t work, I don’t make money.”

A Texas woman, an Oklahoma clinic, a California doctor: this scene offers a snapshot of the landscape under this horrific Texas law that bans nearly all abortions after an embryonic heartbeat is detected.

And there is Dr. Alan Braid, who was sued in Arkansas and Illinois for carrying out an abortion on a woman who was in the early stages of her pregnancy but beyond the six-week limit set by the law.

Dr. Braid, who has been practicing medicine for nearly 50 years, wrote in a September 18 opinion column in the Washington post that: “I acted because I had a duty of care to this patient, as I do for all patients, and because she has a fundamental right to receive this care.”

As Dr. Braid demonstrates, this law places doctors in the impossible position of either

obeying an unjust law or upholding their Hippocratic oath.

In addition to this heinous privatization of vigilante bounty hunters, the law has an enforcement mechanism that is uniquely crafted to be difficult to challenge in court.

Unlike other laws that restrict abortion access, SB 8 does not allow for any state officials to enforce the statute.

Rather, the lone enforcement mechanism is a private right of action that allows any individual who knowingly engages in or intends to engage in “conduct that aids or abets the performance or inducement of an abortion” in violation of the six-week ban.

SB 8’s enforcement structure represents a deliberate and disturbing effort by the State of Texas to evade judicial scrutiny long enough for a clearly unconstitutional law to take effect. Through this enforcement mechanism, a deeply troubling precedent is set.

This precedent could be followed by other states aiming to undermine the constitutional right to abortion, but for any state efforts to undermine any other of our rights protected by the constitution.

If this enforcement mechanism found in SB 8 is to stay, the similar measures can be utilized by any state in order to slowly chip away at constitutional rights.

This bill also willfully ignores the fact that many women will not know they are pregnant at the six-week mark, and this will disproportionately effect women who are struggling to make ends meet, and women of color.

Even if a woman did know that she was pregnant within the narrow six-week period allowed by SB 8, it is not always possible for someone to get an abortion as soon as they have made that decision.

Many things can stand in their way, from not being able to afford it, travel distance to a clinic, not being able to get off work, or barriers put in place by politicians, such as bans on abortion coverage; or they may get new information about their health or their pregnancy.

Ensuring that everyone can get reproductive health care, including abortion is part of addressing racial and economic injustice.

Our Nation is amid a racial reckoning and transformation and we must unite against racism and discrimination and this will always include ending policies that deny people equitable access to healthcare, including abortion.

Forcing someone to continue a pregnancy against their will is simply a violation of their rights and their basic humanity.

The deeply private decision-making process of accessing abortion care is essential to women’s bodily autonomy, and SB 8 greatly infringes on that of the people in my home state.

One of the most important and consequential decisions we as people ever make is whether we become parents, and these restrictions were designed to control, dehumanize, and criminalize women and their doctors.

We need to ensure that all people have access to the reproductive health care that they need, including access to abortion.

Once someone has decided to seek abortion care, I want them to be able to have access to safe and affordable medical care. I want them to be supported, not restricted by laws that dictate their decision or place unnecessary barriers on the process.

The decision to have an abortion should happen between those seeking abortions, and

their doctors—there is no place for the Governor of Texas, the Texas Legislature, or any other individual to control this private decision.

The Texan government needs to trust people to make decisions for their own lives, their own bodies, and their own futures, and I trust Texans to always do what is right for themselves and those they love.

Those seeking abortion should not be punished or shamed for having an abortion but supported and treated with compassion.

SB 8 and other laws like it are the antithesis to what this country is supposed to be about, which is having the freedom to make your own life.

I have heard some say that this bill is popular in Texas, and that is not the case.

A poll done by NPR found that a clear majority of Americans, specifically 59 percent of Republicans, 61 of Democrats and 53 percent of independents, oppose a ban on abortions at the 6–8 week mark.

Furthermore, the poll found that 74 percent of those polled opposed legal action by private citizens—which broken down was 57 percent of Republicans, 90 percent of Democrats, and 74 percent of Independents.

To say this legislation is popular or is at the wishes of the constituents is a lie.

It’s egregious to be focused on outlawing something that most Americans believe should be a personal decision, as a pandemic ravages our communities and basic health care needs go unmet.

RECOGNIZING THE CENTENNIAL  
ANNIVERSARY OF F.O. BARDEN  
AND SON, INC.

**HON. JACK BERGMAN**

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Friday, May 13, 2022

Mr. BERGMAN. Madam Speaker, it is my honor to recognize the 100th Anniversary of F.O. Barden and Son, Inc. of Boyne City, Michigan. Through its century of service and steadfast devotion to their community, F.O. Barden and Son, Inc. has become a local landmark and an indispensable part of Michigan’s First District.

Frank Orin Barden was born on a farm in Nunica, Michigan, on February 3, 1876. Frank cultivated a passion for hard work from his upbringing on the family farm, leading him to start working at a young age with local lumber camps on Lake Michigan. For his education, he attended Davenport Institute in Grand Rapids to receive business training and began working in the lumber industry in several positions—eventually becoming manager in different mills across the state. After working for several Michigan companies, such as the Michigan Trust Company, the Boyne City Railroad, and Boyne Lumber, Frank created F.O. Barden & Sons Lumber Company in 1922 in Boyne City, MI, with his son Russel, and then later his son Al.

F.O. Barden and Son, Inc. continues to serve communities across Northern Michigan and remains headquartered in Boyne City. This centennial milestone denotes the years of service that the Barden family has dedicated to the economic wellbeing of the area and the lives of countless residents. Today, F.O. Barden and Son, Inc. is still owned and operated by the family, and Frank Orin Barden’s

son, Paul, serves as President of the company.

Madam Speaker, it's my honor to recognize F.O. Barden and Son, Inc. for a century of success and service to Northern Michigan. Michiganders can take great pride in knowing the First District is home to such dedicated citizens. On behalf of my constituents, I wish them all the best in their future endeavors.

**PAYING TRIBUTE TO THE  
HONORABLE NORMAN Y. MINETA**

SPEECH OF

**HON. ZOE LOFGREN**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, May 11, 2022*

Ms. LOFGREN. Madam Speaker, I rise to recognize our former colleague and my friend Norman Mineta—an amazing man who broke ground in so many ways and was thoroughly committed to public service.

Norm's commitment was strong despite the injustices he and his family suffered. During World War II, they were sent from our shared hometown of San Jose to an internment camp in Wyoming. The imprisonment of Norm and his family was a terrible wrong, but it never interfered with Norm's love of the United States. He just kept going. Kept striving to make our country better. To make it more inclusive.

I knew Norm since the 1970s. When Norm was elected to the House of Representatives, I worked with his office when I was a staffer for my predecessor, Congressman Don Edwards.

I always found Norm to be tenacious—focused on getting things done. And he did accomplish quite a lot. He authored the Civil Liberties Act of 1988, which officially apologized for the internment of Japanese-Americans during World War II. That meant so much to so many people. Another law authored by Norm was ISTEA, which set up many of the transportation corridors we use today.

Norm and I only overlapped as Members of Congress in 1995, but throughout the years, I've looked up to his spirit of bipartisanship. Norm, well-known as a transportation leader and Chair of the Transportation and Infrastructure Committee, often said, "bridges and tunnels are not Democratic or Republican." And his ability to work across the aisle was useful when he served as a Cabinet Member for Presidents of both parties: Commerce Secretary in President Bill Clinton's Administration—and Transportation Secretary for George W. Bush.

One thing I always found fascinating about Norm was that he never forgot anyone's name. He could meet someone once . . . and then, 10 years later walk up and know exactly who that person was and when they first met. Not many of us in this Chamber would be able to do that, I presume.

And not many of us could say we achieved so many "firsts." Norm went from becoming the first non-white Member of the San Jose City Council to the first Asian American serving in two Presidential Cabinets. While, the whole time, he served as an all-American representative for his constituents.

Norm Mineta made a huge impact on our San Jose community, and he changed our country for the better. He will be missed.

HONORING 25 YEARS OF THE  
LORING JOB CORPS CENTER

**HON. JARED F. GOLDEN**

OF MAINE

IN THE HOUSE OF REPRESENTATIVES

*Friday, May 13, 2022*

Mr. GOLDEN. Madam Speaker, I wish to congratulate the Loring Job Corps Center in Northern Maine on 25 years of dedicated support for young Mainers. Our nation's Job Corps programs are vital for preparing the next generation for employment and furthering their education. It is an honor to support their mission to better the lives of Mainers and their community through technical and academic training. Since its first class of students in 1997, the Loring Job Corps Center has become a bridge to assist over 12,000 young adults earn their high school diplomas, build careers, and obtain employment. None of this would be possible without a team of committed staff, many of whom have been at the Loring Job Corps Center for more than two decades. It is with great pride and appreciation that I congratulate the Loring Job Corps Center on 25 years of success, and I look forward to what the next 25 years brings to this important institution.

**RECOGNIZING IGA NEPHROPATHY  
DAY**

**HON. TED LIEU**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Friday, May 13, 2022*

Mr. LIEU. Madam Speaker, I rise to recognize May 14th as IgA Nephropathy Awareness Day. IgA Nephropathy (IgAN) is a rare autoimmune disease that causes a person's immune system to attack the kidneys. Fewer than 200,000 people are diagnosed with this incurable condition per year in the United States, yet it is one of the most common diseases affecting the kidneys other than those caused by high blood pressure or diabetes.

IgA Nephropathy is a condition in which an abnormal build-up of a protein called immunoglobulin A (IgA) causes the immune system to attack the kidneys, often leading to kidney damage and failure. The cause of abnormal IgA build-up in patients with this condition is unclear, though it is likely due in part to genetic factors. While IgA Nephropathy impacts women and men of every ethnicity, it is most prevalent in those from Asian backgrounds. In fact, kidney failure among Asian Americans is 5 times more likely to be the result of IgA Nephropathy than among Caucasians, and 15 times more likely compared to African Americans.

Although IgA Nephropathy can develop at any age, the National Organization for Rare Disorders (NORD) notes that it most often affects younger Americans, usually appearing between the teen years and the late 30s. Furthermore, according to the IgAN Foundation, as many as half of those affected by IgAN will develop end-stage kidney disease and eventually require dialysis or a kidney transplant.

As is often the case with rare diseases, the diagnostic journey to IgA Nephropathy tends to be long. There are usually little or no immediate signs and symptoms. The disease

causes inflammation that can trigger complications, including high blood pressure and chronic kidney disease. In fact, many patients are not diagnosed until they show some of these complications and blood or protein in the urine.

IgA Nephropathy was first identified in 1968, and it is viewed as a condition without a cure. While some patients have been able to delay kidney decline and failure through lifestyle changes, supplements, and medication, many others have seen no effective treatments whatsoever.

We believe this is about to change. The FDA approved the first-ever medication for IgA Nephropathy in late 2021. Another drug is currently under FDA review with more therapies in phase 2 and 3 trials. Additionally, a growing number of clinical trials are underway.

These advancements in IgA Nephropathy treatment provide hope for so many patients struggling with this chronic disease. It's important we help raise awareness of this condition to counter the fear and uncertainty that can come with an IgA Nephropathy diagnosis. More needs to be done to develop the means for patients to manage their conditions and live normal lives even while dealing with this cruel disease.

I also want to salute by name the IgA Nephropathy Foundation. On May 14, 2004, Bonnie Schneider and her husband established the IgA Nephropathy Foundation from their home. Eddie, their 13-year-old son, had been recently diagnosed with the condition, and they saw firsthand the unmet need for answers, resources, and a supportive community for individuals with IgAN and their families.

In addition, I am proud to say that California's 33rd Congressional District is fully engaged in this effort, as IgA Nephropathy Foundation Board Secretary Mary Schneider is from Venice in my district.

So on May 14th, the 18th anniversary of its founding, the IgA Nephropathy Foundation and the entire IgAN community and partners will come together to raise awareness about this disease, while celebrating the strength of those warriors who battle it every day. Their hope is that this important day will drive people to check their risk and recognize symptoms, improve awareness among primary care physicians, build a stronger network of support for patients, and encourage further research to find effective therapies and, one day, a cure.

Madam Speaker, I want to thank the IgA Nephropathy Foundation for creating this important day of awareness. I am proud to stand with the brave Americans and their families who must battle this disease and who continue in their efforts to educate the public on IgA Nephropathy. On May 14th, we honor them and all their efforts as we recognize IgA Nephropathy Awareness Day.

**RECOGNIZING THE 100TH ANNIVERSARY  
OF JEFFERSON UNION  
HIGH SCHOOL DISTRICT**

**HON. JACKIE SPEIER**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Friday, May 13, 2022*

Ms. SPEIER. Madam Speaker, I rise to recognize the Jefferson Union High School District upon the occasion of its 100th anniversary. At inception, the district had one school,