

We have seen the names, numbers, and footage, but when you meet the families who lost loved ones or visit with them like we did this week, it is even more gut-wrenching.

We also met with several Israeli officials, including Prime Minister Netanyahu and President Herzog.

Mr. Speaker, 193 days is how long the Israeli hostages have been held by Hamas terrorists. In Israel, I spoke with the families of the hostages. For months, these families have agonized over not knowing the status of their loved ones. As a parent myself, it is an unimaginable pain. We must stand in solidarity with Israel and bring every hostage home now.

It was a somber but incredibly impactful visit and only reinforced my support for our friends in Israel.

Then, 6 days after I returned, Iran launched an attack on our ally, Israel. Over the weekend, Iran launched an attack on Israel that included the use of 185 drones, 110 surface-to-surface missiles, and 36 cruise missiles. Despite the scale, this attack was rendered unsuccessful due to Israel's multilayered air defense and its partnership with the United States.

I am now more than ever going to continue to protect the U.S.-Israel relationship. I am a proud cosponsor of the Israel Security Supplemental Appropriations Act.

This body must act now. We need to come together to support our ally. Time is of the essence.

Mr. Speaker, I urge my colleagues to stand united on this issue immediately.

RECOGNIZING BLACK MATERNAL HEALTH CRISIS

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Michigan (Ms. TLAIB) for 5 minutes.

Ms. TLAIB. Mr. Speaker, on behalf of the Congressional Mamas' Caucus, I am asking our Chamber to please take a moment to recognize that we are experiencing a Black maternal health crisis in our country.

In Michigan's 12th Congressional District, we are experiencing not only the Black maternal health crisis but also an infant mortality crisis.

We don't want another study. We want action.

Michigan has had one of the highest death rates among Black women in our country because our systems and institutions have failed to provide our Black neighbors with the comprehensive, high-quality care they deserve, a system free of systemic racism.

To address the Black maternal mortality crisis, we must understand and acknowledge our country's racist history and the ways in which it has manifested in our healthcare system. Black women are three times more likely to die from pregnancy-related causes than White women. This is unacceptable.

Black women have consistently been neglected and mistreated in our

healthcare system. They should feel safe and supported by their healthcare professionals, and they should be believed.

Black women in frontline communities like ours also live with the devastating effects of preexisting conditions from air and water pollution.

I founded the Congressional Mamas' Caucus with Mothering Justice because we were tired. We were tired of policies created about mothers but not with mothers.

I am also incredibly proud to have been a supporter and cosponsor of the Black Maternal Health Momnibus Act, a comprehensive bill that would address every dimension of the maternal health crisis in America.

This legislative package will extend WIC eligibility, fund community-based organizations, prioritize Black maternal mental health, support incarcerated mothers, and invest in Federal programs to address the Black maternal health crisis.

Mr. Speaker, I will not stop until Black women receive the equitable, nondiscriminatory, comprehensive care they deserve.

GET THE LEAD OUT

Ms. TLAIB. Mr. Speaker, water contaminated by lead service lines can be found in every single congressional district in our country. From rural areas to densely populated cities, lead service lines are widespread and pose serious health risks to all of us, but particularly our children.

I founded the Get the Lead Out Caucus with the goal of eliminating lead from our drinking water once and for all.

Experts have estimated that we need \$60 billion to replace every single lead pipe in America in the next 10 years. We continue to wake up to stories about children being poisoned and cities having to hand out bottled water because they have failed to invest in our water infrastructure.

We are now seeing our own food supply being impacted by toxic water being used to wash produce that ends up in our refrigerators and on our dining room tables.

People across our country are being forced to drink, bathe, cook, and wash dishes with water that is literally poisoning our bodies.

This is a public health crisis, Mr. Speaker, and it affects all of us in the United States.

I am proud that I am leading, in partnership with Congresswoman DEBBIE DINGELL and LISA BLUNT ROCHESTER, an appropriations request to provide \$1.5 billion in additional funding for lead service line replacement in Michigan and throughout the country in the next fiscal year.

Mr. Speaker, I ask my colleagues to please join me in this initiative. I know that many of our municipalities have talked to all of us about struggling to find the resources to meet the urgent need for lead pipe detection and replacement, so this \$1.5 billion would

keep us on track for our goal of total nationwide lead pipe replacement in the next decade.

Tribal nations across the Great Lakes remind us that water is life. There is no more precious resource than water. We must continue to demand that clean, affordable water is a human right in our country.

□ 1030

CONGRATULATING LAILA NASHER

Ms. TLAIB. Mr. Speaker, I would like to take a moment to congratulate Laila Nasher, a resident from our district and a dedicated leader in our community, for becoming the first Yemeni-American woman to earn the prestigious Truman Scholarship award.

Born in Aden, Yemen, Laila is a proud immigrant and was raised by her mother in Detroit. In 2021, I had the honor and privilege of Laila interning in our office, and since then I have watched from afar her incredible commitment to public service, and it continues to just grow.

Laila is committed to advancing equity in our public education and supporting underserved communities and first-generation college students like herself. As a student at Harvard, she is now studying social anthropology and history and inspiring young Yemeni-American women in our community and across our country to pursue their dreams.

I am so proud of Laila in receiving the Truman Scholarship award and cannot wait to see all that she is going to be able to accomplish in the years to come. Please join me in congratulating Laila for her outstanding achievements and deep commitment to our community.

GOVERNMENT OVERREACH DURING PANDEMIC

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

Mr. LAMALFA. Mr. Speaker, we witnessed the egregious overreach of government during the COVID-19 pandemic, which resulted in the infringement of Americans' rights and devastating consequences for our economy and unprecedented government spending.

From the outset of the pandemic, we witnessed unprecedented government actions that trampled upon our basic freedoms and liberties: social shutdowns, mandated mask wearing, and vaccine mandates were imposed with little regard for individual autonomy, constitutional rights, or people's personal health issues.

These heavy-handed measures not only eroded the fabric of our society but also inflicted severe economic harm on businesses and families across the Nation.

Those of us with an ounce of common sense suspected from the beginning that COVID was little more than the

flu and that the government's actions bordered on martial law.

We were told it would take 2 weeks to flatten the curve. Well, were we played or how did that really turn out when it became 3-plus years?

Instead of allowing citizens medical freedom, they forced the jab onto all of us, encouraging employers to threaten employees with termination if they didn't comply and keeping kids out of college. In order to return to their classes, they had to take the jab.

One of the common controversies came from ivermectin, which we now know, and many knew at the time, works as a very effective early treatment for COVID-19. How many people were harmed because they weren't allowed this early treatment because it was politicized?

Indeed, recently, the FDA finally had to walk back an early-on smart-aleck tweet they made trying to compare real ivermectin that is prescribed for people and formulated for people to something that would be comparable for livestock. After having suffered that embarrassment, they had to walk it back.

In the meantime, how many lives were lost because this early treatment was not available? Instead, they were forced into other types of treatment or flat out being ignored when doctors and hospitals said: Well, come back to us when it is really bad, then we will check you in.

Americans should have the right to make their own informed decisions with doctors they trust, including the choice to use alternatives such as ivermectin, especially in early treatment.

It is very troubling that the government actively suppressed information about treatments for COVID-19, including ivermectin, hydroxychloroquine, and other materials that were available, while promoting instead a one-size-fits all approach centered around vaccines. Safe and effective, we were told.

In fact, the FDA's censorship of information about ivermectin has had real-world consequences for medical professionals who dared to speak out. Again, what you see is that the FDA had to walk back their lies and their deception about this. They also were browbeating hospitals and doctors into selling the same thing. We see that even in my own local area where people were asking legitimate questions about ivermectin and were made fun of: Oh, this is just horse paste. You don't want to do that.

Medical experts were contradicting themselves time and time again since the beginning of the pandemic. We were told to lock down for 2 weeks, right? Then it was masks, and then it was double masks. Then it was something called social distancing. For a while, they thought ventilators were going to be the issue for that, so they hurried manufacturers into making ventilators, and then they found out maybe those were harmful.

Before Trump left office, we had top officials saying: Oh, I will never take it if it is Trump's medicine. Then immediately after they were forcing it on people when Biden took over. Interesting how that works.

Commonplace therapeutics with decades of human usage and proven success—including ivermectin, which won a Nobel Prize in 2015 for its lifesaving qualities—again, as I mentioned, were branded as unsafe horse medication.

Treatment methods should be a topic of debate or discussion and, indeed, the experts should be allowed to bring this forward that have all people's best interests in mind. If a treatment works, then it should be distributed as widely as possible or at least allowed, whether it is a vaccine, a dosage of ivermectin, or an infusion of monoclonal antibodies.

The politicization of differing treatments hurt Americans by restricting their ability to receive lifesaving medications, especially early treatment, when it probably could have saved thousands of lives.

As we stand today, there are multiple options that have been proven effective in treating the virus, but we hear the same old saw about the latest iteration of vaccine being forced upon people and making billions for pharmaceutical companies.

We should be able to choose what we want. If you want to take therapeutics, you should have the ability to take them. In a lawsuit filed in Texas, three doctors claimed that the FDA's actions interfered with their medical practices and harmed their reputations. Pharmacists have refused to fill ivermectin prescriptions for patients, and doctors have faced professional repercussions for simply advocating for the use of ivermectin.

There is much more, but when these people ask for forgiveness for lying to us like that, no way. There needs to be prosecution.

COMMEMORATING ARMENIAN GENOCIDE REMEMBRANCE DAY

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from California (Ms. ESHOO) for 5 minutes.

Ms. ESHOO. Mr. Speaker, as the only Member of Congress of Armenian-Assyrian descent, I rise to commemorate Armenian Genocide Remembrance Day, which will be observed next week by the Armenian community in the United States and around the world.

On this solemn occasion, we remember the 1.5 million Armenians and hundreds of thousands of Assyrians, Greeks, Chaldeans, Syrians, Arameans, and Maronites who were systematically slaughtered by the Ottoman Empire between 1915 and 1923. What all the victims had in common is that they were Christians, and among them members of my own family.

To honor my ancestors and all who perished, I worked with so many other Members for nearly three decades to

pass a resolution recognizing the Armenian genocide. For many years, the conventional wisdom in Washington was that a misguided policy of genocide denial served U.S. geopolitical interests.

However, thanks to the determined advocacy of the Armenian-American community, we overcame this entrenched opposition, and in October 2019, the resolution passed the House by a bipartisan vote of 405-11, ending over 100 years of official U.S. silence. As the vote total was announced, I thought my parents, grandparents, and extended family were applauding from Heaven.

Now nearly 5 years later, it is important to acknowledge that the fears of the resolution's detractors never materialized.

Rather than diminishing America's standing in the world, our recognition of the Armenian genocide has done the opposite: strengthening American global leadership by affirming our commitment to human rights. I am proud of the progress we have made, but we have more work to do to combat the lasting effects of genocide denial, which has left many Americans unaware of this dark chapter of history.

My legislation, the Armenian Genocide Education Act, addresses this issue by establishing a program within the Library of Congress to develop educational resources on the Armenian genocide to be used in American schools.

With nearly 90 cosponsors, this legislation is the most cosponsored bipartisan bill pending before the House Administration Committee. I urge Chairman STEIL and Ranking Member MORELLE to report this bill out of committee as soon as possible. I am confident that it would pass with a large bipartisan vote when it comes to the floor of the House. This bill is critical because it is so often said that those who forget history are doomed to repeat it.

Alarmingly, it felt as if history were repeating itself last September when Azerbaijan perpetuated an ethnic cleansing campaign against the Armenians of Nagorno-Karabakh that bore a disturbing resemblance to the mass displacements committed by Ottoman forces a century ago. This atrocity was preceded by a grueling blockade that deprived civilians of food, medicine, and other essentials for over 9 months, bringing them to their knees.

We must not wait another century to hold Azerbaijan accountable for the crimes it has committed against the Armenian people. That is why I once again call on the State Department to end U.S. military aid to Azerbaijan, sanction Azerbaijani officials for human rights abuses, and provide desperately needed aid for the 120,000 Armenians who were forced from their homes at gunpoint last year.

The best way to honor the legacies of those who perished in the Armenian genocide is by using our voices to prevent atrocities today.