

leave. When they do leave, almost 40 percent of survivors become homeless. This is wholly unacceptable.

Until we address the full spectrum of abuse that survivors face, we won't significantly reduce rates of domestic violence. And for so long as domestic violence is a glaringly prevalent problem in our society, we will not see gender equality.

Incorporating economic abuse into the definition of domestic violence in this landmark Federal legislation is a huge step.

I am honored to have the opportunity to carry the voices of Orange County families and survivors to the Halls of Congress.

I found help to let my family rebuild our lives. A police officer who had been trained in DV because of VAWA helped create the amazing, healthy children I have. I will count the passage of VAWA among my proudest achievements.

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

The Acting CHAIR. The question is on the amendment offered by the gentlewoman from California (Ms. PORTER).

The amendment was agreed to.

AMENDMENT NO. 38 OFFERED BY MR. ROSE OF NEW YORK

The Acting CHAIR. It is now in order to consider amendment No. 38 printed in part B of House Report 116-32.

Mr. ROSE of New York. Mr. Chairman, I rise today in support of my amendment to expand national domestic violence hotlines.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 171, insert after line 2 the following (and conform the table of contents accordingly):

**SEC. 1408. NATIONAL DOMESTIC VIOLENCE HOTLINE.**

Not later than 3 months after the date of enactment of this Act, a national domestic violence hotline for which a grant is provided under section 313 of the Family Violence Prevention and Services Act shall include the voluntary feature of texting via telephone to ensure all methods of communication are available for victims and those seeking assistance.

The Acting CHAIR. Pursuant to House Resolution 281, the gentleman from New York (Mr. ROSE) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from New York.

Mr. ROSE of New York. Mr. Chairman, when you consider hotlines today, we have to think about the fact that text messages are absolutely important, and they are also, all too often, ignored.

We need to evolve. We need to fix the new problems of today as well as the problems of the future.

As a subcommittee chairman of the Homeland Security Committee and as one of the younger Members of this body, I understand that the advent of social networks and technology has, in

many ways, helped us track and identify bad actors. But as we have heard from survivors of domestic violence, it also allows abuse, coercion, stalking, and intimidation in more ways than ever before.

Survivors need the necessary tools to keep themselves safe. When a woman is being constantly monitored by her abuser, is unable to hide, and finds herself trapped, a phone call could put her life in even more danger.

This is why I implore my colleagues to support this amendment, because we are talking life and death here. This is not only a matter of believing survivors—though, to be clear, we absolutely must. This is about making sure that we empower survivors with the resources they need in the 21st century, no matter what age they are.

It breaks my heart to know that those hiding from their abusers could be a young college student or even a teenager in high school. A recent study on intimate partner violence found that 1 in 10 high school students have experienced physical violence from dating a partner in a given year. Nearly one in three women in college have said they have been in an abusive dating relationship.

If these statistics do not highlight the need for Congress to provide as much relief as we possibly can, I don't know what does.

Making sure women in crisis can quickly and easily get help by texting the crisis hotline should be a no-brainer. The technology exists, and it has been proven to be effective by other organizations helping those in need. This isn't rocket science.

If we apply modern-day technology to combat dating violence and sexual assault, we can keep survivors and their families safe while holding the perpetrators accountable.

It is our job to make sure that our federally funded hotlines can serve in the most effective way. We need to get this done because, at the end of the day, this amendment will save lives.

Mr. Chair, I urge my colleagues to support this amendment, and I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from New York (Mr. ROSE).

The amendment was agreed to.

Mr. NADLER. Mr. Chair, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. MALINOWSKI) having assumed the chair, Mr. ROSE of New York, Acting Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 1585) to reauthorize the Violence Against Women Act of 1994, and for other purposes, had come to no resolution thereon.

**HOURLY MEETING ON TOMORROW**

Ms. PRESSLEY. Mr. Speaker, I ask unanimous consent that when the

House adjourns today, it adjourn to meet at 9 a.m. tomorrow.

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

There was no objection.

**IN SUPPORT OF VAWA**

(Ms. PRESSLEY asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. PRESSLEY. Mr. Speaker, I rise today in support of the Violence Against Women Act, VAWA.

I rise today to bring our stories out of the shadows. Let us reject the myth that strong women, bold women, independent women do not find themselves in the throes of violence at the hands of someone who claims to love them.

My mother, my shero, found herself in such an abusive relationship, one that threatened her physical safety and her sanity, and chipped away at her dignity and her joy.

As a child, to witness the abuse and degradation of the person who is your world, your everything, it is an image, a feeling, that never leaves.

To the millions of women who find themselves in the shoes of my mother and to the countless daughters who find themselves looking on: I see you. I am fighting for you and all the Sandys out there.

My mom, Sandy, depending on the day, was beaten for being too pretty, too ugly, too smart, too dumb. This man beat my mother's limbs and tried to beat down her spirit. His abuse was the deepest of betrayals.

For the stories that we share here today, if they make people uncomfortable, good. Let that discomfort lead to transformation, transformation in our discourse, transformation in our lawmaking, and a renewed commitment to our shared humanity.

No more.

Mommy, this one is for you.

**AMERICA'S ECONOMIC FUTURE**

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2019, the gentleman from Arizona (Mr. SCHWEIKERT) is recognized for 60 minutes as the designee of the minority leader.

Mr. SCHWEIKERT. Mr. Speaker, I promise not to go 60 minutes.

Continuing the series we have been trying to do on a much more, shall we call it, holistic policy of how to get a sort of unified theory of what will make America's economy, opportunity, our ability to pay for our promises, particularly over the next 30-some years, when our baby boomers are in their retirement years.

This is, actually, sort of just another module on trying to help sell, educate, convince, cajole, on that idea.

We always start with this particular poster now that our belief is you sort of have five pillars on what we must do

almost immediately to have the economic growth and the mechanics to be able to keep our promises.

Remember, basic math: We have 74 million baby boomers. We are now about halfway through that 18-year cycle turning 65.

In 8½ years is the final portion of the baby boom turning 65. In 8½ years, half the spending, less interest, coming out of this body, so 50 percent of the spending will be to those 65 and older. In 8½ years, there will be two workers for every one person in retirement.

Understand what this means: If we don't have substantial economic growth, substantial incentives to stay in the workplace, and also a really disruptive cost curve in parts of healthcare, I defy you to make the math work.

□ 1945

So we have actually sort of laid out five principles of policy, and within those policies, there are lots of moving parts. We are going to talk a little bit more of sort of the technology disruption, but we are going to talk the other half of it from what we did 2 weeks ago.

But economic growth: What do you do in a tax system? What do you do with trade? What do you do with smart regulations?

I have done presentations here about crowdsourcing data as a much more elegant way to regulate; using block chain to collect data in financial markets so you could actually have a much more rational, much more reactive, much faster regulatory environment.

We also have on here, I use the term, "population stability." Remember what has happened to the United States birth rates and where we are going and where we are predicted to go.

In the last 10 years, there are 4 million children that we expected who are not here. That is functionally 4 full years of immigration in 10. Are we willing to actually say it is time to go to a talent-based immigration system with some flexibility in there to maximize population stability? And on the other end, are we willing to also adopt public policy that encourages family formation?

It is math, and it is math about the economic robustness of this society.

Earned benefits: We are going to have to find ways that, as we keep our promises on Social Security, if we keep our promises on Medicare, are there inducements, incentives we can produce to say: Are you willing to stay in the workforce longer, part-time? If you are healthy, happy, capable, we want you. It makes a difference.

Are we able to give you certain incentives to postpone taking benefits to actually help yourself, but also help the programs as they function?

And then the last one under our five pillars is employment. How do we maximize, as a society, participation in the workforce?

You know, we still have some data issues on millennial males. What can

we do to help them get into the workforce?

As you know, last December, we finally had a real breakthrough in some of the data—we call it the U-6—employment data on millennial females moving into the workforce. That is part of it.

We also want to encourage older Americans to stay in the workforce if that is their choice.

But we also are starting to see something that is really exciting in the labor statistics—I am sorry I am geeking out, and I know I am sounding like an accountant on steroids, but these things are really important—is our handicapped brothers and sisters. People who have actually had substance abuse and other types of issues are actually moving back into the workforce.

Behind this microphone I have talked about even the things going on in Arizona right now, where we actually have private, paid-for job training in our prisons because there is such a labor shortage, there is such a skilled labor shortage in our community. That is actually wonderful.

I mean, if you care about people, where we are at right now, our ability to draw our brothers and sisters into the labor force for that honor of work is an amazing thing.

Mr. Speaker, I yield to the gentleman from Ohio (Mr. STIVERS).

HONORING THE LIFE AND SERVICE OF UNITED STATES ARMY SERGEANT JOSEPH P. COLLETTE

Mr. STIVERS. Mr. Speaker, I thank the gentleman from Arizona for yielding.

I rise today to commemorate one of America's heroes, United States Army Sergeant Joseph P. Collette of Lancaster, Ohio.

Sergeant Collette gave his life in the service of our Nation on March 22, 2019, while serving in Afghanistan with the 242nd Ordnance Battalion, 71st Explosive Ordnance Disposal Group.

Serving with the United States Army was a goal for Sergeant Collette. On September 11, Sergeant Collette was only 11 years old, but on that tragic day he felt the call of service. It is that bravery, selflessness, and commitment that Sergeant Collette will be remembered for.

A man of many talents, he loved sharing his passion for cooking with others and challenging his friends to paintball matches and Pokemon battles.

He loved spending time outdoors, but he loved nothing more than spending time with his friends and family, and his legacy will live on in their memories.

As a brigadier general in the Ohio Army National Guard, I have been privileged to serve alongside men and women like Sergeant Collette. I can say without a doubt that Lancaster, Ohio, and our Nation is a better and safer place as a result of his service.

I am honored to celebrate his life and legacy, and my heart goes out to his entire family.

This country needs to recognize heroes like Joseph Collette, so I hope that we all will take a moment of silence to recognize the life of Joey Collette.

Mr. SCHWEIKERT. Mr. Speaker, look, those are always hard to do, particularly, you know, when you want to reach out to the families in your community and deal with those really difficult moments. So I appreciate the gentleman, and I am always happy to yield. He has always been very kind to me here.

All right. Back on to trying to help do our theme here. And I know it is a little sarcastic, but it is sort of meant to have a little impact. We often joke that we are operating in a math-free zone, and it is a great frustration.

One of the neat things that has happened over these first couple of months as we have been doing this sort of unified theory pitch—and we keep trying to say it is not Republican or Democrat. It is math. A number of my friends from the left have actually started to stop by the office, particularly on the technology, which I am very excited, because there is a revolution happening around us.

So let's actually sort of move on to one or two more boards just to make sure that we have built the argument.

On this particular board—and I have shown this; I am going to keep showing it—2008 to 2028, 91 percent of the increased spending—so when you see that curve going up between that 2008 and 2028, 91 percent, Social Security, healthcare entitlements, and interest.

Social Security, the healthcare entitlements, and interest—91 percent of the growth in spending for those 20 years.

So when we get here behind these microphones and we are often talking about this or that, understand the vast majority of what is driving our spending are our demographics. Our demographics are what drives Social Security, Medicare, and the borrowing within those drives a tremendous amount of the percentage of the debt.

So how do you build a robust enough economy and then enough optionality in that growth with technology to also bend the cost on healthcare?

So this particular slide is really important for us to get our heads around, and this is the other side.

In the previous couple of weeks, we have done a series of presentations here on the floor about the technology that is coming on everything from wearables to autonomous healthcare to being able to instantly have your flu diagnosed, and can we build a system, if we would take down some of the legal barriers, where almost instantly your antivirals can be delivered to you.

Think about blowing into something that looks like a flu kazoo. It diagnoses you. It pings off your personal medical records and instantly can order those antivirals.

How much healthier, how much more time do you have for your life, for your family?

These are the types of disruptions we as a body—and it is not Republican or Democrat. It is where technology is leading us, to make our lives more convenient. That precious commodity of time is given back to you, and we become healthier as a society while bending our healthcare costs.

Well, this particular slide makes it very clear that we actually believe about 75 percent of all of our spending—and we get this, I believe, from the Centers for Disease Control. Seventy-five percent of our healthcare spending is for chronic conditions.

Okay. So we actually know where our spending concentration is. So how do we start to have a disruption in that?

And if you actually look at the growth of healthcare, this is basically our spending in 2001 to 2017. But you see that line just growing and growing and growing.

Well, a lot of that, we will immediately get people who say: Well, that is pharmaceutical prices. Well, that is this. That is this.

It is substantially our demographics and then the procedures that come along with that aging in society.

We will actually, in the future, if there is a request for it, we will bring some of those boards and actually do more breakdown. But it is just understanding we cannot survive if this line continues to grow in that fashion.

Additionally, and just understanding these categories—and I am going to push this back just a little bit because this particular board may be unreadable from a distance, but it is really important.

What we are trying to explain here is, the green bars, the small bars, think of these as chronic conditions that have never been diagnosed; the blue are where they have been diagnosed; and the total cost in our society.

When you look at this, what would happen if I could come to you and say, for a number of these, there are ways to manage hypertension. There are ways for someone like myself that is a pretty severe asthmatic to manage my asthma. There may be cures on the very short horizon coming for many of the diseases we consider chronic conditions.

Part of what I want to talk about tonight is the second half: How do we finance the miracles that this body in previous years, when we did the CURES Act, when we actually did the specialty, the financing, the research resources for orphan diseases—it is starting to pay off. Many of the policies, actually, the Republican Members here did in previous years with the previous President are starting to pay off.

So think about this—and I may have my date wrong; I am desperately hoping it is by the end of this year—a single-shot cure for hemophilia A. So our brothers and sisters, and there are only about 8,000 in the United States who have hemophilia, but it is a population that is very expensive for the blood

clotting factor, for the other medical maintenance for that population, for our brothers and sisters.

How about a single shot that cures? What would we, as a society, be willing to pay for that curative?

How do we finance it? What if it is a \$1.5 million a shot? Let's just sort of theorize here.

But in about a 5-, 6-year period of time, it has actually more than paid for itself. Just, you know, the tyranny of basic accounting: How do we say today we want a system where we can finance these disruptive pharmaceuticals so we can start to change parts of these chronic populations so we do something that is curative?

One of the discussions we have been working on in our office for almost 2 or 3 years now is the concept of, we will call it a healthcare bond that says we are going to reach out, do a census of the populations of, hey, these many individuals with this particular disease that this pharmaceutical would cure or dramatically improve their lives—some are on Medicare; some are on Medicaid; some are on private insurance; some are at the VA. We need to do that census and then do sort of an assessment over time to have what would have been their normal cost pay back that bond.

The trickier policy set here—let's go back to our hemophilia example: 8,000 population, a single shot cures the disease. How do you price it?

This is going to be an intellectually robust discussion we are going to have to have. We have other things in our society we price. A baseball player who is phenomenal, you would do certain types of arbitration.

We could actually take a look at everything from the research costs, to the future benefits, to the incentives to continue this type of research, to the health benefits of having that population cured.

There has got to be a formula we can come up with as a society where we continue to encourage these incredible miracle disruptions that are on the horizon. We need more of them because they start to solve this chart's problem.

Remember the previous one, the pie chart. Seventy-five percent of our spending, functionally, is within those chronic conditions. What happens if we start to cure them, or at least a portion of them?

It is time this body stops having the crazy debate we have had here for the last 10 years, which is the ACA. It is even our Republican alternative, which I believe had some great things in it.

But we have been having this debate about who gets to pay. We have not been having the discussion, the intellectually honest discussion of what do we do to pay less and provide more?

□ 2000

That is my goal here. If these miracle biologicals, if these miracle genetic treatments, are coming, how do we get

them adopted into our society as fast as possible?

In many ways, as we saw in the first phase of the hep C cure—what was the drug, Sovaldi? In that first year, year and a half, it cost \$84,000, I believe, but it cured hepatitis C, meaning you did not need a liver transplant. But what happened? We had a number of our State Medicaid systems that were on the verge of going bankrupt.

The difference in that sort of pharmaceutical is you had time before someone became symptomatic where liver transplant was indicated. And then we knew there was a second pharmaceutical with some of the same efficacy coming.

What happens when there is not going to be a second drug, because it is a small population or it had such stunning research costs?

We need to think through how we finance disruptions of those pharmaceuticals and how we also get a fair pricing so the research continues. We incentivize that, but also a fair pricing to society, which is willing to put on debt for a quick adoption and then use the future savings.

So understand, what is neat about this, if you actually look at these diagnoses with serious chronic conditions, a number of them can be partially benefited by technology.

Once again, I am a pretty severe asthmatic. We have played with a couple of contraptions that help me manage my blood oxygen.

What happens if that contraption can talk to my phone and say: "Hey, David, this morning, you really need to take two puffs of your inhaled steroid."

"Hey, David, we are doing some calculations. Today, you don't."

As you have already seen, you may even have family members who are now reading off their phones about their diabetes, because they have a port that is reading their blood glucose.

Technology can help us manage a number of these chronic conditions to make them so they don't crash, so they are not catastrophic for the individual and not expensive for society.

If you have hypertension, how many of you may have an arrhythmia that you now have a watch that will help you manage? Those are on the technology side.

On some of these, it is the curative that I really wanted to get into our understanding, the other half of the miracle disruption that is coming in healthcare.

We need, as policymakers, to understand these are the benefits we are now yielding because of a lot of really good policy decisions this body made over the last few years.

Let's move on to a couple more boards to try to help this argument become a little more robust.

This was the best one I had, but let's go back to the hemophilia discussion. Can we use this example that is on our immediate horizon?

I believe they are already well in or through their phase III. They have had,

apparently, just from even the latest article I pulled up a couple days ago, amazing efficacy. It is curative for the vast majority of the population, something we never really thought of.

Are we ready as a society to say: Can we build the box of how we finance these disruptions?

Let's walk through a couple others.

How many of you have heard of some of the gene therapies where we can turn on your immune system, but we turn it on in such a way—well, the medical researchers, by understanding the type of cancer you have, looking at that cancer and saying, hey, here are the receptors that your immune system would do the most efficient—how do I describe it?—the most efficient method of killing those cancers. What if that costs \$250,000, \$500,000, but it cures?

How about in some of these cases? Now we are looking at this particular one. This is from earlier in the year or late last year, a pharmaceutical biological that changes a genetic form of blindness. You are born with this blindness on your DNA, and it recodes your DNA and brings back a substantial portion of your sight. What is the value of that?

There are some unique things. I believe it may be within this gene editing. Actually, it is really expensive. I think it may have been \$400,000 or \$500,000 for a certain number of the patients. It was almost you only paid if we hit a certain level of returning your sight.

What happens when we are able to do more of this, that it is more than just a disease you have developed, and we are actually recoding parts of your own personal genome to deal with a genetic blindness that you were born with? How much does this help society? How much, as a society, are we willing to pay?

When we pay it, is there a way we can have a financing mechanism that the adoption of such miracles happen quickly, and we can reap the benefits in future time? That is the concept for the healthcare bond.

Let's take one that actually is near and dear to me. I am from the desert Southwest. I am from the Phoenix-Scottsdale area. I live in a little community called Fountain Hills, a wonderful part of the country. I am incredibly blessed for the community I get to represent and live in.

But from the desert areas of California through Maricopa County, Phoenix, Pinal, all the way down to the Tucson area, we have fungi in the soil. We call it Valley Fever.

We believe one out of three people who go to a hospital believing they have pneumonia actually have the fungi, have Valley Fever in their lungs.

For a small fraction of the population, they don't just feel like they have pneumonia for a week or 2 or 3. They get something, I believe the term is "undifferentiated," where it breaks out and ends up in your bones.

I have a neighbor, a former Vietnam helicopter pilot, one of the greatest human beings you can ever meet. His hands have been carved up from when they have had to go in and remove the fungi that is growing in his bones.

Leader MCCARTHY, KEVIN MCCARTHY, because of the community he represents, and myself in the Scottsdale-Phoenix area, a few years ago, we started a Valley Fever Caucus for those of us who live in the desert Southwest. We have had some amazing success.

We have been able to move some resources. We have gotten the folks back East here to understand this very unique regional disease we have. We were able to move some money, and all of a sudden, we now are hearing that we may be 3 years from a vaccine for animals.

This particular disease killed my dog, Charlie, a few years ago.

But after the vaccine for our canines and our pets, it is only a short time after that, maybe just a handful of years, that we will collect enough data that we will have fungi vaccine for something called Valley Fever for those of us who live in the desert Southwest.

These are examples. We believe a disease like that ultimately costs billions in our communities for hospital visits, for sick days, for all the things that go with that.

What is the value of a vaccine that is being developed for an orphan disease like that that most folks back East have never even heard of?

We have succeeded at moving the resources around here in Congress over the last few years to start these miracles of the genomic and the other types of research that are bringing these miracles here.

Back to our primary conversation. As we age as a society, our biggest cost driver, particularly over the next 30 years, is healthcare. We have done presentations here the last few weeks on the technology miracles that are coming, where you can manage your own health. You don't have to be part of the collective. You can manage your own health and have incredible data. But we are going to have to break down some of the old silos, some of the old legislative barriers, some of the barriers to entry.

The other half of that is how we continue to encourage these disruptive biologicals, these disruptive genomics, these disruptive drugs that are curative.

The one that was in our office a couple weeks ago, talking about ALS, it is probably going to be a couple shots a year, but it will freeze. You will hold steady. So it is not curative, but it stops the regression and the progression of the disease. What is the value to that in our society?

These are big deals. As I reach out to my Republican brothers and sisters and my Democrats, help those of us who understand these cures are not Republican or Democrat. We as a society

must come up with the mechanisms that bring them out, finance them, and then understand the debate here must be about what we are doing to change the price curve of healthcare at the same time our demographics are getting much older very, very, very fast. We can do that.

It is a much more elegant discussion than the absolutely ridiculous discussion that continues to go on here because it works in our partisan format where everything here has been weaponized now politically of let's have a fine debate on who gets to pay, how much government subsidy should you receive.

Let's do something really creative. Let's start lowering the price by bringing technology, by bringing other channels of exciting new pharmaceuticals, and even down to things that are affecting the folks in my neighborhood, a disease like Valley Fever, where I now get to go home and say we worked on it a few years ago. We were not optimistic, but we kept working and we kept working and we kept working. There are brilliant people down at the University of Arizona Center for Excellence on Valley Fever. There are researchers at NAU. There are researchers in California who are now almost there.

There should be joy in this body when you start to think about the cusp we are on. Will Congress be looked at by someone 10, 20 years from now, saying they did policy that actually made these things happen faster? Or will we continue to exist in a world where the way we reimburse, the way we finance, the way we regulate, the barriers to entry of the technology, we slowed down the disruption that could have helped us lower healthcare costs?

These are the things we are fixated on, because remember our five points: We must have the robust economic growth. We must have the labor force participation. We must do the incentives to, if someone wishes to stay in the labor force and delay parts of their retirement, how do we reward that? We must do these others, but we also must push these technologies, because our biggest fragility is the healthcare costs.

I think there are some great things about to happen. Look, that is a portion of the presentation. Hopefully, in a couple weeks, we are going to come back and we are going to do something much more technical—I am sorry; I know that is really exciting—on some of those incentives to stay in the workforce. But we need to understand, if you have a complicated problem and someone walks up to you and gives you a really simple solution, it is absolutely wrong, because complicated problems require complicated solutions.

That is where we are headed.

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

□ 2015

## NATIONAL DONATE LIFE MONTH

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2019, the Chair recognizes the gentleman from Louisiana (Mr. ABRAHAM) for 30 minutes.

Mr. ABRAHAM. Mr. Speaker, I rise today to recognize April as National Donate Life Month and the awareness one Louisiana family has brought to organ donation through the tragic loss of their son.

On May 5, 2015, the Perry family, from Monroe, welcomed twin babies, John Clarke and Ella, to the world. All was fine and well for the twins until John Clarke was given the fatal diagnosis of a brain bleed shortly after their 6-month checkup. On November 29, 2015, John Clarke passed away at only 6 months old.

Before his death, his parents, Jonathan and Holley, were approached about donating John Clarke's organs, to which they agreed.

Meanwhile, 400 miles away in Auburn, Alabama, the Boswell family faced a similarly heartbreaking situation. Their son Davis, who was born in June 2015, had been diagnosed with enterovirus, an infection that attacked his heart. His only chance at survival was an improbable heart transplant.

On a Sunday night in November, Davis' parents, Amanda and Tucker, received a call saying that a match had been found and that Davis would receive a heart. On November 29, 2015, Davis underwent a successful heart transplant.

A few days later, Amanda and Holley were connected by a mutual friend on Facebook and realized that Davis had probably received John Clarke's heart, a fact confirmed by the hospital.

In April 2016, the Boswells and the Perrys met at an event raising awareness for organ donation. The two families have continued to meet over the years at the annual Auburn-LSU football game, turning the rivalry game into an opportunity to raise awareness and funds for organ donation across the country.

While this sequence of events could have only been handcrafted by God, organ donations save lives across the country on a daily basis.

In 2018, 36,528 organ transplants were performed, a record high for the sixth consecutive year. On average, one organ donor can save up to eight lives. Through organ donation, John Clarke saved two children's lives.

Mr. Speaker, today, I recognize the unspeakable tragedy that the Perrys faced and their incredibly brave decision to donate John Clarke's organs. Through this heartbreaking decision, John Clarke became a hero.

Today, John Clarke is remembered by his family for his big blue eyes and sweet smile, a smile his parents say grew wider every time the LSU Tigers and New Orleans Saints were on TV.

Like so many donors, John Clarke is no longer with us, but his legacy lives

on in the bodies of those who received his organs. Throughout the month of April, I will be thinking of John Clarke, the entire Perry family, and all those who have given the gift of organ donation as a final act of compassion.

## HONORING MASON ANDREWS

Mr. ABRAHAM. Mr. Speaker, I rise today to recognize and honor Mason Andrews, an 18-year-old from Monroe, Louisiana, who was recently recognized by the Guinness Book of World Records as the youngest pilot to circumnavigate the globe.

Mason is a junior at Louisiana Tech University who set off on his trip around the world on July 22 and returned October 6 of 2018. He flew for 76 days in the spirit of Louisiana, a 1976 Piper Lance PA-32 single-engine aircraft. Mason made over 20 stops around the world, including Dubai, Paris, and Taiwan. His longest leg of the journey was the 14-hour, 2,150-mile stretch from Japan to Alaska.

Mason flew not only to break a world record, but to raise awareness and funds for MedCamps of Louisiana. MedCamps of Louisiana is a free summer camp for children with varying disabilities or illnesses, such as autism, spina bifida, and Down syndrome.

Mason has served as a camp counselor for 3 years with MedCamps of Louisiana and raised over \$30,000 for the camp during his flight. To raise these funds and to break the world record, Mason overcame all obstacles he faced, including a sandstorm over Saudi Arabia and two Category 5 typhoons that kept him grounded for the better part of September.

I am proud of what Mason was able to accomplish and how he has represented the great State of Louisiana. From one pilot to another, I congratulate Mason on his incredible achievement and look forward to what he will accomplish next.

## BORN-ALIVE SURVIVOR PROTECTION

Mr. ABRAHAM. Mr. Speaker, I rise today about something that has really been weighing on my mind, and that is the disturbing push for late-term abortions we have been seeing around the country.

I am a doctor by trade. I have delivered many babies myself. I have seen babies in the womb on ultrasound wince in pain, and I have seen them comforted by their mother's voice. That baby is every bit as alive then as he or she is when a mother gets to hold her or him for the first time.

I believe that life begins at conception. I believe adoption is always better than abortion. And I certainly believe that delivering a baby in the third trimester is far better for both the mother and the baby than a late-term abortion, which brings me back to why I wanted to speak tonight.

The disturbing trend of codifying protections for late-term abortions must stop, and it will take Federal action to ban it across the entire country.

We see what is happening at the State level:

New York has passed a law that allows abortions at any time—at any time. That is outrageous, especially considering that many babies can live outside the womb around 20 weeks.

Virginia tried to pass a similar law. Virginia Governor Ralph Northam, a Democrat, who argued that babies could be killed after birth if the mother had preferred to abort it rather than to birth it, said:

“The infant would be delivered. The infant would be kept comfortable. The infant would be resuscitated if that's what the mother and family desired. And then a discussion would ensue between the physicians and the mother.”

That is disgusting. That is an endorsement of a murder of a helpless child, and we cannot stand for that.

I am a proud cosponsor of the Born-Alive Survivors Protection Act, which requires that babies who survive abortions be given the same standard of care as any person in medical need.

This is a commonsense approach because a baby is a person. Doctors are sworn to help those in need, and I cannot fathom how any medical provider could watch a helpless baby struggling outside the womb after she survives an abortion.

Even still, Democrats are standing in the way of ending this heinous practice. Republicans have tried nearly 30 times to bring to the floor a vote on the Born-Alive Survivors Protection Act, and Democrats have blocked it every single time.

Thankfully, my colleagues, STEVE SCALISE from my great State of Louisiana and ANN WAGNER, have introduced a discharge petition to go around the Democratic leadership and force a vote on this important bill.

I have signed the petition, and my prayer is that the Chamber can come together in a bipartisan way to state firmly that the United States of America does not believe in killing babies, especially after they are born.

Critics say that it is a woman's choice and that politicians are interfering. If a baby is crying and he is crying out for help in an operating room, that is a person, an individual who is entitled to the same life, liberty, and pursuit of happiness that every American is entitled to. Only the individual can decide that path forward for themselves; it is not the choice of anyone else; and a living, breathing baby deserves a chance to live.

They say this bill is unnecessary because it is already law, pointing to the 2002 Born-Alive Infants Protection Act which codified into law that any person born alive in any stage of development is a legal person. Since that time, however, there have been cases where abortion providers do not consider a baby born if it survives an abortion.

The Born-Alive Survivors Protection Act ends all debate and further protects babies who survive abortions. The Born-Alive Survivors Protection Act is a literal matter of life and death. It is about the core values of what we as