as an honor student and athletically as a standout member of the girls' basketball team. Her academic success led her to the profession of teaching, first in Charleston, then at the prestigious Alabama State University Laboratory School, and, finally, in Mt. Vernon, New York.

She dedicated 40 years of teaching Mt. Vernon's elementary school children, making sure that they could read, write, and comprehend before they were promoted to the next grade.

Our thoughts are with Evelyn's family, including her son, Clinton Jr., and her daughter, Mary, who have both dedicated so much of their lives to our community in public service.

Evelyn once said: I can't complain, thank the good Lord. He has been so good to me. I am truly blessed.

Mr. Speaker, we are all blessed to have known Evelyn and the Young family. May we all aspire to live such long and rewarding lives as she did.

HEALTH DISPARITIES IN MINORITY COMMUNITIES

(Under the Speaker's announced policy of January 3, 2025, Mr. CLYBURN of South Carolina was recognized for 60 minutes as the designee of the minority leader.)

GENERAL LEAVE

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

The SPEAKER pro tempore. Is there objection to the request of the gentleman from South Carolina?

There was no objection.

Mr. CLYBURN. Mr. Speaker, it is with great honor that I rise today to anchor this CBC Special Order along with my distinguished colleague, Representative JENNIFER MCCLELLAN.

For the next 60 minutes, members of the Congressional Black Caucus will have an opportunity to speak directly to the American people on the issue of minority health, an issue of great importance to the Congressional Black Caucus, Congress, the constituents we represent, and all Americans.

Mr. Speaker, I rise along with several colleagues of the Congressional Black Caucus, who Members will hear from tonight. We are here to discuss the timely issue of health disparities as we approach the end of 2025 Minority Health Month.

There is a long, storied history of poor health outcomes in minority communities. African Americans have lower life expectancy, higher rates of infant mortality, increased instances of maternal mortality, higher rates of chronic illnesses, and more frequent cancer diagnoses. Every American deserves to have access to quality, affordable healthcare and lifesaving prescription medications.

This is our first day back after spending time in our congressional districts and conducting face-to-face interactions with our constituents. As is often the case, our just concluded district work period encompassed the sacred observances of Passover and Easter.

For those of us who celebrate the Easter side of that equation, we tend to profess pride in being Matthew 25 Christians. We often express adherence to verse 45, which admonishes: ''Whatever you did not do for one of the least of these, you did not do for me.''

Mr. Speaker, there are a lot of lessons to be found in chapter 25 of Matthew long before one gets down to verse 45. There are lessons on the importance of being prepared, the importance of providing service, and utilizing good judgment.

Ours is a great country, and among the things that make us great is our system of healthcare.

Speaking at a 1966 healthcare conference, Martin Luther King, Jr., observed: ''Of all forms of inequality, injustice in health is the most shocking and inhumane.'' Many of these inequalities are, in part, attributable to the disparities in access to healthcare.

Disparities in health outcomes were starkly apparent during the COVID–19 pandemic. Communities of color experienced higher rates of fatality and were often at increased risk for the comorbidities that led to more serious illnesses from COVID–19.

My Democratic colleagues and I, in partnership with the previous administration, wrote and passed legislation such as the bipartisan infrastructure bill to expand access to broadband and provide telehealth services to rural and underserved communities.

We also passed legislation to cap the out-of-pocket costs of insulin at $35 for seniors through the Inflation Reduction Act.

We also passed legislation to cap the annual cost of copayments for Medicare recipients to $2,000 per year.

My late wife was a four-shots-a-day diabetic. She battled that chronic disease and its by-products for over 30 years. I know what a serious financial strain essential diabetes medication can be for those families who are fortunate to have insurance. Yet, what about those among us who are less fortunate?

In the last several years, we have made significant progress toward making one of the greatnesses of this country, healthcare, more accessible and affordable for all. Yet, that progress is now in jeopardy and will be dismantled and derailed by the budget being proposed by my Republican colleagues.

Sadly, neither the President, nor my Republican colleagues seem willing to consider the harmful impacts of pausing these programs or the harms that steep cuts to programs like Medicaid will have on both the economic well-being and health outcomes of millions of American families. They are steadily moving forward with their plan to slash these crucial programs by billions of dollars while, at the same time, proposing big tax cuts for those who can afford to pay for quality healthcare and lifesaving medications.

On July 30, 1965, President Lyndon Baines Johnson signed into law the Social Security Amendments of 1965. Those amendments established Medicare, a health insurance program for the elderly; and Medicaid, a health insurance program for people with limited incomes.

Today, nearly 80 million Americans receive healthcare through Medicaid, which provides critical care throughout all stages of life. It covers childbirth and nursing home care and everything in between.

□ 1945

In my congressional district, there are 180,678 people on Medicaid. In South Carolina, it is called Healthy Connections. This number includes 105,256 children under the age of 19 and 20,000 seniors over 65, and this is just my district.

Over 1 million South Carolinians are enrolled in Medicaid. In South Carolina, Medicaid covers four out of every nine children, five of every eight nursing home residents, three out of every 10 working-age adults with disabilities, and one out of every six adults ages 19 through 64. These individuals are at risk of losing their healthcare under the Republicans' budget plans.

My Republican colleagues have been directed to cut $880 billion from the Energy and Commerce Committee, which oversees Medicaid. Please understand that $880 billion is just the floor. Some of them want to cut more.

The only way they can reach their goal is to gut Medicaid. No matter what they may say to their wavering Members to secure their votes and to their vulnerable constituents to prevent them from objecting, this plan will cut taxes for the rich, bankrupt the middle class, and shortchange the poor.

Earlier, I quoted Scripture taken from the Book of Matthew, but as one might imagine, my favorite book in the Bible is the Book of James, not just because of my given name but because of its lessons. In James' epistle, he writes that when people are hurting and in need, it is not enough to offer platitudes like thoughts and prayers. We have a moral obligation to feed the hungry, clothe the naked, and provide shelter for the homeless.

I believe that if James were writing this epistle today, he would decry the shocking injustices in healthcare suffered by our most vulnerable and the friction that suffering often engenders.

My father was a fundamentalist minister who often used secular thoughts to teach life lessons to his three sons. I have thought about one of those lessons at the townhalls I held during our Passover and Easter work period.

The lesson came to us one day when my two brothers and I were accompanying my dad to a—well, let's call

him an automobile mechanic. Back when I was growing up in the little town of Sumter, everybody had a neighborhood mechanic, and everybody knew who that mechanic was because he was the guy with the chinaberry tree with the pulley hanging out of it.

On this particular day, as my dad waited to have his car worked on, Mr. Singleton, the mechanic, hooked the pulley to the front end of that car and began to raise it so he could get under it and get it running for another week. Just as he started to lift the car, my two brothers and I started playing near the car. My dad said to us: ''Sons, I have no idea how strong this chain is. Why don't you all go across the field and play? This chain may pop, and one of you might get hurt.''

Well, we did go across the field to play, and we weren't gone long before we got into a little discussion. Now, some people looking at it might call it a fight, but it was a physical discussion.

We didn't know it, but my dad was watching us. After he thought that discussion had gone on long enough, he called the three of us over to him and stood us in front of him. He had in his hands a piece of cord string.

My dad gave that piece of cord string first to my youngest brother, Charles, and said, ''Charles, I want you to pop this string.'' Charles struggled, and he couldn't pop it.

He then took it and gave it to my brother, John, and he said, ''John, I want you to pop this string. You are 2 years older. You are stronger. You pop it.'' John struggled, and he couldn't pop it.

He then took it back, and he gave it to me. He said, ''Now, James, you are the oldest. You are the strongest. You pop the string.'' I struggled. I couldn't pop it.

He then took it back and placed it in his palm, and he began to rub his hands together. The more he rubbed, the more friction he created. The more friction he created, the more unraveled that cord string became. It was not long before that cord string was in three pieces.

My dad then took those three pieces, gave one to Charles, one to John, and one to me, and he said, ''Now, sons, pop the string.'' With little effort, all three of us popped the strings.

He said, ''Now, sons, I want this to be a lesson to you for as long as you live. Don't you let the little disagreements that crop up among you cause so much friction until it separates you, because if you do, the world will pop you apart and you may never know why.''

I thought about that lesson as I went to these townhall meetings. The actions that are being taken by my Republican colleagues and this administration are providing all kinds of opportunities for friction to be created among us.

Providing tax breaks to the wealthy while cutting billions of dollars of lifesaving healthcare for millions of Americans will cause undue friction in our healthcare system and only serve to divide us.

Mr. Speaker, our healthcare system is by no means perfect. We have a great deal of work to do to improve the system for everyone and to reduce disparities, but we must start by following what we often call the Hippocratic oath to first do no harm. Do no harm to Social Security. Do no harm to Medicare. Do no harm to Medicaid and the other bedrocks of our public health system, like the Affordable Care Act.

Most persons want more than promises. They want results. They want everyone to have access to affordable housing, reliable energy, adequate education, and, yes, quality healthcare, all those things that make this country a great country.

Mr. Speaker, I am now pleased to yield to my distinguished colleague from Illinois (Ms. KELLY).

Ms. KELLY of Illinois. Mr. Speaker, I rise today in recognition of Minority Health Awareness Month.

Mr. Speaker, I thank my colleagues, Congressman Clyburn and Congresswoman MCCLELLAN, for holding this Special Order hour to bring attention to our country's health disparities.

As chair of the Congressional Black Caucus Health Braintrust, I am familiar with the adverse statistics that face Black and Brown communities.

Black women are three times more likely to die due to pregnancy-related causes than White women.

Black people are about twice as likely to die from diabetes than White people.

On the South Side of Chicago, which I represent, Black people are expected to die 11 years earlier than White people living on the North Side, and sometimes it is higher than that.

Let us not forget gun violence, a public health crisis and emergency in our country. Black people die from gun violence at 2.7 times the rate of White people. While guns have been the leading cause of death for all children and teenagers since 2020, guns have been the leading cause of death for Black children since 2006.

These statistics are horrifying, but we cannot forget the faces and stories behind the numbers.

When I was first elected to Congress, a constituent called me and said her friend's daughter-in-law died in child labor. That baby had to grow up without a mother. It is because of her and her baby that I continue to fight for Black mothers and maternal health.

I have heard countless stories from parents who have turned their pain into purpose after losing a child to gun violence, determined not to let another family go through the same grief. I continue to fight to end gun violence because of these families. Even now, I stand firm amid attacks against public health.

House Republicans want to slash Medicaid by $880 billion. Their budget is an attack against millions of Americans who depend on Medicaid for healthcare.

Over 300,000 of my constituents are at risk of losing healthcare if House Republicans get their way. More constituents stand to see their health premiums increase by over $1,000.

Again, it is more than just the numbers. I heard from parents who won't be able to provide the lifesaving medication and treatment their son needs. If they can't afford healthcare for their son, they will first sell their home. If that doesn't work, they actually talked about giving up custody of their son to the State.

I heard from a mom whose son has autism and is terrified for his future if he doesn't have healthcare and specialized education.

I have heard from another mother whose entire family relies on Medicaid for lifesaving care.

As House Republicans attack Medicaid, Elon Musk and his unqualified team at DOGE have slashed 20,000 jobs at the Department of Health and Human Services. Their staff cuts and restructuring have targeted the Offices of Minority Health at CMS and SAMHSA.

How can we honor Minority Health Month if the institutions dedicated to closing health disparities are being eliminated?

For over a decade in Congress, I have worked with CDC, HRSA, and NIH to reduce pregnancy-related deaths. I have introduced legislation to help diversify clinical trials so medical breakthroughs can reach the patients who need treatment the most.

President Trump's agenda, however, is determined to drag us backward. He has declared an end to so-called woke research and programs. These programs are meant to help women, veterans, Black people, members of the LGBTQ+ community, and, frankly, all of us.

In the middle of our country's maternal mortality crisis, Trump and DOGE fired the people dedicated to finding and implementing solutions mothers desperately need. Only three government data sources report maternal deaths in the U.S., and they are all in dire risk with the current reorganization plans at HHS.

These cuts to Medicaid and our country's healthcare infrastructure are simply cruel and will leave all Americans' health in limbo.

I refuse to go backward. I am determined to continue to march forward arm in arm with my CBC colleagues and allies to fight for our healthcare.

□ 2000

Mr. CLYBURN. Mr. Speaker, I thank the gentlewoman for her comments.

Mr. Speaker, I yield to the gentlewoman from Virginia (Ms. MCCLELLAN), my co-anchor for this Special Order.

Ms. MCCLELLAN. Mr. Speaker, I thank Mr. CLYBURN for yielding. I am honored to be here tonight on behalf of

the Congressional Black Caucus to commemorate National Minority Health Awareness Month, but I am also here for personal reasons.

Mr. Speaker, 10 years ago today, I was 31 weeks pregnant. I was excited. I was expecting a girl. I had placenta previa, so I knew we were going to have to schedule a C-section. We had just scheduled it. She was due June 30, but we had scheduled a date in early June because my doctor did not think it likely that we would make it to June 30.

I went to bed still planning out are we going to get to go on a babymoon before she arrives. I woke up the next morning, and my placenta ruptured. I started bleeding. I was panicked. My husband called the ambulance. He said I was as white as this piece of paper.

We rushed to the hospital, and I remember hearing the doctor in the emergency room saying that everything looked fine. Then less than three seconds later he said that we have got to go right now because both of our heart rates dropped. I remember thinking as the oxygen mask came on my face, please let me be asleep before my doctor starts cutting, and I was.

I woke up a few hours later, and I had a baby girl, but I didn't get to see her until the next day. As I waited those 24 hours to see if she would make it, I realized that I almost became one of the Black women who are three times more likely to die due to pregnancy-related complications than White women.

I was a State legislator at the time. This was my second child. I was on the Joint Commission on Health Care, and I began to really look into the maternal mortality crisis that we have in this country. We have higher death rates for women than many other Third World countries.

I started looking at the data of why women were dying. Many of these deaths were preventable. There were differences. There were differences in the rate at which Black women died compared to White women, and there were differences in the reasons.

In Virginia, the data showed us that for White women they were more likely to die due to postpartum depression leading to suicide or other mental health-related issues leading them to take their own life or to self-medicate and die of drug overdoses.

For Black women in Virginia, their deaths were more likely caused by comorbidities, mostly cardiovascular issues. Many pregnant women, as I began talking to them, many Black, pregnant women had their first heart attack either while they were pregnant or shortly thereafter. Oh, by the way, the disparities in cardiovascular care for Black women and men: The death rate is higher than for White men and women.

I began to look at how do we put policies in place that address the maternal mortality crisis as a whole, but the disparities in particular. I also noticed that many Black women died within the first year of childbirth, yet Medicaid for many of these women didn't cover the first year, so they didn't have health insurance when their first cardiac event or pregnancy-related event that led to their death occurred.

We looked at expanding Medicaid to cover the first 12 months after birth, which we did here at the Federal level, as well. We looked at expanding Medicaid under the Affordable Care Act and how would that address the maternal health crisis. We did expand Medicaid in Virginia, and we began to see that for many Medicaid expansion patients they ended up healthier because they were connected to medical help, getting regular checkups to catch things before they became deadly. All of that now is under attack.

As we approach April every year, I like to commemorate National Minority Health Awareness Month through some sort of roundtable, but I especially like to commemorate Black Maternal Health Week because as I said when I started, that one is personal.

As I got ready for Black Maternal Health Week, I wanted to first figure out is there a theme this year on which we should focus our efforts. As I got ready to prepare my social media posts, as I got ready to prepare the topics that I would have if I had a roundtable, I thought, well, the Office of Maternal Health, the Office of Minority Health, they usually announce a theme every year.

I went to the Office of Minority Health website, and sure enough, in January they did announce a theme for 2025: Advancing Commitments to Eliminate Health Disparities.

Then in the January post on their Facebook page they invited the public to join them all year as they shared resources to help address health disparities impacting racial and ethnic minority groups. I thought, great, that is exactly what I want to do during National Minority Health Awareness Month and Black Maternal Health Week. I went to the web page expecting to pull down those resources that I could share with the communities that I represent. ''File not found.''

Then I thought, well, maybe the Office of Minority Health at CMS has something. ''File not found.'' Well, maybe the National Institutes on Minority Health and Health Disparities has something. ''Page not found.'' That is what the website said in the very month that we are supposed to renew our commitment to addressing healthcare disparities that cause Black women to be three times more likely to die in childbirth than White women, that cause Black men to be more likely to die of prostate cancer than White men. I could go down the entire list of the statistics. You heard some of them earlier today.

In the very month we are supposed to reaffirm our commitment: ''File not found.''

Well, I shouldn't be surprised because with the President's war on diversity, equity, and inclusion and DOGE going through and finding every web page that had certain words without actually looking at what are those web pages doing, that they would take these pages down. Imagine my dismay when I discovered that the Office of Minority Health at both HHS and CMS are now gone.

The very employees who collect the data, who look at the underlying causes of why these women are dying anyway, let alone at three times higher rates than White women, they are gone. Well, at least we can continue to fight for the policies.

I am on the Energy and Commerce Committee that was told in a markup on March 7 to find $880 billion worth of cuts. The Congressional Budget Office it says can't do that unless there are cuts to Medicaid. I have heard some of my colleagues say, well, we are not going to address vulnerable populations, and they include pregnant women in that. The healthcare disparity doesn't start the day you get the positive pregnancy test. It starts when you aren't getting access to the care that you need to address diabetes or hypertension or the cardiovascular issue that is bubbling.

As we see Medicaid expansion at risk, all of the progress we began to make to address these disparities is at risk.

Mr. Speaker, this is not politics. This is not theoretical debates over the role of the Federal Government. This is people are dying, and our Declaration of Independence that we will celebrate the 250th anniversary of next year says that: All men—and I would add women—are endowed by their creator with certain inalienable rights: life, liberty, and the pursuit of happiness. Life is number one.

When the Federal, State, and local governments work together with the private sector, our research hospitals, the nonprofit community, when we work together to identify the reasons for the disparities and put policies in place that address them, people's lives are saved. When we strip those policies away, when we strip away the very workforce implementing them, people will die.

That is why I am proud to stand here as a member of the Congressional Black Caucus and say we will fight to protect those policies that save our people's lives.

Tomorrow, when my daughter turns 10 and I think back at how I almost became that statistic but how we are also coming up on the 1-year anniversary of when her uncle became the statistic of a Black man more likely to die because of a heart attack, I am going to follow the theme of the 2025 National Minority Health Awareness Month: Advancing Commitments to Eliminate Health Disparities. I am going to fight any effort by our President or my colleagues on the other side of the aisle to put barriers in our way and to remove the very policies that help save lives to begin with.

Mr. CLYBURN. Mr. Speaker, I yield to the gentlewoman from Massachusetts (Ms. PRESSLEY).

Ms. PRESSLEY. Mr. Speaker, it is an honor to be here to mark National Minority Health Awareness Month and to do so shoulder to shoulder with two of my esteemed colleagues, Mr. CLYBURN and Congresswoman MCCLELLAN. Thank you both for the strength of your convictions.

Mr. Speaker, today in America the color of your skin and the ZIP code you are born into are critical determinants of health.

I represent Massachusetts' Seventh Congressional District where in a 3-mile radius from Cambridge to Roxbury, the Blackest part of my district, life expectancy drops by 30 years.

Now, some have tired of hearing these sobering statistics, but I will enumerate them time and again until they change. If you are tired of hearing them, imagine how tired people are of living them.

These health disparities persist despite the fact that we in Massachusetts are home to some of the finest hospitals and brightest minds in healthcare worldwide.

In the Congressional Black Caucus, we are daily organizing and legislating towards a different vision: one of true healthcare justice, a vision where Black men can grow old, where birth is safe and sacred, where every baby has clean air to breathe and safe water to drink, where health equity is a given and not an afterthought, where Black pain is believed.

As we stay head down working toward that vision, the status quo is stark. In 2023, the Boston Public Health Commission reported that diabetes mortality for Black women was three times that of White women.

The same report detailed that our Hispanic and Latino neighbors were four times more likely to end up in the emergency room for asthma emergencies compared to White residents and our Black neighbors nine times more likely than our White residents.

The disparities don't end there. They persist for cancer, heart disease, life expectancy, and more.

The work to address these injustices is urgent. It is a matter of life and death.

□ 2015

Meanwhile, we have a Trump White House threatening to gut and defund essential health programs. They are gutting Medicaid and tearing away school lunches. They are coming for Planned Parenthood. They are cutting regulations, poisoning the air we breathe and the water we drink. The cruelty is the point.

I recently returned from rural Louisiana where my colleagues and I went behind the wall at two remote detention facilities. These facilities have a history of unjust and unsafe conditions. Behind the wall, as co-chair of the House's Reproductive Freedom Caucus, I met women who were pregnant, entering the latter months of their pregnancy and being denied routine prenatal care. I spoke to a woman diagnosed with cancer who has pleaded to anyone she can reach to spare her life and to deport her. While that may put her safety at risk, she said at least if she is deported, she may be able to get cancer treatment and fight for her life.

Mr. Speaker, what the other side wants is for us to harp on our differences and to get distracted, but let me say this: A threat to one of us is a threat to all of us. A cage is a cage at a for-profit prison or at a detention center.

Everyone deserves to live free from fear. Policy is not abstract. It is not a dusty document on a shelf. Policy determines who lives. Policy determines who dies. Policy determines who survives. Policy determines who thrives.

These disparate outcomes are the result of policy choices. There is no deficit of resource in this country, only a deficit of empathy. I will tell you this: Every day I will use each tool I have to fight for the lives of my constituents, neighbors, and families across this Nation that I have never met. Lives depend on it. Our greatest wealth as a nation is the health of our people, and Black health matters.

Mr. CLYBURN. Mr. Speaker, I thank the gentlewoman for her comments. It is my pleasure now to yield to the gentleman from Alabama (Mr. FIGURES).

Mr. FIGURES. Mr. Speaker, I rise today to speak on an urgent issue that affects the health, well-being, and prosperity of Black families, not just across the State of Alabama that I call home, but across this country, the staggering healthcare disparities that persist across this country and across too many counties in districts like mine, the Second Congressional District of Alabama.

Let me be clear at the outset: I do not subscribe to the notion that healthcare is a luxury, that healthcare should be available to those who can afford it, that healthcare should be dependent on where you come from, where you were born, the ZIP Code that you reside in. I believe that healthcare is a basic human right. We know Jesus gave it for free.

I subscribe to the notion that no one should be left without access to a doctor, a hospital, or an ambulance simply because of where they are from. The disparities should not be as drastic as they are for people of color. Yet, in places like Barbour County and Washington County and Conecuh County across my district, the data tells the devastating story about who has access to care and who has historically been left behind.

I know this is not just unique to Alabama. We see it in South Carolina. We see it in Massachusetts, as my colleague just spoke about. We see it in Mississippi, Georgia, and other places as well, where Black residents face higher rates of those chronic, preventable diseases and illnesses such as hypertension and diabetes. They suffer disproportionately from things like stroke and heart attack.

Too often, they live miles from the nearest hospital or clinic, particularly in these rural areas, these rural parts of America, where we are seeing hospitals closed. We are seeing them shut down. We are seeing it more difficult for them to even access basic care.

We see in places across Alabama where maternal mortality rates for Black women are more than double that of White women. I am proud to be from the State of Alabama, but I am not proud of all of its health statistics. In fact, I am not proud of most of them.

Alabama is America's worst State for maternal mortality. More women die after childbirth in the State of Alabama than anywhere else in America, period. That is not just Black women, that is women in general. The disparity for Black women is alarming, more alarming in that context. It is just unacceptable.

We are seeing across the State of Alabama, particularly in our rural counties, which if you know anything about the South, those rural counties in the South typically have higher Black populations, going back to the historical role and the historical place that they were for slavery, and the descendants stayed there. We are seeing hospitals in these rural communities shut down.

This leads to cuts in just general healthcare services, and they create healthcare deserts, forcing folks to drive in some cases, literally, hours for basic care, in some cases well over an hour to be able to get to a hospital.

Just in my home State alone, in this district that I ran in, we saw several hospitals close just across the 13 counties that compose my district, just while I was running for office. Just while I was running for office, we saw at least four shutter.

We are on pace in my district alone to see every single hospital close within the next several years that are not located pretty much in just Mobile or Montgomery. That is unacceptable because it creates conditions that make it tougher for Black people to be able to receive care, for all people to be able to receive care.

The disparities in access we know are well documented, so we know that that burden will disproportionately hit the African-American community. This is places that have contributed so much to this Nation, places like Tuskegee, Alabama, that gave us so much, places like Troy, Alabama, that gave us John Lewis, places like Montgomery, Alabama, where their largest hospital is in bankruptcy right now.

We have to be cognizant of the impact that this is going to continue to have on the African-American community, and we have to be focused on solutions, but we also have to understand

how we got here. This is not just something that we stumbled upon. It is not that the data didn't show us that this was coming. This is the result of historic underinvestment and the direct result of policy choices historically and policy decisions that we continue to make to this day.

I am in Alabama. We are one of just 10 States that has not acted on the common wisdom of expanding Medicaid, and that is exacerbating the issues that we have from a healthcare standpoint. We haven't expanded Medicaid. This is in a State that for all intents and purposes has pretty much the lowest life expectancy in America. I think we are technically third by some decimal points, so congratulations, we live a few weeks longer in the State of Alabama than, say, West Virginia and Mississippi.

It is nothing to really be proud of. We are at the bottom of the barrel. Yet, we haven't expanded Medicaid, which is one of the reasons that the first piece of legislation that I joined when I was fortunate enough to be sworn into this body was the COVER Now Act, which would allow counties and cities to be able to get Medicaid expansion funding directly and get through the resistance that the State has put up now for well over a decade.

We have got to do better than that. We can continue to ring the alarm, but we have to do better. We have to. We have to address the underlying causes and the underlying issues here. We have to understand that these counties where these hospitals have been closing that insurance remains out of reach because the jobs aren't there. We have to understand that preventative care in many of these places is also just a dream because the condition of the communities don't warrant healthcare practitioners setting up shop there or staying there.

I don't care who you are. I come from Alabama, we treat Nick Sabin, and rightfully so, as the greatest college football coach of all time, but I can tell you one thing about this: Nick Sabin could not close a recruiting pitch to a business to come relocate in a county that does not have a hospital. I don't care who you are. Businesses don't want to relocate there. Hell, businesses don't even want to remain there.

How do you get retirees to want to come back home where they grew up and set up shop, and you tell them, we don't have a hospital, we don't have a geriatrician? Seven of the thirteen counties in my district don't even have a pediatrician. We have to get serious about addressing this issue in the community. It is an existential threat, it truly is.

We know the other statistics: Black Alabamians are more likely to suffer from diabetes and amputations that result from them or to die from untreated cancers or undiagnosed cancers or late-diagnosed cancers and experience preventable complications from just general chronic illnesses.

When it comes to kidney disease and dialysis access, the results are alarming. People in the State of Alabama have been trying to get me to come visit as many healthcare facilities as possible to shed light and to give more context behind what's really happening in the healthcare system in the State of Alabama. The dialysis community brought me in for a tour last week in Montgomery, Alabama, at the DaVita Center.

You see these nurses and technicians that are doing God's work in keeping people alive, but one thing jumps out at you. You can't help but see that every patient in there looks like me. Every kidney dialysis patient looks like me, and so I asked: Is this just a certain day or is this how it goes? They had representatives from five or six facilities there, and all of them said the same thing: No, our patient rolls are about 90 percent Black. That is because this is impacting people of African-American descent and Black people in this country in the way it is not impacting other races.

We have an obligation, a moral duty as a nation to figure out why. That is why cuts to things like NIH aren't productive. It is not helpful. It is harmful. If you ever want your conscience to be shocked, walk into a dialysis treatment facility in probably any community in this country, then do the statistics yourself. Ask yourself why that is and why can't we figure that out. Why are we not investing more resources, more time, and more attention and focus on trying to improve healthcare outcomes for Black people in this country? We have to. We must.

We must start this process by expanding Medicaid in States like mine, the State of Alabama. We must do that. Nobody should have to choose between getting treatment and putting food on the table. There are too many people who should be able to go see a doctor who are not because they refuse to expand Medicaid.

We also have to invest in our healthcare infrastructure, particularly in our rural healthcare infrastructure, bringing back those hospitals and clinics and bringing in telehealth hubs, leveraging every resource we have to improve healthcare outcomes. We have to increase funding for Black maternal health initiatives because these are problems we should not be having in 2025.

In 2025, we should not be having nearly as many women die from childbirth complications and pregnancy-related causes as we do. When you look at the disparities racially, it is stark. It is shocking. We have to get to the bottom of why that is.

We have to continue to address those environmental health threats in places like Alabama and across the country, where you see disproportionately higher rates of cancer in certain communities because they are located in certain places. We have to be serious about this.

It is a privilege to be able to speak on the importance of this issue, especially under the leadership of Representative CLYBURN.

Mr. CLYBURN. Mr. Speaker, I thank Mr. FIGURES for his comments.

Mr. Speaker, may I inquire as to how much time is remaining?

The SPEAKER pro tempore (Mr. MCGUIRE). The gentleman from South Carolina has 8 minutes remaining.

Mr. CLYBURN. Mr. Speaker, thank you very much. I am going to take just a couple minutes to thank all of my colleagues from the Congressional Black Caucus for being here this evening.

To reiterate a little of what we have heard here today, I represent a congressional district in South Carolina that includes ZIP Code 29203. It happens to be the ZIP Code that I live in, Columbia, South Carolina. My house in Columbia is about 5 or 6 minutes from the site of the new medical school of the University of South Carolina. I represent the Medical University of South Carolina in Charleston. The ZIP Code I live in, where that new medical school will be located in, 29203, is the home of the highest percentage of amputations because of the late detection of diabetes. There is a reason for that. There is a reason. We all know what that reason is.

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Mr. Speaker, as a Congress and as a country, we must do the things that are necessary to remove these disparities. With people living within the shadow of two medical schools and some of the best hospitals, there is no reason for this. They cannot avail themselves of the services in these buildings that they live in the shadows of because of the socioeconomic conditions.

We have got to make healthcare more accessible and more affordable for all of our citizens. We have a great system. There are people I have traveled with on codels who refuse to go to a doctor or even their dentist in another country. They wait to get back home to avail themselves of this great healthcare system that we have in this country.

The problem is it is not accessible to everybody and not affordable by everybody. We need to do something about that. We have a way to do it. I would hope that over the next several days and weeks we will develop the will that is necessary to do so.

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

SUPPORTING UKRAINE'S INDEPENDENCE

(Under the Speaker's announced policy of January 3, 2025, Ms. KAPTUR of Ohio was recognized for 30 minutes.)

Ms. KAPTUR. Mr. Speaker, this evening, along with several colleagues, I am here to discuss Ukraine and the necessity of Ukraine winning the war