our promise to make every child count by failing to gather information on student achievement for all children. We cannot break our promise to value every child by failing to target funding at the schools that need it the most. We cannot break our promise to uphold the civil rights of all children to have a quality education. Because all children are worthy, we cannot break our promise.

Thank you for all that you do on behalf of our children. They are our future.

THE STATE OF BLACK HEALTH: A CONGRESSIONAL BLACK CAUCUS ASSESSMENT DURING NATIONAL MINORITY HEALTH MONTH

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2015, the gentlewoman from Illinois (Ms. KELLY) is recognized for 60 minutes as the designee of the minority leader.

Ms. KELLY of Illinois. Mr. Speaker, at this time, I yield to my distinguished colleague from New Jersey, Congressman DONALD PAYNE.

Mr. PAYNE. Mr. Speaker, I want to thank my coanchor, ROBIN KELLY, Congresswoman from Illinois, for being involved in this Special Order tonight.

Thanks also to the members of the Congressional Black Caucus who are here tonight on such an important topic.

Mr. Speaker, I would like to thank the people at home who are tuning in to watch this. It is truly an honor to speak to them directly in their homes, to fight on their behalf and to advance our shared priorities. That is why we are here tonight and every Monday night that the House is in session—to address the diverse issues affecting African American communities throughout our Nation and to let you know that we are here, fighting for you every single day.

Mr. Speaker, this month is National Minority Health Month. It is a chance to evaluate the state of black health, a chance to address health disparities affecting racial minorities, and a chance to speak to efforts to advance health equity. Today, African American and other minority populations lag behind in numerous health areas, including in the access to quality care, in timelines of care, and in health outcomes. These disparities have devastating impacts on individuals and families but also on our communities and our society as a whole.

There are numerous factors that contribute to the health disparities throughout New Jersey's 10th Congressional District and throughout our Nation as well—poverty, environmental threats, inadequate access to health care, and educational inequities. These are such interconnected issues that a piecemeal plan to fixing the problem will not work. A comprehensive approach—one that focuses on providing access to quality care for all, creating good jobs that provide a decent living, and increasing educational opportunities for low-income communities—is only one way to eliminate the health disparities once and for all.

With that, Mr. Speaker, I would like to get to the members of the CBC who are here, and I turn it over right now to the gentlewoman from Illinois, the Honorable ROBIN KELLY, who has been holding down the fort while I have been dealing with my health issues.

GENERAL LEAVE

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

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Illinois?

There was no objection.

Ms. KELLY of Illinois. I thank the distinguished gentleman from the Garden State, my good friend, DONALD PAYNE. I am glad he is back and in better health in order to lead this Congressional Black Caucus Special Order hour on the state of black health.

Mr. Speaker, it has been the refrain of so many people of all races across the country, the refrain of ''black lives matter.'' We have gathered here this evening because black lives do matter. Whether we are talking about issues of justice or of economic opportunity or of the health of our Nation, black lives matter. The topic of tonight's Special Order hour is: The State of Black Health—a CBC Assessment during National Minority Health Month.

Each April, we observe National Minority Health Month in order to raise awareness about the gaping health disparities that impact communities of color across the Nation. Many of us have been personally affected by the physical and emotional tolls that conditions like obesity, diabetes, kidney disease, breast and prostate cancer, and HIV/AIDS have brought on ourselves and our loved ones and neighbors.

Last month marked the 50th anniversary of the Selma to Montgomery marches—the generation-defining events that led to the passage of the 1965 Voting Rights Act. Like the right to vote, health care is a fundamental civil right that our leaders, health professionals, and communities must fight to protect. The Affordable Care Act was a critical step in the march toward health equity, but there is still much more to be done.

Dr. Martin Luther King expressed this a half century ago when he said: ''Of all of the forms of inequality, injustice in health care is the most shocking and inhumane.''

I couldn't agree more, and it has been the work of the CBC and of the Congressional Black Health Braintrust, which I chair, to advance the critical phrase of the human rights and civil rights struggle—''health equity.''

This year, the CBC's Health Braintrust will focus on three core principles: strengthening our communities, improving health access, and marching toward a healthier future. The disparities facing minority communities in rural areas across the country are too numerous to name. To that end, the Congressional Black Caucus Health Braintrust will work vigorously to address the gaps that exist when it comes to reducing heart disease, kidney disease, lung ailments, stroke, oral health, lupus, child nutrition, HIV/AIDS, mental health disorders, gun violence as a public health threat, and other chronic and infectious diseases.

I am glad that, during tonight's hour, we will be focused on strengthening our public health infrastructure and on developing community-oriented, multidisciplinary approaches to public health, which will close the national health disparity gap.

□ 1945

This National Minority Health Month the CBC will work to expand access to health care, early health education, and medical investment so that we can make our communities healthier and reduce the prevalence of diseases that disproportionately cut minority lives short.

Again, I thank my coanchor for the next hour.

Mr. PAYNE. Mr. Speaker, I would like to thank the gentlelady from Illinois (Ms. KELLY), who has done a tremendous job and has stepped into the gap left by the leaving of one of our former colleagues, Donna Christensen from the Virgin Islands. Ms. KELLY has stepped up to fill the position at the Health Braintrust. She has been a fighter in this area prior to coming to the Congress and has continued to demonstrate her leadership along these lines.

At this point in time, it is my honor to hear from a member of the CBC who has been a leader, seasoned in so many areas and aspects, and has been a real mentor and a role model for me as I come here and try to fight for the American people every day, as he does for his constituents in Illinois, the Honorable DANNY DAVIS.

Mr. DANNY K. DAVIS of Illinois. Mr. Speaker, I want to thank my colleague, Mr. PAYNE, for the leadership that he provides, and I am delighted to be here with my colleagues as we talk about one of the most pernicious problems that exists in our country, and that is the tremendous disparity that exists among minorities—African Americans, Latinas, and Native Americans—when it comes to health and health care.

Millions of racial and ethnic minorities have been and continue to be disproportionately suffering. Health disparities among minorities have been neglected for many decades in this Nation, and as a result, millions of racial and ethnic minority Americans continue to lack access to reliable and quality health care. They are often suffering more from comorbidities and

poor health outcomes and are more likely to die prematurely from preventible causes compared to their white counterparts.

Examples of these pervasive health disparities include the following:

The infant mortality rate for African Americans and American Indian/Alaska Natives are more than two times higher than that for whites;

African Americans with heart disease are three times more likely to be operated on by high-risk surgeons than their white counterparts with heart disease;

Hispanic Latina women have the highest incidence rate for cancers of the cervix, 1.6 times higher than that for white women, with a cervical cancer death rate that is 1.4 times higher than for white women;

Puerto Ricans have an asthma prevalence rate over 2.2 times higher than non-Hispanic whites, and over 1.8 times higher than non-Hispanic blacks;

Together, African Americans and Hispanics account for 27 percent of the total U.S. population yet account for 62 percent of all new HIV infections;

American Indian/Alaska Natives have diabetes rates that are nearly three times higher than the overall rate;

Of the more than 1 million people infected with chronic hepatitis B in the United States, half are Asian Americans and Pacific Islanders.

Of course, one of the bright spots in healthcare delivery in this Nation now is the Affordable Care Act. Minorities make up about 30 percent of the population but are 50 percent of the uninsured. Currently, the ACA, since its enactment, has allowed health insurance coverage for 16.4 million Americans who were not insured prior to this law.

Another bright spot is community health centers, which are celebrating their 50th year. The first of these centers was actually approved and funded, the first one being a project between Tufts University in Boston, Massachusetts, and Bolivar County, Mississippi. It was called the Tufts-Delta Project. Since that time, they now are providing quality health care to more than 23 million low- and moderate-income individuals throughout the Nation.

Of course, one of the great needs is the need for health education and the recognition that, as people learn how to better care for themselves and to make more effective use of the resources that are available, not only do we save money, but we also save lives.

I was amazed, as people spoke against the Affordable Care Act, where, for the first time in their lives, many individuals were going to have access to a regular primary care physician so they didn't have to go to the emergency room of hospitals and get what is called episodic care. So while the disparities are great, we know that progress is perhaps even greater.

I end with being at a church just the other day where we were having something called organ transplant Sunday, and the minister of this particular church had had two heart transplants and a kidney transplant. He preached every Sunday and owned a construction company that he ran. That is why we need to make sure that we put adequate resources into research and the funding of new approaches and new techniques.

I want to thank my colleagues for this evening, for the opportunity to talk about not only the great needs, but also to talk about some of the progress that is being made.

I thank the gentleman from New Jersey, my colleague, Mr. PAYNE.

Mr. PAYNE. Mr. Speaker, I would like to thank the gentleman from Illinois (Mr. DANNY DAVIS), who, as I stated in my opening remarks about him, has been a deliberate and conscious fighter for not only his constituents, but Americans that find themselves facing these disparities all around the Nation.

Next it is my honor to hear from the gentlelady from Alabama, the Honorable TERRI SEWELL, who had a wonderful participation in her district last month of the 50th anniversary of the Edmund Pettus Bridge, where many of my colleagues were able to go down and celebrate that great victory in this Nation's history, and I was sorry I couldn't be there, but I watched from afar and was very delighted to see such an outpouring of respect for a moment in our history that can never be forgotten, and we can never let the clock be turned back, as we say.

Ms. SEWELL of Alabama. Thank you so much. I want to commend my colleagues from Illinois and New Jersey for having this wonderful CBC hour on minority health and the disparities that exist.

I want to talk for a minute about how we in Congress have tried to address these disparities. You know, our Nation celebrated the fifth anniversary of the Affordable Care Act in March. This anniversary marked the historic progress our Nation has made towards making health care not just a privilege, but a right for every American.

The ACA has significantly affected the minority population by trying to close the gap on the disparity by giving access to affordable healthcare insurance for all Americans. Thanks to the ACA, health insurers can no longer deny coverage to individuals because of preexisting conditions, and women no longer have to pay higher premiums than men. Because of this law, millions of Americans can finally afford to go to the doctor, and families no longer risk losing their home savings and all that they have if a family member gets sick.

For those who already had insurance, the ACA has meant new savings and new protections. This has even been true in my home State of Alabama, a State that did not choose to enact a healthcare exchange, a State that did not expand Medicaid. During the most recent enrollment period, more than 171,000 Alabamians enrolled in quality healthcare coverage at a price that they could afford. Over 1.1 million Alabamians with private health insurance now have access to free preventive services, and Alabamians with Medicare have saved more than $240 million in prescription drug costs. In 2014 alone, nearly 90,000 Alabamians saved an average of $931 for prescriptions. Yes, even in my State of Alabama, which chose not to enact a healthcare exchange and not to expand Medicaid, the ACA is working.

These are more than just numbers. Greater access to healthcare insurance leads to a healthier population, which is good news not only for Alabamians, but for all Americans. The ACA, indeed, works. That is why I have proudly defended the ACA against numerous attacks to undermine or repeal the law. Bipartisanship is possible. Members from both sides of the aisle in both Chambers must work together to strengthen our healthcare system and to ensure that all Americans have access to quality, affordable healthcare insurance.

In March, I was proud that 392 of us in the House of Representatives agreed on a permanent fix to the flawed Medicare physician payment system and an extension to the Children's Health Insurance Program, otherwise known as CHIP. This bipartisan agreement marked a historic victory for our children of this Nation. It also was a victory for our seniors, working class families, and healthcare providers. We must continue to work together to ensure the healthcare system is working for all of us.

Unfortunately, for many working poor individuals and families, access to quality health care is still out of their reach. An estimated 191,000 Alabamians, for example, are uninsured because our Governor has refused to expand Medicaid. Let me repeat that. 191,000 Alabamians would benefit if our Governor would expand Medicaid in the State of Alabama. These individuals pay their taxes, work hard, and contribute to their communities. Our government should assist them in return. Governor Robert Bentley recently created the Alabama Health Care Improvement Task Force to examine ways to increase access to health care in rural Alabama.

□ 2000

I welcome my Governor's establishment of this task force. I know that when this task force meets, it will recommend expanding Medicaid.

My hope is that we will put partisan politics aside in my great State of Alabama and look to what is in the best interest of all the people. Clearly, 191,000 Alabamians fall in that gap, those who currently cannot get healthcare insurance because this State would refuse to expand Medicaid.

I find it ironic, Mr. Speaker, that my Governor would choose to recommend expanding taxes. Increasing taxes is his

current proposal on the floor in the statehouse in order to meet the shortfall that exists in my State.

Let's just think about that. My Governor would rather increase taxes than to accept money from the Federal Government to expand Medicaid—how shortsighted.

No State that refuses to expand Medicaid has been better off without it. Without the expansion, the dramatic healthcare needs of Alabama's working poor will remain unmet; and rural hospitals, many of which I represent, will face growing financial challenges that will undoubtedly lead to reduced services.

According to a 2013 study conducted by the Culverhouse College of Commerce at the University of Alabama, the Medicaid expansion would create $28 billion in overall business activity in the State of Alabama. There has not been another economic development investment in the State of Alabama that would bring the State more than 30,000 new jobs annually.

A 2012 study conducted by the University of Alabama at Birmingham School of Public Health found that Medicaid expansion in our State would generate $20 billion in new economic activity and a $925 million increase in State tax revenues—yes, revenues to our State.

Expanding Medicaid is clearly not only a moral imperative, but I would say to you that it is an economic imperative in my State. With each day that our State delays expansion, more Alabamians are unable to work due to unrelated health conditions. More rural hospitals have to cut services because of uncompensated care provided in their emergency rooms.

With each day that my State delays expanding, Alabamians continue to forego the immense economic benefit that results from this investment. The greatest casualty, Mr. Speaker, are the most vulnerable Americans, the most vulnerable in our society: the poor, the working poor, the unemployed, the uninsured.

It is unacceptable that the State of Alabama has not chosen to expand Medicaid. We owe it to Alabama taxpayers to expand Medicaid now.

I want to commend my colleagues, Representatives PAYNE and KELLY, for choosing to talk about the effects of health care on minority populations. I would add that in this day and age, when we have a law—the Affordable Care Act—that stands ready and willing to help Americans help themselves—after all, what we are saying is we are giving access to affordable healthcare insurance, insurance that they have to pay for, insurance that they can get subsidized if they are the working poor—we deserve it as Americans.

In this great country, no one should go without health care, no one, especially those who are the most vulnerable in our society.

I hope that through talking about the disparities that exist in minority health, we also remember that this great institution did do something that would help decrease the disparity. We chose to pass the Affordable Care Act, and every time, we have defended it against repeal.

It is time that States like the State of Alabama get with the program. It is time States like Alabama expand Medicaid and that we choose our people over politics. Partisan politics should not rule the day; instead, we should care more about the people we represent than the partisan politics of each of our parties.

I thank my colleagues for continuing the fight. The CBC Special Order hour is very important. It highlights not only what is important to minority communities—because what is important to minority communities is important to all vulnerable communities in America.

I want to thank my colleagues for continuing this great tradition. I want to thank them for choosing to talk about health care and the disparities that exist in this country.

I want to urge all of the Alabama lawmakers who are listening to my voice, the State lawmakers who are in Montgomery today, that we need to work together to expand Medicaid in the State of Alabama. The medical case is there. The economic case is there. The moral case is there.

Let's do what is right for all Alabamians, and let's expand Medicaid today.

Mr. PAYNE. Mr. Speaker, I thank the gentlewoman from Alabama for her eloquent remarks on the topic of the evening. Irrespective of where you are in this Nation, these issues are a common thread in communities throughout this Nation.

I am not surprised that the gentlewoman from Alabama, Representative SEWELL, is able to talk about the same issues that we are able to talk about in New Jersey, Illinois, California, Florida, and across this Nation, across this great land.

At this time, I would like to hear from the gentlewoman from Ohio (Mrs. BEATTY), an outstanding Member of the United States House of Representatives. In just her second term, she has demonstrated her superior leadership skills. She is a member of my class, the ''class'' of the class.

Mrs. BEATTY. I thank my colleagues, Congressman DONALD PAYNE and Congresswoman ROBIN KELLY, for leading this evening's critical discussion on ''The State of Black Health: A Congressional Black Caucus Assessment During National Minority Health Month.''

Mr. Speaker, it is no surprise that we are here today because, certainly, we have had many firsthand experiences to know the disparities that exist across all Americans but, more specifically, across African American communities.

To you, Mr. PAYNE, thank you for having the foresight to come tonight; and to you, Congresswoman KELLY, thank you for taking a leadership position in helping us share with the Nation the value and the importance of protecting all lives but giving information to the Nation about the state of black health.

It is imperative that we continue to address health disparities that affect racial minorities and work together on the efforts to advance health equity.

Since July 1971, the Congressional Black Caucus has sponsored national conferences and held brain trusts on black health. It is so timely that we have this discussion as we observe National Minority Health Month.

Tonight is a call to action, a charge for all of us to unite towards a common goal of improving the health of our communities. Everyone in America should be able to live a healthy life, regardless of the color of their skin.

Mr. Speaker, the good news is the overall health of an American has improved over the past few decades. This is, in part, due to the increased focus on preventive medicine and dynamic new advances in medical technology.

However, not all Americans have benefited equally from healthcare improvements. Since the enactment of the Affordable Care Act, millions of Americans now have access to quality, affordable coverage.

According to the American Medical Association, recent studies have shown that despite the steady improvement in overall health of the United States, racial and ethnic minorities experience a lower quality of health services and are less likely to receive routine medical procedures and have higher rates of morbidity and mortality than nonminorities.

Disparities in health care exist even when controlling for gender, condition, age, and socioeconomic status. For example, cardiovascular diseases account for the largest proportion of inequality in life expectancy between African Americans and non-Hispanic whites.

According to the American Cancer Society, African American women have a 44 percent higher death rate from breast cancer, despite having a mammography screening rate that is nearly the same rate for white women.

According to the Centers for Disease Control, the CDC, the infant death rate among African Americans is still more than double that of whites.

Mr. Speaker, tonight, you are going to hear my colleagues and I discuss much data and statistics because I am from the great State of Ohio and Ohio ranks 47th in the Nation in infant mortality, with black infants dying at twice the rate of white infants.

According to a 2015 study conducted by the Kaiser Family Foundation, in Ohio, on average, 14.5 black infants die per every 1,000 live births, while 6.3 white infants die.

Ohio community leaders and the Greater Columbus Infant Mortality Task Force are working hard to lower Franklin County's infant mortality rate and the infant mortality rate in

all of Ohio. Tonight, I salute them for their research, for their education, and for their consistency to save lives. The statistics are staggering, and we can and must do more to lower and eliminate them.

The societal burden of healthcare disparities in America manifest in multiple and major ways. For example, a 2014 study by the Joint Center for Political and Economic Studies concluded that ''the combined costs of health inequalities and premature death in the United States were $1.24 trillion.'' That $1.24 trillion is the cost between 2003 and 2006.

That is why, on March 23, 2010, when President Barack Obama signed the Affordable Care Act, it was a monumental step that has helped us address the overwhelming statistics and health disparities within our community. I proudly supported the Affordable Care Act because lives matter. All lives matter. Black lives matter.

Now, we have comprehensive healthcare reform that improves access to affordable health coverage and guarantees that the most vulnerable in our communities have access to care. By improving access to quality health care for all Americans, the Affordable Care Act helps reduce health disparities.

How does the Affordable Care Act do this? This law invests in prevention and wellness, gives individuals more control over their care, and expands initiatives to increase racial and ethnic diversity in healthcare professions by strengthening cultural competency training for all healthcare providers and improving communications between providers and patients.

The Affordable Care Act represents the most significant Federal effort to reduce disparities in this country's history.

Congressman PAYNE and Congresswoman KELLY, again, I salute you. I am going to repeat that because it is so important for us to let the Nation know that the Affordable Care Act represents the most significant Federal effort to reduce disparities in this country's history.

The Affordable Care Act also increases funding for community health centers which serve an estimated one in three low-income people and one in four low-income minority residents.

There are over 43 community health centers, Mr. Speaker, in Ohio, including many in my district: Columbus Neighborhood Health Centers, Heart of Ohio Family Health Centers, and Lower Lights Christian Health Centers.

These community health centers provide outstanding primary care, dental, behavioral health, and pharmacy services in our most underserved areas. In 2013, community health centers provided care to over 550,000 Ohioans and recorded over 2 million patient visits.

We have come a long way, Madam Speaker, but there is still much more for us to do. All people should have the opportunity to reach their fullest potential for health. We must continue to move forward to combat health disparities, build healthier communities, and create a stronger country. In order to have a successful Nation, I believe we must have a healthy Nation.

Let me leave you with something a national figure once said:

> If you neglect to recharge a battery, it dies. If you run full speed ahead without stopping for water, you lose momentum to finish the race.

Let us make sure that all Americans can finish the race.

□ 2015

Mr. PAYNE. Madam Speaker, I would like to thank the gentlelady from Ohio. As I stated in my introduction of her, she has just demonstrated an outstanding leadership in our class that is second to none, and we can always depend on her to bring some clear thought to these issues at hand, so we would like to thank her once again.

Madam Speaker, tomorrow there will be a press conference at 1:30 with Representatives CAROLINE MALONEY and G.K. BUTTERFIELD to discuss the new JEC report on persistent economic challenges in black communities. The report is bleak. There is not a lot of good news in this report.

Nearly one in seven Americans identify themselves as African American. The third-largest racial ethnic group in the United States, African Americans have made significant social and economic progress since the passage of the Civil Rights Act of 1964; however, the black community continues to face enormous challenges.

Economic data reveals startling inequities. By many of the most important measures of economic well-being, blacks lag far behind the majority white population. And that is just the overview of the report. That is just the start.

I hope the people watching at home and my colleagues in earshot of me will be there tomorrow to support our colleagues at 1:30 at the HVC Studio A.

I would like to give my colleague, Representative KELLY, the opportunity to provide us more information on the issue at hand. As was mentioned, the Affordable Care Act, something that has passed this Congress, and there have been many attempts to thwart it and repeal it, but the majority is never successful at doing that because people understand what this legislation has meant to this Nation.

You see, it makes sense for more people to have quality affordable health care, and that has been the issue. The first word in the act, ''affordable,'' has been prohibitive for many Americans to have the health care that they need and desire.

But this legislation has made it available to 16 million more people in this country. Sixteen million people have benefited from this piece of legislation that is continually under attack.

Actually, it is 16 million and one, because I have heard a candidate—the first person to announce they are running for President of the United States in 2016, who is a Senator, who hails from the great State of Texas—say that with him running, his wife will lose, will stop working at her job, dedicate herself to this campaign, so his health care was under her benefits.

Well, guess what? In a kind of coy little shrewd way, he said, Well, you know, now I will take the mantle of getting health care for my family.

You mean the Affordable Care Act, sir? The issue you railed about constantly for years since you have come to the Senate?

Oh, well that is different.

It is absolutely incredible, when I sat there and watched him try to dance around that, that he is now in the exchange. It was a sight to see.

But I will get off of that and let my colleague from Illinois provide us some information.

Ms. KELLY of Illinois. Thank you, Congressman PAYNE.

Something I want to speak about is oral health. As we discuss the state of black America, I want to address a topic that is so often left out of the public health discourse, and that is the issue of oral health in America.

Earlier this year, the CBC Health Braintrust recognized National Children's Dental Health Month, and back in February I had the opportunity to go around my district in a mobile dental van to observe local dentists performing free oral health screenings around the community.

These types of effort matter, and oral health is a critical piece to overall health wellness. The sad fact is that all across our Nation, many communities are experiencing serious oral health crises.

Far too many people in urban, suburban, and rural America are lacking access to dental care, despite the efforts of committed dental professionals and social service organizations.

We must recognize that access to dental health care across the country is not equal. Each year, nearly 50 million Americans, including 16 million low-income children in underserved communities, go without the oral health services they need.

As we continue the national discussion on improving health care and reducing health disparities in America, it is important that oral health be central to the conversation.

When officials discuss health care and wellness, they should remember that the mouth is connected to the rest of the body. This seems to be forgotten in the current dialogue about improving health outcomes for all.

This year I introduced H.R. 539, the Action for Dental Health Act, which allows organizations to qualify for Health and Human Service oral health grants to support activities that improve oral health education and dental disease prevention.

This includes developing and expanding outreach programs that will facilitate establishing dental homes for children and adults, including the elderly, blind and disabled.

This bipartisan legislation will target crucial Federal dollars to State and local dental organizations to provide proven oral health care services in a manner that effectively addresses the barriers to dental care many Americans face. It will have a significant impact on many underserved communities.

I think the majority of my colleagues know that regular visits to the dentist do more than keep your smile attractive. They can tell a lot about your overall health, including whether or not you may be developing a disease like diabetes or if you are at risk for a stroke.

As the CBC takes on the critical task of creating healthier communities by breaking down barriers, oral health is a subject that must be addressed. This will ultimately help reduce unnecessary health-care costs by minimizing and eliminating dental diseases in their early stages.

As I mentioned earlier, I recently visited a new mobile dental van operated by a hospital in an underserved community in my district that had a stop at the hospital's Women, Infant, and Children's Center. They had a pediatric dentist on hand to provide babies and toddlers with their first dental exams.

I saw firsthand the critical need for dental care, not only for these young children, but for their parents. This highlighted all too well the gaps in dental care that are particularly prevalent in minority communities.

Viewing the care and service the these dental professionals displayed to kids, many of whom had never been to a dentist, reminded me of kids like Deamonte Driver.

You may recall, he was the 12-year old boy from Maryland who died from an untreated tooth infection that spread lethal bacteria to his brain. An untreated tooth condition that could have been resolved with a routine extraction cost this boy his life. How is that possible in the most innovative, wealthy Nation in the world?

I think we should be doing more to support volunteer dental projects in underserved communities and improve oral health education, with a particular focus on early oral health education and care for children. We all know the link between good dental care and overall health has been well established.

As we look for ways to raise a healthier generation of children, increasing access and removing barriers to dental care must be at the forefront. Through legislation like H.R. 539, the Action for Dental Health Act, I am working to increase access to dental care and build healthier communities. In improving the state of black health and the state of American health, I ask that we lift up the issue of oral health, and ask that my colleagues take the first step by cosponsoring H.R. 539.

Mr. PAYNE. Madam Speaker, I thank the gentlelady from Illinois. That is so true. And as you stood there and stated those issues, that is something that we have known for quite some time, how oral care impacts so many other parts of your health—and as you mentioned, could really show you the onset of diabetes.

I mention diabetes, Madam Speaker, because I have been out for several weeks now with a foot infection. And it got pretty severe and had to be operated on. But what has complicated the circumstance with my foot is me being a diabetic, a very noncompliant diabetic, a diabetic who did not take it seriously, did not take the medicines that I should have for years.

This circumstance with my foot made it all so very clear what needed to be done. The circumstance frightened me into doing everything that I am supposed to now, so you are looking at a compliant diabetic. But it is crucial, and the diabetes is what has complicated the healing of my foot.

Now, I am a very fortunate person in this country. I am living an American Dream that I did not realize would happen to me because of another issue of my father losing his bout with colorectal cancer. He was the Member prior to me, and I took his place.

But we were fortunate. We have always had good health care. We are talking about the disparities and the inequities in this Nation for people who are not in the positions that Representative KELLY, myself, and other well-to-do Americans are who have health care that keeps them alive.

Now, whether you use it or not is really up to you. But we are afforded that opportunity to get great health care.

We are talking about people who want health care but cannot afford it and find themselves in emergency rooms as their visit to the doctor. They have to wait until they are very ill and go to the emergency room, which is how they get their health care. That costs this Nation millions and billions of dollars.

But what the Affordable Care Act has done is given a lot of these people the opportunity to get pre-screenings and pro-care prior to showing up at the emergency room.

So whether people realize it or not, you end up paying for these people who cannot afford their own health care in your premium, because someone is going to cover it. The insurance companies aren't going to just cover it. The hospitals aren't, so we pay it in our premiums.

So as you get more people their own health care, it drives the cost down. It will drive the cost down in this Nation, and we will all benefit from more people being healthier. That is what the Affordable Care Act is about. That is what it does. That is what it does.

□ 2030

I am so fortunate to live in this Nation, to be able to represent the 10th Congressional District of the State of New Jersey, and to stand here and fight for not only the people of the 10th District of New Jersey, but every American that deserves an equal opportunity. That is what it is about.

It is not about favor; it is about the opportunity, the equal opportunity. And we see these disparities, iniquities in health care, in economics all across the board, all across this Nation.

It is incumbent upon us as the Congressional Black Caucus to speak up for the residents that we represent, children and infants.

You know, even in the 21st century, health disparities are stark, especially in African American communities, where life expectancies are lower and infant mortality rates are higher. Children of color who live below the poverty line are much more likely to suffer from asthma, develop ADHD, and contract diseases because they can't afford vaccinations. It is the situation across the board. Cancer, African Americans have the highest death rate and the shortest survival rate of any racial ethnic group in the United States. And it just goes on and on.

It is important that we get the message out. And we will continue to fight with Representative ROBIN KELLY, head of the Health Braintrust. I know the work that she will do on behalf of the American people.

So, Madam Speaker, with that, I would just like to thank Ms. KELLY for the opportunity to speak on what I feel is a dire, dire situation in this country, the inequity in health disparities.

Ms. KELLY of Illinois. Thank you, Congressman PAYNE. Welcome back. And I am glad you are taking care of yourself.

Madam Speaker, again, I thank my colleagues for taking the time during National Minority Health Awareness Month to assess the very critical state of black health in America.

As stated earlier, the health disparities facing communities of color are too significant to adequately address in just an hour. As a recent CDC Health Disparities Report demonstrated:

Blacks diagnosed with HIV are less likely than any other groups to be linked to care, retained in care, receive treatment, and achieve adequate viral suppression;

Although black Americans represent only 12 percent of the U.S. population, they accounted for 44 percent of new HIV infections and represented 49 percent of all deaths with HIV in 2010. Furthermore, blacks also accounted for 49 percent of new AIDS diagnoses in 2011;

According to the U.S. Census Bureau 2010 Population Estimates, 84 percent of all reported tuberculosis cases occurred in racial and ethnic minorities. African Americans accounted for 40 percent of TB cases amongst U.S.-born persons.

These facts account for a few of the health disparities affecting the state of black health.

The Congressional Black Caucus Health Braintrust is committed to strengthening our Nation's public health infrastructure and developing community-oriented, multidisciplinary approaches to public health. We will continue to work vigorously to address health gaps existing in the black community, empower communities, and improve health access in efforts to march toward a healthier future.

Black lives matter. The state of black health matters, and we are confident that if we all join together, we can alleviate health disparities facing minority communities across this Nation.

I thank my colleagues and my co-chair, the Honorable DONALD PAYNE, Jr., for this hour of discussion, this hour of opportunity, and this hour of change.

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

Ms. EDDIE BERNICE JOHNSON of Texas. Madam Speaker, I rise in support of the CBC Special Order Hour, ''The State of Black Health: A CBC Assessment During National Minority Health Month.'' Unfortunately, during a time when the best and most promising health innovation and treatments exist, many individuals in our population face disparities and inequalities in health access, delivery, and outcomes.

Since April is National Minority Health Month, we must highlight these existing disparities and enact policies that focus on eliminating inequalities and improving the nation's health at large. The future of our nation's health mostly depends on the effectiveness of federal, state, and local policies. Traditionally, African Americans and Latinos face the worst health disparities in this country and in my home state of Texas.

Generally, the death rate for blacks is higher than whites for heart disease, stroke, cancer, influenza and pneumonia, diabetes, HIV/AIDS, and homicide. In 2010, about two of five Latino adults and one in four black adults were uninsured. While behavioral risk and environmental factors are certainly at play for much of our population, the lack of health care access and especially access to preventive health services in the black and Latino communities increases the inequalities in each category.

Currently, the adult obesity rate for blacks is 47.8 percent, 42.5 percent for Latinos, and 32.6 percent for whites. Broken down further, 56.6 percent of black females are obese while 37.1 percent of black males are obese. The black population is the most obese among whites and Latinos in all categories except for black males which is led by Latinos. Obesity takes much of the blame for negative long-term health impacts such as high blood pressure, heart disease, stroke, and diabetes.

While the Affordable Care Act has certainly helped to improve access to preventive services within minority communities, much can be done to improve the aforementioned inequalities. The Centers for Disease Control and the U.S. Department of Health and Human Services Office of Minority Health have laid out several initiatives to promote health equity and close the disparity gap between minorities and white Americans. We must support the social, economic, and environmental policies that the CDC and OMH have recommended in order to achieve health equity and eliminate disparities.

Ms. FUDGE. Madam Speaker, I want to thank my colleagues Congressmen PAYNE and KELLY for leading the Congressional Black Caucus Special Order Hour.

My Congressional district in Ohio includes much of Cuyahoga County. A few years ago, the county analyzed the relationship between a resident's life-expectancy and neighborhood, with incredible, but not surprising results.

The study found that people who lived in Hough, a low-income and predominantly African-American neighborhood in Cleveland, could expect to live 24 years less than someone who resided in Lyndhurst, an affluent, predominantly white suburb of the city, less than 10 miles away.

While Hough and Lyndhurst are extreme examples, they accurately represent national trends: African Americans live, on average, four years less than their white peers.

It is unacceptable that the American health care system, which attracts students, physicians and patients from across the world, does not serve all the citizens of this country equally.

Sadly, the consequences of health disparities have a major impact on our nation's children.

Students who attend predominantly minority schools often do not have access to fresh fruits and vegetables, places to exercise, or many of the other resources we know are necessary for a healthy lifestyle.

It is our responsibility as Members of Congress to ensure our constituents have the opportunity to be healthy, regardless of how much they make, where they live, or what they look like.

I am committed to working with my colleagues in Congress, the Administration, local and state governments, and private partners to make good on that obligation.

Ms. LEE. Madam Speaker, first, let me thank Congresswoman ROBIN KELLY and Congressman DONALD PAYNE, Jr. for hosting this important Special Order. I appreciate your leadership in organizing this important discussion on the state of Black Health in America.

Madam Speaker, every April, we observe National Minority Health Awareness Month. This year is particularly significant as we mark 30 years since the groundbreaking Health and Human Services Task Force on Black and Minority Health report. This report sparked the first serious discussion in Washington on addressing the deep racial health disparities that exist in this country.

This year also marks 50 years since the creation of Medicare and Medicaid—programs that have kept and continue to keep Americans healthy.

We are also celebrating the fifth year anniversary of the passage of the Affordable Care Act—the most significant legislation to improve the health of all Americans in more than a generation.

These legislative achievements continue moving us closer to health equity for all—however, major health disparities still exist.

The zip code in which you are born still determines your likely life expectancy.

Gross disparities exist from zip code to zip code—even within the same city or county.

So today, I rise to join my colleagues in the Congressional Black Caucus to bring to light the state of Black health in America and call for more action to address persistent and lingering disparities in health access, treatment and care.

Since the passage of The Affordable Care Act, access to care has dramatically expanded in communities of color. The uninsured rate has declined 7.3 percent in the African American community. And more people have access to affordable, quality healthcare—all thanks to the Affordable Care Act.

When we were crafting the Affordable Care Act, I had the privilege of serving as Chair of the Congressional Black Caucus.

And let me tell you, we worked day and night with our colleagues in the Congressional Hispanic Caucus and Congressional Asian Pacific American Caucus, to push Congress and the Administration to craft the best possible bill.

Since its passage, the Affordable Care Act has improved the American health care system: Healthcare is now more affordable and accessible than ever

Women can no longer be discriminated against because they are a woman, have a pre-existing condition—such as HIV/AIDS—or have been the victim of domestic violence;

Young people can stay on their parent's health insurance until they are 26; and

People with serious conditions, like cancer, no longer face the real fear of hitting their lifetime cap and being denied life-saving treatment.

The ACA also expands the capacity of the healthcare delivery system to better serve those at risk for and living with HIV/AIDS.

These are the facts. The Affordable Care Act has dramatically increased access to preventative care for women, low-income communities, and people of color.

Despite rabble-rousing and grandstanding from the right, this law is saving lives—every, day, in communities across America—from Maine to my district in the East Bay.

During the last enrollment period, 16.4 million Americans obtained health insurance, and more than half a million came from my home state of California.

Make no mistake—the Affordable Care Act is working.

African Americans and Latinos, historically underinsured or uninsured groups, have seen the greatest declines in their uninsured rates. This is especially good news for African Americans who are living with HIV, where the key to halting the epidemic is access to affordable and quality care.

With this increase in coverage, we are beginning to close the gap in racial and ethnic health disparities and access to care.

However, much work remains to truly realize health equity in America.

Right now—in America, the richest and most powerful country in the world—African Americans still suffer from disproportionately high numbers of preventable deaths, disparities in access to quality health care, and underrepresentation within the medical community.

African Americans have the highest mortality rate of any racial and ethnic group from cancer.

Furthermore, African-Americans are 40% more likely to die from a stroke than whites, and 30% more likely to die from heart disease than whites.

And while African Americans are only 13% of the U.S. population, they account for nearly half of all new HIV infections. African Americans also account for the highest HIV-related deaths and HIV death rates.

Madam Speaker—this is unacceptable.

In an age where technology and innovation are paving the way to new medical breakthroughs, these persistent disparities in healthcare cannot be allowed to continue.

That is why today, I urge my colleagues: Let's work together and commit ourselves to passing legislation that will end racial and ethnic disparities and achieve health equity.

The Affordable Care Act was a good start but more is needed.

For years, the Congressional tri-caucus has championed this effort by introducing The Health Equity and Accountability Act (HEAA). Congresswoman ROBIN KELLY will have the honor in introducing this important legislation this Congress and I am proud to co-lead this effort as co-chair of the CAPAC Health Task Force.

This important legislation builds on the Affordable Care Act and puts us on track to eliminate health disparities in our country.

The Health Equity and Accountability Act would address incidences of terminal and chronic diseases that disproportionally affect communities of color, including cancer, diabetes, heart disease and HIV/AIDS.

So, in recognition of National Minority Health Awareness Month, I urge my colleagues to support this important bill in order to truly achieve health equity for all.

Madam Speaker, the state of black health in America is improving, but much work remains before us.

As our drum major for justice, Dr. King, told us, ''of all the forms of inequality, injustice in health care is the most shocking and inhumane.''

I urge my colleagues to join us in securing health equity for all.

Ms. JACKSON LEE. Madam Speaker, National Minority Health Month is a very important time to bring awareness to the many health concerns facing minority communities.

My colleagues in the Congressional Black Caucus and I understand the very difficult challenges facing us in the form of huge health disparities among our community and other minority communities.

We will continue to seek solutions to those challenges. It is imperative for us to improve the prospects for living long and healthy lives and fostering an ethic of wellness in African-American and other minority communities. Certainly, the Affordable Care Act, which I cosponsored and worked on has brought a new quality of life and access to healthcare for millions of Americans including minorities.

I thank all of my CBC colleagues who been toiling in the vineyards for years developing effective public policies and securing the resources needed to eradicate racial and gender disparities in health and wellness.

Let me focus these brief remarks on what I believe are some of the greatest impediments to the health and wellness of the African-American community and other minority communities.

The first challenge is reversing the dangerous trend of increasing obesity in juveniles and young adults. Cancer, diabetes and hepatitis are of great importance as well as combating the scourge of HIV/AIDS.

Finally, we must confront the leading cause of death of young African-American males between the ages of 15–24; that cause is not disease or accidental death, but homicide.

OBESITY

Although the obesity rates among all African-Americans are alarming, as Chair of the Congressional Children's Caucus, I am especially concerned about the childhood obesity epidemic among African-American youth. More than 40 percent of African-American teenagers are overweight, and nearly 25 percent are obese.

In 2007, my office in concert with the office of Congressman Towns and the Congressional Black Caucus Foundation, held a widely-attended issue forum entitled, ''Childhood Obesity: Factors Contributing to Its Disproportionate Prevalence in Low Income Communities.''

At this forum, a panel of professionals from the fields of medicine, academia, nutrition, and the food industry discussed the disturbing increasing rates of childhood obesity in minority and low-income communities, and the factors that are contributing to the prevalence in these communities.

What we know is that African-American youth are consuming less nutritious foods such as fruits and vegetables and are not getting enough physical exercise. This combination has led to an epidemic of obesity, which directly contributes to numerous deadly or life-threatening diseases or conditions, including the following: hypertension, dyslipidemia (high cholesterol or high triglyceride levels), Type 2 diabetes, coronary heart disease, Stroke, gallbladder disease, osteoarthritis, asthma bronchitis, sleep apnea, and other respiratory problems, cancer (breast, colon, and endometrial.

When ethnicity and income are considered, the picture is even more troubling. African-American youngsters from low-income families have a higher risk for obesity than those from higher-income families.

Since the mid-1970s, the prevalence of overweight and obesity has increased sharply for both adults and children. According to the Centers for Disease Control and Prevention (CDC), among African-American male adults aged 20–74 years the prevalence of obesity increased from 15.0% in 1980 survey to 32.9% in the 2004.

There were also increases in overweight among children and teens. For children aged 2–5 years, the prevalence of overweight increased from 5.0% to 13.9%; for those aged 6–11 years, prevalence increased from 6.5% to 18.8%; and for those aged 12–19 years, prevalence increased from 5.0% to 17.4%.

As the debate over how to address the rising childhood obesity epidemic continues, it is especially important to explore how attitudes, environmental factors, and public policies influence contribute to obesity among African-American males.

Some of these contributing factors are environmental, others are cultural, still others are economic, and others still may be lack of education or information. But one thing is clear: we must find ways to remove them.

CANCER

Certain groups in the United States are not doing as well as others when it comes to preventing and surviving cancer.

Many such disparities are apparent among certain minority populations such as African Americans and Hispanics.

The reasons why cancer adversely affects these groups are largely related to issues such as poverty, access to health care, and other socioeconomic factors.

The cancer death rate among African American men is 27% higher compared to non-Hispanic white men.

The death rate for African American women is 11% higher compared to non-Hispanic white women.

African Americans have the highest incidence rates of colorectal cancer of any racial or ethnic group.

Hispanics have higher rates of cervical, liver, and stomach cancers than non-Hispanic whites.

Liver cancer incidence and death rates among Asian/Pacific Islanders are double those among non-Hispanic whites.

DIABETES

About 19 percent of all non-Hispanic black Americans age 20 or older (about 5 million people) have diabetes, the highest rate of any ethnic group.

Among Hispanic adults, more than 2.5 million or about 11 percent of the population have diabetes; 14 percent of American Indians and Alaska Natives are living with the disease.

Compared with non-Hispanic white adults, the risk of diabetes is 18 percent higher in Asian-Americans, 66 percent higher in Hispanics/Latinos, and 77 percent higher in non-Hispanic African-Americans.

HEPATITIS

In 2002, 50 percent of those infected with Hepatitis B were Asian Americans and Pacific Islanders.

Black teenagers and young adults become infected with Hepatitis B three to four times more often than those who are white.

One recent study has found that black people have a higher incidence of Hepatitis C infection than white people.

HIV/AIDS

HIV/AIDS is now the leading cause of death among African Americans ages 25 to 44—ahead of heart disease, accidents, cancer, and homicide.

The rate of AIDS diagnoses for African-Americans in 2003 was almost 10 times the rate for whites.

Between 2000 and 2003, the rate of HIV/AIDS among African American males was seven times the rate for white males and three times the rate for Hispanic males.

African American adolescents accounted for 65 percent of new AIDS cases reported among teens in 2002, although they only account for 15 percent of American teenagers.

Billions and billions of private and federal dollars have been poured into drug research and development to treat and ''manage'' infections, but the complex life cycle and high mutation rates of HIV strains have only marginally reduced the threat of HIV/AIDS to global public health.

I have strongly supported legislation sponsored by CBC members and others to give increased attention and resources to combating HIV/AIDS, including the Ryan White CARE Act.

I support legislation to reauthorize funding for community health centers (H.R. 5573, Health Centers Renewal Act of 2006), including the Montrose and Fourth Ward clinics in my home city of Houston, and to provide more nurses for the poor urban communities in

which many of these centers are located (H.R. 1285, Nursing Relief Act for Disadvantaged Areas).

I have also authored legislation aimed to better educate our children (H.R. 2553, Responsible Education About Life Act in 2006) and eliminate health disparities (H.R. 3561, Healthcare Equality and Accountability Act and the Good Medicine Cultural Competency Act in 2003, H.R. 90).

We must continue research on treatments and antiretroviral therapies, as well as pursue a cure. We absolutely have to ensure that everyone who needs treatment receives it.

And we simply must increase awareness of testing, access to testing, and the accuracy of testing. Because we will never be able to stop this pandemic if we lack the ability to track it.

GUN VIOLENCE AND HOMICIDE

The final health challenge confronting the African-American community, and African-American males in particular, involves the issue of gun violence and homicide.

This must be a priority health issue for our community. Over 600,000 Americans are victimized in handgun crimes each year, and the African-American community is among the hardest hit.

It was only a little over a week ago that one of my constituents was, caught in a cross fire that ended his life.

Neither the mind nor the heart can contemplate a cause that could lead a human being to inflict such injury and destruction on fellow human beings.

Since 1978, on average, 33 young black males between the ages of 15 and 24 are murdered every six days. Three-quarters of these victims are killed by firearms.

In 1997, firearm homicide was the number one cause of death for African-American men ages 15–34, as well as the leading cause of death for all African-American 15–24 year olds. The firearm death rate for African-Americans was 2.6 times that of whites.

According to the Centers for Disease Control, the firearms suicide rate amongst African-American youths aged 10–19 more than doubled over a 15 year period. Although African-Americans have had a historically lower rate of suicide than whites, the rate for African-Americans 15–19 has reached that of white youths aged 15–19.

A young African-American male is 10 times more likely to be murdered than a young white male. The homicide rate among African-American men aged 15 to 24 rose by 66 percent from 1984 to 1987, according to the Centers for Disease Control.

Ninety-five percent of this increase was due to firearm-related murders. For African-American males, aged 15 to 19, firearm homicides have increased 158 percent from 1985 to 1993. In 1998, 94 percent of the African-American murder victims were slain by African-American offenders.

In 1997, African-American males accounted for 45 percent of all homicide victims, while they only account for 6 percent of the entire population.

It is scandalous that a 15-year-old urban African-American male faces a probability of being murdered before reaching his 45th birthday that ranges from almost 8.5 percent in the District of Columbia to less than 2 percent in Brooklyn.

By comparison, the probability of being murdered by age 45 is a mere three-tenths of 1 percent for all white males.

Firearms have become the predominant method of suicide for African-Americans aged 10–19 years, accounting for over 66 percent of suicides.

In Florida, for example, African-American males have an almost eight times greater chance of dying in a firearm-related homicide than white males. In addition, the firearm-related homicide death rate for African-American females is greater than white males and over four times greater than white females.

Nearly 50 percent of all homicide perpetrators give some type of prior warning signal such as a threat or suicide note. Among the students who commit a school-associated homicide, 20 percent were known to have been victims of bullying and 12 percent were known to have expressed suicidal thoughts or engage in suicidal behavior.

I have been working tirelessly in Congress to end gun violence by introducing legislation to assist local governments and school administrators in devising preventive measures to reduce school-associated violent deaths.

I have introduced sensible legislation to assist law enforcement departments, social service agencies, and school officials detect and deter gun violence

In devising such preventive measures, at a minimum, we must focus on:

Encouraging efforts to reduce crowding, increase supervision, and institute plans/policies to handle disputes during transition times that may reduce the likelihood of potential conflicts and injuries.

Taking threats seriously and letting students know who and where to go when they learn of a threat to anyone at the school and encouraging parents, educators, and mentors to take an active role in helping troubled children and teens.

Taking talk of suicide seriously and identifying risk factors for suicidal behavior when trying to prevent violence toward self and others.

Developing prevention programs designed to help teachers and other school staff recognize and respond to incidences of bullying between students.

Ensuring that each school has a security plan and that it is being enforced and that school staff are trained and prepared to implement and execute the plan.

Again, thank you all for your commitment to working to find workable solutions to the heath and wellness challenges facing our communities. I look forward to working with you in the months ahead to achieve our mutual goals.

IRAN

The SPEAKER pro tempore (Ms. STEFANIK). Under the Speaker's announced policy of January 6, 2015, the gentleman from Florida (Mr. DESANTIS) is recognized for 60 minutes as the designee of the majority leader.

Mr. DESANTIS. Madam Speaker, I rise today to discuss the situation with Iran.

President Obama recently said that criticism of the concessions that his administration is making to Iran ''needs to stop.'' Well, I disagree. We in this body have a responsibility to speak the truth and to stop a dangerous deal.

Take a step back a little bit from some of the recent hullabaloo about whether Iran has the same understanding of the deal as the United States does. It is true, if you listen to the Ayatollah, he basically said the deal basically represents a complete surrender on everything from day one; and the administration, when they put out their fact sheet, what they put out was different.

Here is, I think, a fundamental problem with this. Even if you take the administration's talking points as the meeting of the minds, even if you assume that that will be written down and memorialized, and even assume that Iran keeps the various components of the deal, the fact of the matter is this: this framework provides international legitimacy for Iran's nuclear infrastructure, and it allows Iran to use advanced centrifuges immediately.

Now, that was something that just a few years ago was thought to be totally outside the realm of what was acceptable. I think the thought amongst U.S. policymakers going back several administrations as well as other friendly countries was, look, this is a theocratic, jihadist regime in the Middle East that is sitting on centuries' worth of oil and gas. They don't need nuclear power for peaceful purposes, certainly, so why would we allow them to pursue a nuclear program knowing the ideology of the regime, knowing the threats that they have made to Israel and to the United States? Of course they don't get a nuclear program, and yet under this framework, their nuclear infrastructure is legitimized.

The sanctions relief that we are talking about is worth billions and billions of dollars to Iran. It will give Iran additional lifeblood to foment jihad and to expand its influence in the Middle East and beyond. So just know, I mean, even if you were somehow getting them to dismantle their nuclear program, when you talk about the leading state sponsor of terrorism, any sanctions relief they get is not going to go to benefit the Iranian people. That is going to be plowed into Iran doing dastardly deeds.

It is interesting, when you talk about the sanctions, and I know the Ayatollah said: Look, the sanctions are gone. As soon as that agreement is signed, they are gone.

The administration says: Oh, no. We will get rid of the sanctions as Iran complies; and if Iran cheats, we will snap back the sanctions.

The problem is that is extremely unlikely because what is going to be done, the international sanctions are going to be relaxed and then if, down the road, Iran cheats, the idea that you are going to be able to snap your fingers and get all these other countries onboard to be able to reimpose sanctions is really a fantasy.

In fact, just today brought news that Russia is resuming sales of the S–300 missile system to Iran. That had been something that they had stopped years ago. That is going to be business for Russia. It is going to be something