

we had recognized the beauty of all of us, rural citizens in West Virginia, Ohioans in the mountains of the Appalachian area, Midwesterners, Southerners, Northerners, Westerners, Far West, immigrant and nonimmigrant. But, unfortunately, in 2016, although some lost and some won, as we moved toward a new administration with the hopes and dreams of those who had voted, we looked for the unifying of what I know that all Presidents have done.

It has been a privilege of mine to work with President William Jefferson Clinton, who didn't have an easy time but sought to unify the country. I worked with President George W. Bush, who did not have an easy time or an unconflicted election but sought to unify the country, in fact, was an enthusiastic signer of the reauthorization of the Voting Rights Act; and President Barack Obama, who rode in on a sense of hope and unity. That is the task of a President.

In the midst of this, again, having been appointed to the Homeland Security Committee in the ashes of 9/11, having gone to Ground Zero while our brave first responders were recovering, were still looking for remains—it will penetrate my soul forever—unity was what we sought in spite of our difference of opinions.

So I rise to thank the first responders and the quick response of the NYPD and Fire Department on yesterday's terrorist act. Yes, it was a terrorist act. We live in a different world. But rather than rise to the occasion, this morning the words come from the White House:

The terrorist came into our country through what is called the "Diversity Visa Lottery Program," a Chuck Schumer beauty. I want merit-based immigration.

You tell me how many immigrants, how many Italians, how many Irish, and how many of those who escaped the Holocaust, who came before that from the Jewish community, how many of them would have met any test of merit. Did the slaves who were brought here as slaves meet a test of merit? All of these individuals helped build this Nation.

And on the morning when people are mourning of their lost loved ones, rather than bringing the country together, there is a politicizing, calling out names of Members. We are working on merit based.

Does he even understand what merit based is? Absolutely not.

Taking away from the conspiracy charge against Manafort, taking away from the conspicuous collusion with Russians that George Papadopoulos has indicated, oh, he is worrying about him lying. But I am worrying about him telling the truth, and he is. They wanted dirty stuff on the opponent; they wanted to work with Russia; they wanted to work with Putin; and they wanted to conspire against the United States of America—as well as the misunderstanding or the devastating com-

ments of his chief of staff about the civil war and NFL players being called inmates in a prison.

Mr. Speaker, I am fed up with dividing this Nation. We are going in the wrong direction, and I am not going to accept it. I am taking a knee with all of those who believe in justice and what is right. I did it before. I do it now. I take a knee.

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PROTECT RURAL AMERICA HOSPITALS

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

Mr. ARRINGTON. Mr. Speaker, if the United States is going to maintain the ability to feed and clothe our own people and fuel this American economy, we need a strong and sustainable rural America like the district I represent in west Texas.

What would this country be without the hardworking energy and agriculture producers in small towns across this great land? The heart of small-town sustainability is access to healthcare. There are over 5,000 hospitals in the United States, and roughly half of them are in rural America, serving one out of every five Americans. Without access to basic medical services, communities in America's breadbasket and energy basin would not survive.

Hospitals serving rural communities face unique challenges: an aging population, low patient volume, higher percentages of Medicare beneficiaries, to name a few. Each translates into a higher per-patient cost which has left 41 percent of rural hospitals operating at a loss.

On top of this problematic patient volume and patient mix, ObamaCare has heaped a backbreaking \$54 billion in additional regulatory burden in unfunded mandates. Since 2010, the year ObamaCare was enacted, 80 rural hospitals have shut down, 11 of which were in my home State of Texas. If this rate continues, in less than 10 years, an unimaginable 25 percent of our Nation's rural hospitals will close. That would cripple rural communities across this country and deliver a devastating blow to our agriculture and energy economy, affecting all Americans, including our neighbors in urban and suburban America.

For some Texans, the nearest hospital is already 100 miles away. In an emergency, this distance can mean the difference between life and death. Point of fact: 60 percent of all trauma deaths occur in rural America, despite the fact that rural America only makes up 20 percent of the country's population.

Here is a startling fact and outright scary scenario: one-third of rural hospitals have been deemed vulnerable to closure. If all 673 of those hospitals were to close down, it could result in

over 130,000 jobs lost and almost \$300 billion in GDP lost. When unemployment goes down and wages go down in those small towns, folks move away in search of better opportunities.

In order to sustain the critical lifeline hospitals provide for our rural communities, I have introduced H.R. 4178, the Healthcare Enhancement for America's Rural Towns Act, or the HEART Act. Why? Because small towns are the heartbeat of America; the heart of our food, fuel, and fiber production; the heart of traditional American values. This legislation extends two programs vital to the sustainability of rural hospitals and the community they deserve: the Low-Volume Adjustment program and the Medicare-Dependent Hospital program. These programs account for less than one-tenth of 1 percent of all Medicare expenditures, but they go a long way to ensuring that rural community hospitals with a higher percentage of Medicare patients have adequate funding to serve the unique populations.

By extending the Medicare Low-Volume Adjustment program for 2 years, and for the first time permanently extending the Medicare-Dependent Hospital program, we can provide the assurance and continuity that our rural hospitals desperately need in order to serve our communities in the future. Just as importantly, we do this in a way that is budget neutral and without spending any additional taxpayer monies.

Let's pass this legislation. Let's protect the heart of rural America and give our community hospitals the certainty that they need to keep our people and our communities healthy.

AMERICANS BEWARE OF TAX BILL

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

Mr. RASKIN. Mr. Speaker, I rise to talk about a job-killer tax bill that is coming to Congress this week, and if you don't watch out, it could be coming to your hometown soon.

Up until yesterday, Mr. Speaker, I thought the new GOP tax plan was just run-of-the-mill, upside-down class warfare waged by the wealthiest people in the country against everybody else. I knew 80 percent of the windfall of the tax cut would go to people making \$912,000 a year or more—the richest 1 percent of the country. I knew it would repeal the alternative minimum tax, the only reason that Donald Trump paid any taxes at all in the 1 year we know he paid taxes over the last few decades in 2005. I knew it would repeal the State and local income tax deduction, which would be terrible news for tens of millions of middle class people in States across the country, including mine in Maryland.

I knew it would repeal the estate tax which only affects the wealthiest one-half of 1 percent of the country. All of these provisions would help to create a