

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

windfall tax cuts today and also trade their health security and safety net, then you, Mr. Speaker, will give average Americans the empty promise of wage growth tomorrow and you will be able to file your taxes on a postcard.

I say “empty promises” because studies and our experience have shown that this unicorn of wage growth from tax cuts will never, in fact, happen. It is reminiscent, Mr. Speaker, of the gluttonous Wimpy in the “Popeye” cartoon: “I will gladly pay you Tuesday for a hamburger today.”

Now, this is a great plan if you are rich. It is dollars for fool’s gold, but the American people are not fools, Mr. Speaker, and that is why the Republicans want to rush this through with minimum transparency.

This is madness. Trickle down has not worked, it does not work, and it will never work. We have got deficits under Reagan and under George W. Bush to prove it.

The tax cuts will not pay for themselves, Mr. Speaker. The tax cuts won’t magically produce increased salaries for workers. The tax plan will not lead to these claims of economic growth.

Mr. Speaker, we have all lived long enough to know that these are all lies. It is not even wishful thinking anymore, because we know better.

Congress should not be considering tax cuts for the rich and opening up even more tax loopholes. Mr. Speaker, we cannot spin gold out of straw, and that is what we have here.

This plan will make most Americans poorer and sicker, if not dead. I urge all my colleagues to reject this bill.

Instead, Mr. Speaker, I urge my colleagues to fortify our election system from Russian further interference; build new infrastructure, that is what creates jobs; fund the Child Health Insurance Program that Republicans let expire; ensure that all 3½ million American citizens in Puerto Rico and the Virgin Islands can have access to water, power, and healthcare this holiday season. That is what we should be doing.

MINNESOTA’S NEW HALL OF FAMER

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

Mr. EMMER. Mr. Speaker, I rise today to recognize a leader in our community who has received a great honor. Skip Dolan, the head boys basketball coach for the Annandale Cardinals, was inducted into the Minnesota Basketball Coaches Hall of Fame in October. I am not going to go through all of his statistics, although they are quite impressive.

I think it is important that we note that a good coach can have a major impact on a kid’s life. Coaches don’t just teach a game to our kids, they ingrain important life skills in their minds. They teach our kids how to work with others and how to act as a team. They

teach our children the value of practice and perseverance, and they teach our kids how to compete with honor, dignity, and how to win with grace.

A good coach guides our kids along the road to success, which is why I am so happy that we have a coach like Skip Dolan in our community. We can never thank him enough for working with and teaching our kids, and we congratulate him on this incredible honor.

A RETIRING PUBLIC SERVANT

Mr. EMMER. Mr. Speaker, I rise today to thank Monticello Public Schools Superintendent Jim Johnson for his work and dedication to Minnesota’s children.

After 18 years serving Monticello, 12 of them spent as superintendent, Jim is heading into a well-deserved retirement.

Under Jim’s close supervision, schools within his district have produced outstanding test scores, increased graduation rates, and higher enrollment in AP classes. He also played an important role improving his district’s athletic facilities.

Not only did Jim help better academics at the schools under his careful watch, he also helped ensure that his district’s students had everything they needed to succeed in life.

Jim, we can’t thank you enough for the work you have done to educate our kids. Our kids are our future, and because of you, our future is very bright.

THE NEWEST SAUK RAPIDS AMBASSADORS

Mr. EMMER. Mr. Speaker, I rise today to congratulate three young women in my district who have earned an exciting leadership role in the community.

Bethlehem Kobluk, Brooklyn Harren, and Madeline Bell have all been named 2017 Sauk Rapids Community Ambassadors.

As community ambassadors, Bethlehem, Brooklyn, and Madeline will participate in a 9-week program that will help them develop their leadership skills by participating in activities that engage the community.

The people who end up making the most difference in this world are the ones who show up for others.

We want to congratulate these young women on their new roles and thank them for their interest in making life better for those around them.

Thank you, Bethlehem, Brooklyn, and Madeline, for showing up for Sauk Rapids. I know you all have bright futures ahead, and we look forward to seeing what you will accomplish next.

RUTHIE AND CONNIE LGBT ELDER AMERICANS

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

Ms. BONAMICI. Mr. Speaker, I rise today in support of the Ruthie and Connie LGBT Elder Americans Act, legislation I am introducing to support our country’s LGBT seniors.

The LGBT senior population is growing and is estimated to include nearly 6 million Americans by 2030. Unfortunately, the same generation of LGBT people who fought for rights in the workplace, equal marriage, and societal recognition are once again marginalized as they age.

LGBT seniors have fewer support services, higher poverty rates, more social isolation, and inadequate access to healthcare services compared to the rest of older Americans. One of the primary barriers to providing services to LGBT seniors is a basic lack of information.

The Older Americans Act, or OAA, already requires the Administration on Aging to collect data on the individuals receiving OAA services and the efficacy of OAA programs; but if we collected data on sexual orientation and gender identity, we could better understand this population and provide services that best fit their needs.

Unfortunately, the data we do have shows that the poverty rate is higher for LGBT seniors, which is likely because many have faced discrimination while working, they have historically been unable to legally marry, and they have experienced gender and racial inequalities. We also know that LGBT elders are less likely than their peers to have community support and caretakers to help them.

I know from speaking with LGBT seniors that many fear discrimination when receiving home healthcare services. They are twice as likely to be single and four times more likely to not have children. These are complex and important issues that require a personalized solution.

The bill I am introducing today with Colorado Senator MICHAEL BENNET and Florida Representatives TED DEUTCH and CHARLIE CRIST would help bridge the gap between LGBT seniors and the services they need.

The bill is named for Ruthie Berman and Connie Kurtz, who sued the New York City Board of Education years ago for domestic partner benefits, and won their landmark case in 1994. In the decades since, Ruthie and Connie have continued their advocacy and fight as champions of LGBT rights.

Our bill would amend the Older Americans Act to improve services for LGBT seniors and require data collection on sexual orientation so better decisions can be made.

Additionally, the bill would permanently establish a National Resource Center on LGBT Aging and provide grants for organizations working to improve LGBT services, including access to healthcare and long-term care. The resource centers and the grants will help States and localities reach out to LGBT older adults and provide culturally competent support.

By requiring specific consideration for LGBT seniors in the Older Americans Act, we can provide needed support to a vulnerable yet overlooked population.