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House of Representatives

The House met at 10 a.m. and was called to order by the Speaker pro tempore (Mr. VALADAO).

DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
January 12, 2017.

I hereby appoint the Honorable DAVID G. VALADAO to act as Speaker pro tempore on this day.

PAUL D. RYAN,
Speaker of the House of Representatives.

MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 3, 2017, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties, with each party limited to 1 hour and each Member other than the majority and minority leaders and the minority whip limited to 5 minutes, but in no event shall debate continue beyond 11:50 a.m.

SEX TRAFFICKING

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

Mr. POE of Texas. Mr. Speaker, recently in Sacramento, California, Uber driver Keith Avila picked up three passengers. They were two women and what looked like to him to be a very young girl, about 12 years of age. The ride would be short. The total fare was only \$8.

The young girl, sitting in the front seat with him, was dressed inappropriately in such a short skirt. Here is what he said about her:

You could see all of her legs, and it struck me as odd because she was so very young.

What happened next was even more disturbing to him. One of the women passengers in the vehicle said to the young girl in a controlling, coaching voice:

First thing you do, you ask this question: Do you have any weapons? When you're hugging him, just ask, "Do you have any weapons?" Pat him down. Pat him down while you're hugging on him. Get the money first. Before you start touching him, go in there, get the money first.

Avila, a father himself, knew something was not right about that conversation. The two older women taking a girl inappropriately dressed to a hotel, talking about exchanging money, did not make sense to him.

This had the hallmark of sex trafficking. He later said to police:

I was 100 percent sure I knew what was happening.

So Avila dropped off the three individuals at the Holiday Inn Express and immediately called the police, even though he didn't have to. He alerted them that there was a child sex trafficking occurring right under their noses.

The two alleged women traffickers were later identified as 25-year-old Destiny Pettway and 31-year-old Maria Westley. They now have been charged with pimping and threatening a minor. The buyer, 20-year-old Disney Vang, was also arrested and charged by the police with soliciting a child prostitute.

Mr. Speaker, this girl turned out to be 16 years of age, but her life was saved because of this individual, Mr. Avila.

Elk County Police Officer Chris Trim said it best:

He could've said nothing, went on his way, collected his fare, and then that child victim would have been victimized again by who knows how many different people over the next days, weeks, or even months.

Mr. Speaker, America cannot ignore sex trafficking in this country. Individuals, citizens, no matter who they are, need to be able to recognize what is taking place amongst sex trafficking.

What happened in Sacramento with this child is not an isolated incident. This incident just happened to end well because someone saw something and said something.

Last Congress, we took the historic step of passing several pieces of comprehensive, bipartisan trafficking legislation, supported by most Members of the House of Representatives and the Senate.

One of those bills was my own and CAROLYN MALONEY's, the Justice for Victims of Trafficking Act. This bill did a number of things, but most importantly, it went after the root problem: the demand, the customer that buys minors on the marketplace of sex trafficking.

The bill did a lot of other things to help promote the enforcement of the sex trafficking laws in America. The Justice for Victims of Trafficking Act also went after the trafficker as well as rescuing the victim, and, of course, it prosecuted the buyers.

The bill also set up a fund to pay for grants to help the victims and victim shelters and to educate police. The fund is funded by money that goes into that fund by fees, ordered by Federal judges. In other words, let the criminals pay the rent on the courthouse and pay for the system that they have created and help fund shelters and police training to recognize the trafficking that takes place.

The enforcement of the bill is taking place throughout the country. Going after human sex trafficking is something that this country needs to recognize, and we need to be able to recognize it when we are individuals, law enforcement, and Members of the House of Representatives as well.

Sex trafficking takes place not only on the individual basis, but at big

☐ This symbol represents the time of day during the House proceedings, e.g., ☐ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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events such as the Super Bowl and the Final Four. Just this week, the Department of Homeland Security had a briefing for Members of the Texas delegation on the Super Bowl, talking about the security that will be implemented in Houston. It was quite impressive. But during that briefing for Members of Congress—and I see two of them here, Mr. AL GREEN and Mr. FARENTHOLD, who were at that briefing—they talked about how probably sex trafficking will be at that location, and how they are going to try to prevent it.

It is quite impressive, the Blue Campaign that is taking place by the Department of Homeland Security. We are going to be ready for those people who want to try to promote sex trafficking in Houston because of the Super Bowl, making sure that there is not going to be sex trafficking in our town, in our country, and that our children are not for sale.

So it is important that we recognize it when we see it, and it is because of awareness of citizens like Mr. Avila that America is turning the tide and making sure that we enforce our sex trafficking laws.

And that is just the way it is.

REFINE THE AFFORDABLE CARE ACT—DON'T REPEAL

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

Mr. BLUMENAUER. Mr. Speaker, it is heartening that a few of our Republican colleagues are urging caution on the reckless approach to repeal the Affordable Care Act. They are acknowledging that the only reasonable way to proceed—if that is the objective—is to, at the same time that they repeal, provide the American people with a replacement, a replacement that meets their criteria.

One reason they have not done so is that Republicans don't really agree, don't really know how to do that. The new President promises that a repeal-and-replace program will be better. It will have lower costs and better coverage—a tall order—and we have seen no details.

The troubling fact for the Republicans bent on repealing the Affordable Care Act is that the ACA is working, and most of the major provisions are wildly popular: no lifetime limits on health care; no denial for preexisting conditions to almost 130 million Americans who would otherwise have their health care at risk; allowing children to stay on their parents' health insurance until they are age 25; not charging women higher premiums than men simply because of their chromosomes.

These elements are absolutely essential going forward, and the American public wants this to continue. Sadly, even if they do slow down and try to do it right, there is much damage that is being done with the uncertainty in the

air. They have unsettled 18 percent of our economy—over \$3 trillion of annual expenses—disrupting the 6 years of progress in making the system work better.

I have been talking to people in my community, finding out about some of the damage that is being done, their concerns and apprehensions. The largest employer in the city of Portland is Oregon Health & Science University. They already have felt compelled to implant a hiring freeze, dial back some of their programming, trying to reconfigure, preparing for the worst.

The local government, partnering with the private sector to treat the poor and the elderly, people with mental health issues, are having their important reforms put at risk, and they are scrambling to try and figure out how to do it.

The State of Oregon, not unlike many States around the country, is facing some budget challenges, and there is a \$1.7 billion question dealing with the uncertainty going forward with Medicaid.

Rural hospitals are especially vulnerable, and they will explain it to any Congressman who chooses to ask. Most important for many of them is the fact that this approach that is being pursued on Capitol Hill with this question mark puts at risk one of the greatest achievements of the Affordable Care Act. The vast amounts of money spent on uncompensated care, charity care, has been dramatically reduced. People are getting their health care earlier, and it is being paid for. And those uncompensated care levels are falling dramatically. They are getting better care, more timely.

The health providers in my community are concerned they are still going to have to provide the care, but it will be done later in an emergency room, not in a clinic setting, and they are left holding the bag financially. It is not hard to find out how damaging this approach has been.

Certainly, the Affordable Care Act could use refinement and improvement. We have been trying to do that for the last 6 years. The local medical associations, community clinics, hospitals, health plans are all willing to say how that could be done; but at the same time, they will explain what is at risk and why we owe it to them and the people we serve to understand the damage that is being done and try and minimize it.

The course that is being followed will make America sick again, and that is not the way to start a new administration, a new Congress. We should do what we should have been doing for the last 6 years: working together, cooperatively, to build upon, refine, and improve the Affordable Care Act and give the American public the health care they deserve.

HIGHLIGHTING THE IMPORTANCE OF RURAL HEALTH CARE

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

Mr. THOMPSON of Pennsylvania. Mr. Speaker, before I was elected to serve in the House of Representatives, I spent nearly 30 years in the nonprofit healthcare field assisting those individuals who were facing life-changing diseases and disability. Additionally, as a member of my home community, I have volunteered for decades as an emergency medical technician, serving my neighbors in their time of trauma or medical emergency needs.

I am acutely aware of the challenges many face when it comes to obtaining reasonably priced health care. It is especially critical for rural America, like much of the Fifth Congressional District of Pennsylvania.

We are facing a healthcare crisis in our Nation's rural areas. These often disadvantaged populations are still struggling to access affordable, quality care. Many remain uninsured. Many find themselves newly uninsured as a result of the pressures and the demands and the mandates of the Affordable Care Act. Most are underinsured; however, access to quality care really does remain the largest challenge.

Even when people gain access to health insurance or coverage, it does not equal access to care. Rural hospitals across the country are closing, leaving patients without access to their emergency rooms and long-term care facilities. When you close a hospital in a rural area, the result is a commute that means the difference, frequently, between life and death.

Eighty rural hospitals have closed since 2010. One in three rural hospitals are financially vulnerable. At the current closure rate, more than 25 percent of rural hospitals will close in less than a decade.

As this Congress examines ways to improve our Nation's healthcare system, we must not forget that rural health care is unique and requires different programs to succeed.

In addition to hospital closures, a workforce shortage plagues rural America; 77 percent of more than 2,000 rural counties in the United States are designated as having a shortage of healthcare professionals. Recruitment and retention of experienced professionals, including primary care physicians, is an ongoing challenge.

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Mr. Speaker, no matter how you pay for health care, if there are not qualified and trained professionals in those communities, healthcare access does not exist. Congress must act to stop cuts to rural hospitals and strengthen the healthcare workforce in underserved areas.

Furthermore, the opioid epidemic that is sweeping the Nation has ravaged our rural communities, leaving