

Cam which garnered worldwide attention this spring. The Giraffe Cam captured April giving birth to her baby calf, Tajiri. The live video was watched by more than 1 million viewers worldwide.

I am happy to report that April and I had a great meeting and that Tajiri is growing and doing very well in the Animal Adventure Park. I also had the unique opportunity to pose for a selfie with April from high atop a perch. She was much obliging, especially since I had some carrots to offer her.

Most importantly, during my visit to Animal Adventure Park, which is a beautiful preservation of wild animals from around the world, I learned that over the last 30 years the giraffe population numbers have declined by over 40 percent, and giraffes are now listed in the category of “vulnerable to extinction,” an important reminder that we can all do more to preserve wildlife and to protect precious wild species such as April and her darling baby, Taj, that share the planet with us.

HONORING THE MEMORY OF MRS. MARTHA RIVERA CHAVIS

(Mr. PAYNE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PAYNE. Mr. Speaker, I rise today in honor of Mrs. Martha Rivera Chavis, who passed away on July 6, 2017, at her home in Montclair, New Jersey.

After receiving her degree in French civilization at the Sorbonne University in Paris, France, Mrs. Rivera Chavis served as the French-to-Portuguese translator for Angola's Ambassador to the United Nations. It was there she met Reverend Dr. Benjamin F. Chavis, Jr., a civil rights leader and president of the National Newspaper Publishers Association.

After marrying in 1988, Mrs. Rivera Chavis and her husband cared for nine Angolans, including six children with missing limbs, at their home in Montclair. Mrs. Rivera Chavis carried that empathy and compassion with her throughout life, including during her tenure as the head of the Women in NAACP committee, where she fought for justice, equality, and freedom for minority communities.

Mr. Speaker, Mrs. Rivera Chavis will be greatly missed by all who knew her. I send my thoughts and prayers to her husband, Benjamin, and her children and loved ones.

PEOPLE ARE WORRIED ABOUT HEALTHCARE

(Mr. SCHNEIDER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SCHNEIDER. Mr. Speaker, last week, as I traveled throughout my district, I heard time and time and time again from people worried about one

issue: healthcare. I heard stories like Diane's in Mundelein, who was able to get affordable coverage through ACA after losing her job of 30 years to outsourcing, and Claire's, from Vernon Hills, who was diagnosed with neurofibromatosis just a month before her 26th birthday. Yet, because of ACA, she has insurance today, despite her preexisting condition.

I was thrilled to learn that Claire recently got married, and is looking forward to pursuing her dreams: raising a family and living a long and productive life.

Mr. Speaker, across the country, there are millions of stories just like these. The ACA is far from perfect and it needs work. I heard that from my constituents as well.

I urge my colleagues here in Congress to listen to the people who share their stories with me and others and end this ill-considered repeal effort. Instead, let's get to work together to deliver quality, affordable healthcare for all Americans.

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REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H. RES. 399.

Mr. STIVERS. Mr. Speaker, I ask unanimous consent that my name be removed as a cosponsor of H. Res. 399.

The SPEAKER pro tempore (Mr. RUTHERFORD). Is there objection to the request of the gentleman from Ohio?

There was no objection.

EXECUTIVE ORDER AMENDING EXECUTIVE ORDER 13761—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 115-51)

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, referred to the Committee on Foreign Affairs and ordered to be printed:

To the Congress of the United States:

Consistent with subsection 401(b) of the National Emergencies Act, 50 U.S.C. 1641(b), and subsection 204(b) of the International Emergency Economic Powers Act, 50 U.S.C. 1703(b), I hereby report that I have issued an Executive Order (the “order”) that amends Executive Order 13761 of January 13, 2017, by changing certain effective dates and revokes a reporting requirement in that order.

The order changes the date by which the Secretary of State, in consultation with the Secretary of the Treasury, the Director of National Intelligence, and the Administrator of the U.S. Agency for International Development, is to provide a report to the President on the Government of Sudan's progress in sustaining the positive actions taken by the Government of Sudan that gave rise to Executive Order 13761, from July 12, 2017, to October 12, 2017. The

order also changes from July 12, 2017, to October 12, 2017, the effective date for the revocation of sections 1 and 2 of Executive Order 13067 of November 3, 1997, and the entirety of Executive Order 13412 of October 13, 2006, provided that the Secretary of State, in consultation with the Secretary of the Treasury, the Director of National Intelligence, and the Administrator of the U.S. Agency for International Development, publishes on or before October 12, 2017, a notice in the *Federal Register* stating that the Government of Sudan has sustained the positive actions that gave rise to the order and has provided to the President the report described above.

The order revokes the requirement in Executive Order 13761 to provide an updated version of the report annually thereafter and, concurrent with those reports, to publish in the *Federal Register* a notice stating whether the Government of Sudan has sustained the positive actions that gave rise to Executive Order 13761.

The President issued Executive Orders 13067 and 13412, among other orders, to deal with the unusual and extraordinary threat to the national security and foreign policy of the United States posed by the actions and policies of the Government of Sudan, including support for international terrorism; efforts to destabilize neighboring governments; and the prevalence of human rights violations.

In Executive Order 13761, the President determined that the situation that gave rise to the actions taken in Executive Order 13067 and Executive Order 13412 related to the policies and actions of the Government of Sudan had been altered by Sudan's positive actions over the prior 6 months. Executive Order 13761 directed the Secretary of State, in consultation with the Secretary of the Treasury, the Director of National Intelligence, and the Administrator of the U.S. Agency for International Development, and based on a consideration of relevant and credible information from available sources, including nongovernmental organizations, on or before July 12, 2017, to provide a report to the President on the Government of Sudan's progress in sustaining its positive actions that gave rise to Executive Order 13761. Executive Order 13761 further provided that if the Secretary of State, in consultation with the Secretary of the Treasury, the Director of National Intelligence, and the Administrator of the U.S. Agency for International Development, published on or before July 12, 2017, a notice in the *Federal Register* stating that the Government of Sudan had sustained the positive actions that gave rise to Executive Order 13761 and had provided to the President the report described above, the revocation of sections 1 and 2 of Executive Order 13067 and the revocation of Executive Order 13412 would become effective.

While the Government of Sudan has made some progress in areas identified

in Executive Order 13761, I have decided that more time is needed for this review to establish that the Government of Sudan has demonstrated sufficient positive action across all of those areas.

For these reasons, I have determined that it is necessary to amend the effective date to October 12, 2017, to provide the report required by Executive Order 13761 and revoke sections 1 and 2 of Executive Order 13067 and Executive Order 13412, provided that further action is taken by the Secretary of State, as set forth in Executive Order 13761, and to revoke the subsequent annual reporting requirement in Executive Order 13761.

I am enclosing a copy of the Executive Order I have issued.

DONALD J. TRUMP.
THE WHITE HOUSE, July 11, 2017.

THE TEST OF OUR PROGRESS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2017, the gentleman from California (Mr. GARAMENDI) is recognized for 60 minutes as the designee of the minority leader.

Mr. GARAMENDI. Mr. Speaker, I look forward to this hour, although I will probably take something less than that.

I want to bring to the attention of the House and, more beyond that, the citizens of the United States what is happening here with all this talk about the repeal of the Affordable Care Act. I want to spend some time on that issue. I want to review exactly what the Affordable Care Act has done for Americans and what the repeal would do to Americans. Those are really two different ways to look at this.

I want to start someplace else that has been a very special part of my thinking about government issues, about policies of all kinds, and it was something that Franklin Delano Roosevelt said during the height of the Depression as the American government and Mr. Roosevelt were talking about the various policies that were being discussed at the time. He laid out a test to which he would apply his judgment of a policy. It reads this way: "The test of our progress is not whether we add more to the abundance of those who have much; it is rather we provide enough for those who have too little."

I see this as a profound and extremely important criteria upon which to judge many policies that come before us in bills, but it is also, I think, an extremely valuable way to judge the question of the Affordable Care Act: Has it added much to those who have little?

I will try to answer that in a few moments.

Similarly, in looking at the repeal of the Affordable Care Act, the test of our progress is not whether we add more to the abundance of those who have much. When we consider the repeal of the Af-

fordable Care Act—ObamaCare—does it add to those who have much? Does it add to those who have little?

I will try to answer these questions in just a few moments.

So does the Affordable Care Act add much to those who have little?

The answer is: Categorically, it does. There is absolutely no doubt that the Affordable Care Act has helped those who have little. I will give a couple of examples. Just a couple.

One, a beauty salon operator in Sacramento, California, around the age of 30, married, wanting to have children but not able to do so because she had no insurance. A small-business operator, herself, maybe one part-time employee, unable to get insurance prior to the Affordable Care Act.

My wife visited her after the Affordable Care Act went into place, and she was able to purchase private insurance through the subsidized market, and she happily, excitedly told my wife: And now my husband and I, we are going to have a baby. At last I have the insurance. And I want you to tell your husband "thank you."

That thanks is not to me. It is to the men and women of the Congress in 2010, myself included, and the Senate, and President Obama that signed the Affordable Care Act that set up a situation in which, through the California exchange, similar to other State exchanges, she was able to purchase insurance. Subsidized to be sure, but nonetheless, she was on her way to having a baby, or at least thinking about having a baby. I will come back to her in a few moments.

A second person, small family farmer in my district unable to have insurance throughout her entire adult life. In and out of hospitals for everything from an accident on the farm to some more serious things. Facing bankruptcy. The Affordable Care Act gave her the opportunity to have insurance, to stabilize her life, her healthcare, and, importantly, be able to avoid the financial disaster of a major medical bill that would have clearly bankrupted her and put her out on the street.

That is what the Affordable Care Act did to two constituents in my district. And that story is repeated over 20 million times around this Nation. More than 20 million Americans have been able to get health insurance as a result of Affordable Care Act. And 6.1 million young Americans have been able to stay on their parents' insurance policies, not thrown off at the age of 18, but able to stay on until the age of 25. And 27 percent of Americans who have preexisting conditions—27 percent of us have some sort of preexisting condition—no longer a bar to being able to get insurance.

I was the insurance commissioner in California for 8 years, and I saw the forms that the insurance companies would require be filled out. Everything in their life from the moment of their birth—in fact, before their birth, they needed to disclose every single event.

Did you have pneumonia? Did you have an illness of this or that? All the way down the line.

And if you answered "yes" to any one of those, you would probably not be able to get insurance. And 27 percent of the American public unable to buy insurance because of preexisting conditions, no longer the case in America today. It is gone. That is history.

This is my experience. Thousands of times I saw this. If a person went through that entire checklist and there was some inaccuracy in the way they answered those questions and they went to the hospital with a serious illness that was supposed to be covered, it was common for the insurance companies to go back and do medical underwriting after the event and deny the coverage. Common practice.

Something as mundane as: I did not have mumps when I was a child. Check, check, check. Oh, you had mumps? I am sorry, we are not going to pay for this operation.

Those days are gone. The Affordable Care Act did that.

In my own State of California, 3.7 million Californians are now insured due to the Medicaid expansion program, which we call Medi-Cal in California. And 1.4 million people now have insurance through the exchange. The two examples I gave are but two of 1.4 million Californians that have insurance. So it works. And it is not just that. There are other things.

Seniors, the infamous doughnut hole in which, under Medicare part D, the first couple of thousand dollars of drug expenses would be covered. And then serious illnesses, you blow through that quickly, and then you faced the doughnut hole, and it was out of your pocket.

So you found seniors all across this country unable to afford the continuation of the drugs that kept them alive. It is gone—or will soon be gone. The Affordable Care Act collapses that doughnut hole so that in another 1½ years, 2 years from now it would be gone and the Medicare part D would provide the drugs that are necessary to keep seniors alive.

The repeal of the Affordable Care Act would end that and send those seniors back where they were before, facing the ominous doughnut hole. It goes on and on.

Medicaid expansion, 20 million Americans covered; 3.7 million in California. The drop in insurance rates. Due to the Affordable Care Act, the uninsured rate is now the lowest in history.

Consider this: 16 percent of Americans in 2010, before the Affordable Care Act, did not have insurance—16 percent of the 380 million of us.

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Today, it is down to just about 8 percent—excuse me, that is in 2016. There has been continued improvements since then, 8 percent. That is where those 22 million Americans are.

So we have seen this over time. As a result of the Affordable Care Act, the