

childhood leukemia, and virtually all adults with DS will develop the brain pathology of Alzheimer's by the age of 40.

But they also said that due to a small difference in their genetic makeup, persons with Down syndrome are naturally protected from heart disease, high blood pressure, and most solid-tissue cancers. Researchers said studying these unique genetics could help discover ways to prevent or cure diseases such as cancer, autoimmune disorders, and Alzheimer's disease.

With such promising potential, one would think the Federal Government would invest heavily in Down syndrome research. Unfortunately, what we learned was that over the last two decades, DS has been one of the least funded genetic conditions at the NIH.

This hearing left no doubt about the need for a significant and sustained investment in Down syndrome research. A trans-NIH DS initiative could help not only find answers and cures for DS, but discover its mysteries, which could answer questions about other serious and life-threatening diseases.

While the benefits of DS research are unquestionable, it will take time to realize its full potential. In the meantime, we must ensure those living with DS can access and afford high-quality, coordinated healthcare and the long-term services and support they need to live productive lives in their communities.

Medicaid long-term supports and Medicaid community-based services gives them that opportunity by enabling them to maintain gainful employment and stay in their homes and in their communities. Sadly, across our country, thousands of people with Down syndrome are on very long waiting lists for those services.

As lawmakers, we have an obligation to find a bipartisan way to protect and expand Medicaid services so all individuals with DS and other debilitating diseases have access to the lifelong interventions and support they need.

The time has come for this country to embrace the gift and potential that Down syndrome brings to our society. The 300,000-plus Americans living with DS today want and deserve the same opportunities available to all of us: to live a full life and to reach their true potential.

CARE FOR UNIVERSITY RAPE VICTIMS

The SPEAKER pro tempore. The Chair recognizes the gentleman from Texas (Mr. POE) for 5 minutes.

Mr. POE of Texas. Mr. Speaker, ever since she was a little girl, Silvana loved to play hockey. In her Massachusetts hometown, hockey was more of a way of life than just a sport.

Her parents knew she was talented, and supported her dream to play even in college. When she was offered a scholarship in 2011, to be the goalie for the University of Connecticut, Silvana

felt like all of her dreams had come true, so she eagerly accepted.

She pulled out of her driveway with her packed clothes and hockey gear, but she could have never known that in a few days her life would change forever. She could not have foreseen how a lifetime of hard work and ambition would suddenly disappear tragically.

Like all new students, she was eager to immerse herself in her new college life. On the third day at the university, Silvana went to a house party with some new friends she met. But, after two drinks, she began to feel dizzy, numb, and lethargic. She quickly lost the ability to walk, and she became very ill. As she drifted out of consciousness, a male hockey player at the party instructed others to carry her to his bedroom. When she woke up, she found him on top of her, sexually assaulting her.

She immediately turned to the university for help and reported the assault at The Women's Center. But the counselor did not tell her to call the police, advise her to press charges, or help her in any way.

Silvana then went to the on-campus doctor. But instead of treating her like a victim and offering her the care and support she needed, the doctor told her that he didn't want to know who assaulted her. Get this, Mr. Speaker: the doctor told her, the remedy was for her to transfer to another university. This is awful.

One in five women on our university campuses are sexually assaulted. Of those, less than 25 percent even report the rape.

It took an extraordinary amount of courage for Silvana to report that sexual assault, especially to multiple people she didn't even know. She was offered no help or no support by anyone. She was alone, and she felt it.

The doctor wasn't trained to deal with rape victims and made it clear he wanted nothing more to do with Silvana. The university clearly viewed Silvana as a burden, just another statistic they didn't want to deal with.

Mr. Speaker, universities in the United States should be required to have a victim advocate on staff, a sexual assault victim advocate. Also, to ensure that this doesn't happen to more victims at hospitals, I have introduced legislation that would require a hospital to provide access to a staffer—it is called a SAFE, sexual assault forensic examiner—who is trained to provide care and be sensitive to trauma rape victims, or have a plan to get that victim to a nearby hospital that does. Universities and nearby hospitals need to work together to make sure that rape victims are treated appropriately when they are assaulted on campus.

The bill that I just mentioned is named the Megan Rondini Act. It is in honor of a college sexual assault victim on the University of Alabama campus, who was a Texas student, who was denied access to post-rape treatment at a hospital. The university didn't help

her, and the local law enforcement didn't help her.

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In Megan's case, because she was alone and abandoned by all three of those entities, when she returned to Texas, she later committed suicide.

Anyway, after the rape of Silvana, the university left Silvana to pick up the pieces of her shattered life. She was traumatized and depressed. Claiming that she wasn't stable enough, the hockey coach removed her from the team. She never played a single game of hockey in college. She withdrew from the University of Connecticut shortly thereafter, but her rapist stayed on his hockey team and played for the university. Silvana had to successfully sue the university to get justice. She had to take the matter to court, where society and our justice system should have helped her initially.

Mr. Speaker, rape is never the fault of the victim, yet Silvana felt that she was the one being blamed for what happened to her.

We as a society must demand our universities and hospitals protect and care for sexual assault victims. No longer should they be allowed to suffer alone and be abandoned. No more excuses.

And that is just the way it is.

REPUBLICAN TAX PLAN

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Wisconsin (Ms. MOORE) for 5 minutes.

Ms. MOORE. Mr. Speaker, I rise today under the "E Pluribus Unum" to give voice to the elderly, the children, the disabled, the most vulnerable who are once again facing your proposal, Mr. Speaker, to rip healthcare and the safety net from them.

Is this the best you can do, Mr. Speaker, to once again, over and over again, propose this legislation to cut trillions of dollars from Medicaid and Medicare to fund tax cuts for corporations and for billionaires, and to do this, to slam this through the House without transparency?

Mr. Speaker, Republicans like to call me a "tax and spend liberal," but today we see this GOP fiscal plan as another "borrow and spend to pay for billionaires tax cuts."

Now, the Wharton School and the Goldman Sachs studies both show that, at best, this plan would produce a paltry one-tenth, maybe two-tenths of 1 percent growth, but we all know that it will increase the national debt by trillions of dollars.

This is a horrible investment, a horrible return, a negative return on investment. It is a terrible process. This is terrible legislation. It will produce terrible results for the overwhelming majority of Americans, especially the millions who rely on Medicaid and Medicare.

Now, here is the deal, Mr. Speaker, that you are trying to push: if Americans are willing to give billionaires