

EXTENSIONS OF REMARKS

RECOGNIZING THE SERVICE OF THE HONORABLE STEVE STIVERS

HON. STEVE CHABOT

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 27, 2017

Mr. CHABOT. Mr. Speaker, as the Dean of the Ohio Republican delegation (MARCY KAPTUR has served a few more years in total), it's my honor to recognize STEVE STIVERS for his service to the House of Representatives, and also to our nation.

Since being elected in 2010, STEVE has brought an enthusiasm and dedication to his work in Washington, and back home in Ohio. He is not only an incredible asset to this body and to his constituents, but he also has a gregarious personality that draws people in and puts them immediately at ease. To put it another way, you always know when STEVE STIVERS enters the room.

But, perhaps the most impressive thing about STEVE is his service in the Ohio Army National Guard. Having served his country with great distinction both here at home and overseas in Iraq, Kuwait, Qatar and Djibouti, he was recently promoted to the rank of Brigadier General. And fortunately, Mr. Speaker, STEVE brought the leadership skills he learned in the military to Congress, and we are all better for it.

IN RECOGNITION OF THE FOURTH ANNUAL LAX FOR A CAUSE EVENT

HON. BARBARA COMSTOCK

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 27, 2017

Mrs. COMSTOCK. Mr. Speaker, I rise today to recognize the Southwestern Youth Association (SYA), the Chantilly Youth Association (CYA) and an outstanding young woman, Tatum Bulger, whose collaborative efforts have made "Lax for a Cause," a local, annual pre-season lacrosse tournament for charity, a tremendous success. This year, the event raised \$22,000 for Special Love, a nonprofit organization that provides support and resources to children in the Mid-Atlantic region with cancer.

The tournament originated in 2014 when Damien LaRuffa, the Commissioner of SYA Lacrosse, Scott Stewart, the Vice Commissioner of SYA Lacrosse, and Chris Saben, the Commissioner of CYA Lacrosse, came together to brainstorm ideas for charitable sporting events in Northern Virginia. Since its inception, the annual event has been a tremendous success, previously donating proceeds to the Wounded Warrior Project, the Fisher House Foundation, and more. This year, Tatum Bulger, a sixth grader at Virginia Run Elementary School and avid lacrosse player, who was diagnosed with Ewing Sarcoma last

year, approached the organizers with the idea of donating the proceeds to Special Love, and the SYA and CYA immediately moved forward with the idea.

Tatum is truly a special and inspirational young woman. She has used her individual battle to benefit others and increase awareness about pediatric cancer. Additionally, as a member of the SYA Lady Warriors, she has maintained her commitment to her lacrosse team, attending weekly practices and games, and she has a unique and special impact on her teammates and friends.

Throughout the years, local sponsors and community members have covered the majority of the expenses for the all-day "Lax for a Cause" tournament, which has enabled a majority of the donations to go to charity. And while the event organizers were extremely satisfied with this year's event, they hope that other teams and youth organizations will host similar charity games or tournaments.

Mr. Speaker, I ask you to join me as we recognize "Lax for a Cause" and the charitable efforts set forth by the SYA, the CYA, and Tatum Bulger. Dedicating their time and efforts to helping children and their families fight an unthinkable battle with cancer attests to their unselfish character and determination to better their community. I wish them all of the best in their future endeavors.

TOM NOLAN, UPON HIS RETIREMENT FROM THE BOARD OF THE SAN FRANCISCO MUNICIPAL TRANSPORTATION AGENCY

HON. JACKIE SPEIER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 27, 2017

Ms. SPEIER. Mr. Speaker, it has come to my attention that long-time board member Tom Nolan is leaving after having served on the board of the San Francisco Municipal Transportation Agency since 2006 and as Chairman since 2010. I want to add my congratulations to those of countless others for the contributions that Tom made during his decades of public service.

Tom has been a longtime friend and colleague and I have always admired his ability to bring peace to the negotiating table and to get to yes. He is truly a regional thinker and a transportation visionary. He was my colleague on the San Mateo County Board of Supervisors during the 1980's, and it was from this position that he first became immersed in the subject of public transportation. While San Francisco has long had a well-developed public transit system, San Mateo County lagged far behind. Tom was instrumental in creating the Peninsula Corridor Joint Powers Board, the operator of Caltrain. He successfully fought for extension of BART to San Francisco airport and served the entire region as a member of the MTC. Even Santa Clara County owes a debt of gratitude for its transit system

to Tom Nolan, as the light rail system relies upon a segment brought into the system by Tom's advocacy.

He could have rested on his laurels when he left San Mateo County to become a resident of San Francisco, but instead he decided to once again become a leader in transportation issues. It takes the genius of a heart surgeon and the patience of a saint to serve on the MTA board. Tom met these standards with his tireless advocacy for service improvements, sound labor relations, a vast bicycle network to reduce reliance upon cars, bike sharing, replacement of the bus fleet, and support of the staff and transit system when the economic downturn brought painful adjustments.

Every board member deserves our thanks for his or her dedication to the public, but the enormity of these responsibilities is often apparent only in hindsight. Few cities in America have tried to do what the MTA is doing over time: Create a transportation system that relies upon multiple modes of movement to create a modern city and to extend economic opportunity to all neighborhoods of San Francisco, all the while integrating this system with the region's needs. The new Central Subway and the T Third Line are just two of the latest examples. Tom's advocacy was essential to creating these options, just as his persistent advocacy led in the creation of Caltrain and the airport extension.

When a pedestrian is not hit while crossing a busy intersection, Tom Nolan's advocacy is in part responsible for this wonderful outcome. When a father is on time picking up his child from daycare, he probably never stops to thank Tom Nolan for the bus ride that brought him to the center, but he should. When a housing advocate rises to support the creation of workforce housing along a transit corridor, I doubt that Tom's name ever comes up as one of the reasons that robust service exists along that particular public right of way. As the Giants fans pull into the 4th and King station, I'll bet that exactly zero riders pause to wonder who made that trip possible. In part, it was countless professionals and advocates over decades, but in large part it was Tom Nolan.

As Tom leaves his position on the MTA board, his legacy is evident in concrete and steel, as well as painted bike paths and floral dividers between bikes and vehicles. It is evident in the quality of life that is led by San Franciscans and those in the Bay Area who quietly go about their business each day.

Long before San Francisco had Uber, our region had Tom Nolan. One trades on a public stock exchange and is highly valued by financial analysts while the other quietly serves in modest but influential public service. There is no doubt in my own mind which is more valuable. Let us all give thanks for Tom Nolan, the ultimate transportation app because he doesn't require a smartphone, a charged battery or a good cell phone connection to get the job done. He's just a guy with a big heart and a mighty vision who delivers value to the public the old fashioned way: He earns it.

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Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.

PERSONAL EXPLANATION

HON. LOUISE McINTOSH SLAUGHTER

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 27, 2017

Ms. SLAUGHTER. Mr. Speaker, I was unavoidably detained and missed Roll Call vote numbers 224, 225, 226, 227 and 228. Had I been present, I would have voted "aye" on votes 226 and 227. I would have voted "nay" on votes 224, 225, and 228.

TRIBUTE TO PUNAHOU SCHOOL
NATIONAL SCIENCE BOWL TEAM

HON. COLLEEN HANABUSA

OF HAWAII

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 27, 2017

Ms. HANABUSA. Mr. Speaker, I rise today to celebrate Punahou School's win in the Hawaii Regional Science Bowl and for earning the opportunity to compete in the National Science Bowl for the second year in a row.

Created by the Department of Energy's Office of Science in 1991, the National Science Bowl is one of the largest and most prestigious academic competitions in the United States. Over 265,000 students have participated throughout the National Science Bowl's 26 years. This year, over 14,000 students competed for a coveted spot in the National Science Bowl. Each team completed a series of daunting hands-on challenges that tested their knowledge. This meeting of some of the brightest student minds has encouraged thousands to expand their understanding of mathematics and science and pursue careers in such fields.

This week, Punahou School will compete against 62 other high schools in the National Science Bowl. To the Punahou School team—John Winnicki, Andrew Winnicki, Anna Kimata, Deborah Wen, Conrad Newfield, and Coach Warren Huelsnitz—all the best in this year's competition. They are a great example to their peers and I wish them continued success in their education and careers.

Mr. Speaker, I am honored to represent these students and their families in the United States Congress and I know all my colleagues in the House will join me in congratulating them on competing in the National Science Bowl Finals 2017.

COMMEMORATING NATIONAL
MINORITY HEALTH MONTH

HON. DANNY K. DAVIS

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 27, 2017

Mr. DANNY K. DAVIS of Illinois. Mr. Speaker, I am here to recognize the month of April as National Minority Health Month. The Affordable Care Act is a transformative piece of legislation that has helped millions of uninsured people to acquire affordable health insurance who otherwise would not have access to quality patient-centered care. This legislation was not just relegated to help the poor and the needy but also the 177 million employer spon-

sored insured employees with additional health benefits that never existed before the Affordable Care Act. For instance, ACA prohibited insurance companies from discriminating individuals with pre-existing conditions, and imposing lifetime cost caps on patients. Under ACA, parents can keep their children on their insurance plan up to the age of 26. Also, insurance companies are required to spend 80 percent of all premium dollars toward direct medical expenses and 20 percent toward insurance companies' administrative costs. Otherwise, they must reimburse the customer some of their money back. Currently, ACA has allowed more than 20 million U.S. residents to have health insurance coverage, which has improved the racial and ethnic disparities among minority population.

The purpose of the Affordable Care Act consisted of five basic goals:

1. Expand health insurance coverage for nearly 50 million uninsured people in the United States, which consist of 44 percent Whites, 32 percent Latinos, 16 percent African Americans, 6 percent Asians, 2 percent Native Americans and 0.4 percent Native Hawaiian and other Pacific Islanders.

2. Reduce health care costs by establishing marketplaces called exchanges where federal and state-based marketplaces will have a single process to determine whether someone is eligible for tax credits to reduce the cost of premiums, in the form of cost sharing, Medicaid, or Children's Health Insurance Program. ACA requires a minimum standard of essential health benefits to include ambulatory patient services, prescription drugs, emergency services, rehabilitative and facilitative services, hospitalization, laboratory services, maternity and newborn care, preventive and wellness services and chronic disease management, mental health and substance use disorder services (including behavioral health treatment), and pediatric services (including oral and vision care). Whereas before, ACA's essential benefits did not exist, thus leaving the prospective patients without quality access to care.

3. Reduce health care fraud and abuse

4. Improve health care quality through several initiatives: (1) a national quality strategy; increased reliance on value-based purchasing; expansion of meaningful use of electronic health records (EHRs); better care coordination; development of quality measures for Medicaid and Medicare; and measures of quality in the marketplace.

5. Improve population health that includes reducing racial and ethnic disparities among the minority population. One aspect of the ACA helping people of color to reduce disparities is by requiring health plans to cover certain preventative services such as blood pressure and cholesterol screening, mammograms and Pap smears, and vaccinations, with no cost-sharing. The ACA increased funding for community health centers, which provide quality primary and comprehensive services to underserved communities. They served approximately 25 million people in rural and urban centers where more than half of the patients were members of various ethnic and minority groups.

We need more doctors and allied health professionals to assist a healthcare system that for decades was not adequately addressing health disparities among millions of racial and ethnic minority Americans. Many of our

minorities are disproportionately more likely to suffer deleterious health disparities just because they are low-income wage earners, poorer in health and suffer worse health outcomes, and are more likely to die prematurely and often from preventable causes compared to their White counterparts. Some of the examples of these 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 28 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 3 times higher than the overall rate; and

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

In addition to the unacceptable costs of human suffering and premature death, there are significant economic repercussions of allowing health disparities to persist. A 2010 study from the Health Policy Institute at the Joint Center for Political and Economic Studies found that the total costs of health disparities were \$1.24 trillion over a three-year period. This same report found that eliminating racial and ethnic health disparities would have reduced direct medical care expenditures by \$229.4 billion over the same three-year period.

Many analysts over the past several years have reported that investments through the Affordable Care Act and the American Recovery and Reinvestment Act of 2009 have helped double the number of clinicians in the National Health Service Corps by providing scholarships and loan repayments to medical students and primary care physicians and other healthcare professionals as incentives for them to practice in underserved communities. The ACA helped bridge some of the gap in workforce diversity to include dentists and other primary oral health care providers.

Increasing the proportion of African-American dentists is critical because studies show that they are more likely to serve in underserved communities than their white cohort. In 2010, underrepresented minority (URM) Black or African American, Hispanic/Latino of any race, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander-students composed 13 percent of the overall applicant pool for dental school programs. For the 639 URM applicants who enrolled in 2010, the enrollment rate increased only by 1 percent since 2009. A statistic that shows that progress is needed. Dental schools today are graduating 300 Black dentists out of 5,000 each year. Today, 5 percent of dentists are African-American. Black dentists treat nearly 62