

The funding for the project includes more than \$300,000 raised by the community through the efforts of Historic Brookville, showing a real desire on behalf of the residents to beautify their community.

Mr. Speaker, this park represents a great public-private partnership, with the final \$150,000 in grant funding clearing the way for this project to enter the planning stages. I have been proud to work with the community leaders in Brookville to move this project one step closer to completion.

PREVENTING VETERAN SUICIDE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2015, the gentleman from Michigan (Mr. BENISHEK) is recognized for 60 minutes as the designee of the majority leader.

GENERAL LEAVE

Mr. BENISHEK. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous materials on the topic of preventing veteran suicide.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Michigan?

There was no objection.

Mr. BENISHEK. Mr. Speaker, I rise today to recognize September as Suicide Prevention Month. I want to thank my colleague, KYRSTEN SINEMA, for joining me and putting together this Special Order hour. For the next hour, we will discuss an issue that is very important to me and should be unacceptable in a nation of our resources: veteran suicide.

A veteran in this country commits suicide every 65 minutes. That is 22 lives extinguished every day.

As the father of a veteran, a doctor who worked at a VA hospital in northern Michigan, and the chairman of the Health Subcommittee on Veterans' Affairs, I know that the challenges of military life do not end once our servicemembers retire from Active Duty. The mental wounds of war may be invisible, but they are no less real to the young men and women suffering from them.

Facing high unemployment rates, the stigma of post-traumatic stress disorder, and a loss of military fellowship, returning veterans often face a crisis of confidence at the very moment they should feel nothing but relief and rest.

Congress did make a real impact early this year when we passed the Clay Hunt SAV Act, which is helping the VA put the very best mental healthcare professionals to work for our veterans and creating peer support groups to help catch those transitioning servicemembers who may otherwise fall through the cracks. However, so much more needs to be done.

I am grateful to my colleagues for standing with me today for our most vulnerable veterans and their families.

I look forward to hearing what they have to say and to working with them to end veteran suicide.

I yield to the gentleman from Louisiana (Mr. ABRAHAM).

Mr. ABRAHAM. Thank you, Dr. BENISHEK, for having this.

Mr. Speaker, I rise today with my colleagues to raise awareness of veteran suicide prevention. Let me underscore the word "prevention"—prevention because veteran suicide is a public health tragedy. As a doctor, I know it is a preventable tragedy. For far too long, PTSD has been stigmatized, and it is time to remove that stigma.

Twenty-two percent of Americans who commit suicide are veterans. That statistic is unacceptable to me, and it should be unacceptable to the American people. Our Nation's heroes should come home to readily available mental health care. They should not have to wait days, weeks, or even months to receive treatment. Veterans should not have to wait at all.

The Clay Hunt SAV Act, which was signed into law earlier this year, was an excellent first step in giving veterans options, but there is more work to be done.

As a member of the Veterans' Affairs Committee and a veteran myself, I will continue to fight for a more streamlined system to treat our veterans suffering from PTSD and continue to work to reform the VA system to be a system that puts the veteran first, not the bureaucrat.

Mr. BENISHEK. I yield to the gentleman from Arizona (Ms. SINEMA).

Ms. SINEMA. Thank you, Congressman BENISHEK, for joining me today as a cohost of tonight's Special Order.

September is Suicide Prevention Month, a time for our Nation to raise awareness about the persistent scourge of suicide. Tens of thousands of Americans each year purposefully die by their own actions. They are our neighbors and our friends, our sons and our daughters; and too often, they are the men and women who have served our country honorably in the United States military.

An estimated 22 veterans lose their lives to suicide every single day in our country. That is one life lost every 65 minutes.

Typically, time in the House Chamber is split. Republicans have 1 hour and Democrats have another hour, but Congressman BENISHEK and I believe that this issue is too important to be overshadowed by partisan politics. That is why we have joined together today, with our colleagues on both sides of the aisle, to show our commitment to solving this problem together and to finding real solutions for our country's veterans.

This is the third year we have assembled in this Chamber to raise awareness and to send a clear message that the epidemic of veteran suicide must end. We have so much work left to do. So today, we demonstrate our ongoing support for the individuals, organiza-

tions, and agencies devoted to preventing the epidemic of veteran suicide. Today, we challenge the VA, the Department of Defense, and our fellow lawmakers to do more. We are failing in our obligation to do right by those who have served so honorably.

Finally, we send a message to military families who have experienced this tragedy in their own families: Your family's loss is not forgotten. We work for the memory of your loved ones. We will not rest until every veteran in this country has access to the care that he or she needs.

□ 1615

I have often shared the story of a young veteran in my district, Sergeant Daniel Somers. Sergeant Somers was an Army veteran of two tours in Iraq.

Diagnosed with a traumatic brain injury and suffering from post-traumatic stress disorder, Sergeant Somers took his own life after struggling with the VA bureaucracy and not getting the help he needed in time.

Together with the Somers family, we worked to develop the Classified Veterans Access to Care Act to ensure that all veterans, including those who served with classified experiences, can get immediate access to the mental health care that they need in the appropriate care setting.

I recently testified before the House Veterans Affairs Committee on the need for this important legislation, and I am grateful for the committee's support for this legislation. I am grateful for my cosponsor, Congressman DAN BENISHEK.

I will continue working with the committee to ensure that no veteran feels trapped, like Sergeant Somers did, and that all of our veterans have access to appropriate mental health care.

My State, Arizona, is ground zero for the VA's failure to take care of our veterans. It has been over a year since we learned about the veterans at the Phoenix VA Hospital who were kept on secret waiting lists, forced to wait months, even years, before seeing a doctor, unable to access the care they needed.

These revelations were shocking and sickening. Arizona veterans died while waiting for care. That is absolutely unacceptable and, frankly, it is un-American.

So in Arizona, we took immediate action when we learned from brave whistleblowers about this tragedy. Not waiting for the Phoenix VA to fix their problems, we came together as a community to make sure that Arizona veterans get the access to the care they needed.

Mr. Speaker, since last summer, we have held six veterans clinic, helping nearly 1,000 veterans and military families get access to the benefits they have earned. Our team helps veterans in getting access to benefits, to housing, to job placement, to education.

We established a Veterans Mental Health Working Group for community

providers, veterans service organizations, and the local VA, to bring them all together to work to improve access to services. Our group meets bimonthly and has made important progress.

These are some examples of the good that can come when people set aside partisanship and put veterans first. That is what is needed from all of us in this Chamber and the agencies we work with: to put aside partisanship and solve the problem we face to end the scourge of veteran suicide in this country.

Mr. BENISHEK. I thank the gentleman from Arizona (Ms. SINEMA). I really appreciate your comments and your concern for this significant problem.

Mr. Speaker, I would like to take a moment to outline something that I have become aware of in my time here in office.

While this problem is very monumental, there are many small things that the VA can do right now to make a difference. One of these changes can be made by the VA immediately.

I would like to read a letter I received recently from an American Legion representative in my district that illustrates the problem better than I could.

Dear Dr. Benishek:

Here is the situation. Recently I encountered a suicidal veteran from the Sault area who had severe PTSD, 100 percent VA disabled. He called me on a Wednesday hysterical and said that he was contemplating suicide. He was traveling around with his wife in the car at the time. I thought this was a very dangerous situation.

After several back-and-forth conversations with him, I found out he was not taking any medicines and had not seen his VA psychiatrist in a long time because, as he put it, the psychiatrist was not helping him and it seemed that he didn't really care.

He insisted that he stay at Wilwin, the American Legion veterans facility, but I told him we needed his psychiatrist's okay.

As a veteran myself, I thought I should try to help him the best that I could. So I called the VA Suicide Hotline to get answers on how I should handle the situation.

Here's the problem. I called the Iron Mountain VA. The call started out saying, if you are having a medical or mental health emergency, please hang up and dial 911.

If you are having thoughts of hurting yourself and want to talk to a mental health professional, please hang up and dial 1-800-273-8255.

If you are thinking of committing suicide, you are already frustrated to the point that you would be glad to talk to anyone, even if it is someone at the VA.

Can you imagine a veteran in this position even having a paper and pencil in hand to write the number down?

If he is unable to get the correct number the first time, he must redial the VA, go through the whole spiel again and, hopefully, write the number on a paper the second or third time before he can try dialing. Once dialed, the voice comes on the phone and says, if you are a veteran push 1 and so on.

When I called the hotline after I pushed 1, listened to music for several minutes before a voice came on the phone, she told me that she was not a veteran, nor did she know much about PTSD veterans. What I needed was advice on how to handle the veteran I was working with, which she did give me.

How many veterans have committed suicide because of the VA's red tape?

Here's a solution. When the VA is called and the veteran is contemplating suicide or hurting himself, you should be able to push 1 to get a direct line to the suicide hotline. It should automatically register that the call is coming through the VA system and, yes, it is a veteran calling.

This constituent was able to get the veteran he referred to the help that he needed, but he raised an incredibly good point that I brought up repeatedly with the VA.

The VA told me it would take 6 months to change from an 800 number to simply dial 1. This is unacceptable. I call on the VA again today to make this change immediately.

Mr. Speaker, I yield to my colleague from Nebraska (Mr. ASHFORD).

Mr. ASHFORD. I thank the gentleman for the time.

Mr. Speaker, I rise today to discuss a subject many of our veterans and their families understandably find great difficulty in discussing.

Veteran suicide, as we have already heard, is a major problem in our country. We have all heard the numbers. An estimated 22 veterans commit suicide every day. That is one life every hour.

Please keep in mind those horrific numbers have names, the names of men and women who put themselves in harm's way in order to keep each and every one of us safe.

Earlier this year we passed the Clay Hunt Suicide Prevention of American Veterans Act. It addresses the need for more mental healthcare experts inside the VA along with expanding the time available to veterans to seek mental health care through the VA.

The new law also calls for an evaluation of all VA mental health care and suicide prevention practices to determine what is working and make recommendations on what is not. This is a major step in the right direction, but we must continue to do more.

I am proud to say, Mr. Speaker, that, in Omaha, we are currently working with the Department of Veterans Affairs to create a center of excellence, a national model for veterans' care that will include top-flight mental health care and other services so much needed by our veterans in our community. That treatment would cover post-traumatic stress disorder, depression, anxiety and problems relating to other people.

The debt we owe the men and women who serve this country is a debt that can never be repaid. But we must continue to ensure that we keep our promises to our veterans and support their very unique healthcare issues.

Mr. BENISHEK. Mr. Speaker, I yield to my colleague, the gentleman from Pennsylvania (Mr. COSTELLO).

Mr. COSTELLO of Pennsylvania. Mr. Speaker, I want to thank the gentleman from Michigan for hosting this Special Order to raise awareness for an issue that impacts constituents in all of our congressional districts.

We can all agree that, as Members of Congress, we need to prioritize our vet-

erans. We also need to raise awareness about the invisible wounds many of them face. I am speaking about post-traumatic stress disorder, traumatic brain injury, depression, which can and often does lead to thoughts of suicide.

Mr. Speaker, we also need to make sure that the loved ones of these veterans have the support they need so that they may best help those who are suffering from these invisible wounds.

I have been here 9 months. The House has taken some very positive steps to help veterans since I have been here and improving suicide prevention programs.

It has been said by several Members already here on the floor today, the Clay Hunt Suicide Prevention Act, a commonsense bill that is going to increase access to mental health by creating a peer support and community outreach pilot program.

It is going to boost accountability with mental health care by requiring an annual evaluation of VA mental health and suicide prevention programs.

It is proof that, when we put party politics aside around here, we can get good things done. We should all be proud of that.

I would like to direct Members' attention to H.R. 2915, the Female Veteran Suicide Prevention Act, which has been just passed out of the Veterans' Affairs Committee. It is time to bring this bill to the floor.

It will direct the VA to identify mental healthcare prevention programs and metrics that are effective in treating female veterans as part of the evaluative process required by the Clay Hunt Act, and it would require the VA to accommodate a veteran's obligation to not properly disclose classified information.

Mr. Speaker, suicide prevention programs are key to maintaining continual engagement with veterans and communities, as well as to raise awareness and to help intervene, when necessary.

I would also add, let's keep in mind the Economic Opportunity Subcommittee on Veterans' Affairs, which I serve on, with many other hard-working Members who are working in a consensus-oriented fashion.

We need to make sure that the Transition Assistance Program is working for our veterans. We need to make sure that, from a veterans' hiring preference program, that that is working.

We need to make sure that we are utilizing the best that the private sector has to offer for workforce development training for veterans returning to civilian life.

We know that there is an unfair stigma associated with those who may need to seek assistance with mental health.

Part of the value of why we are here today is to raise awareness and help reduce that stigma and say that we understand that there are challenges for veterans returning to civilian life and we are here to help.

We want to raise awareness. We want to make sure that the programs that we have in place are working. We are going to continue to do that.

I applaud those who helped organize this Special Order here today, and I am honored to participate in it.

Mr. BENISHEK. Mr. Speaker, I yield to my colleague from Illinois (Mrs. BUSTOS).

Mrs. BUSTOS. Mr. Speaker, I want to thank the gentlewoman from Arizona (Ms. SINEMA) and the gentleman from Michigan (Mr. BENISHEK) for convening this important discussion this afternoon.

As I am sure we agree, we need to continue shining a light on the epidemic of veteran suicide so we can push to improve the resources available to the brave men and women who have served our Nation.

Mr. Speaker, I come from a region of Illinois called the Quad Cities. For more than two decades, my seat was held by one of the strongest advocates for veterans who has ever worked in these Chambers. I am talking about the late and the great Congressman Lane Evans.

Congressman Evans was a veteran of the Marine Corps who served this body from 1983 all the way to 2007. I was proud to call him my friend.

As a veteran, he understood the challenges that many of our returning heroes confront after they come home. Congressman Evans was a tireless advocate for expanding resources to our veterans and providing the mental health services that many of them need to make a successful transition back to civilian life.

Today, after more than a decade of war, this generation of veterans faces a new set of challenges. We have an obligation to those who have served our Nation.

As my friend, the gentlewoman from Arizona highlighted earlier in her remarks that an estimated 22 veterans commit suicide every single day. That is nearly one every hour.

And we all know the statistics driving this epidemic. Military suicides are at their highest rate in 10 years.

Mr. Speaker, veterans make up 20 percent of our suicides, despite making up only 10 percent of our population. Thirty percent of veterans have considered suicide. 37 percent of Iraq and Afghanistan veterans have been diagnosed with PTSD.

And of the approximately 22 veterans who take their lives every day, roughly five actually get care through the VA health system.

□ 1630

It is easy to get lost in all those statistics. They are numbers. But behind each and every one of those is a real human being, a veteran with a real story that we must tell. We have a duty to help them.

We all know how hard the Department of Veterans Affairs is working to keep up with this ongoing and per-

sistent challenge, but we have to do more. That is why I proudly supported the Clay Hunt Suicide Prevention for American Veterans Act, which was signed into law earlier this year. Once this legislation is fully implemented, it will take critical steps toward curbing the epidemic of veteran suicide by improving the VA resources and increasing oversight of programs designed to help our veterans get the care that they deserve.

This is an important step toward stemming the ongoing crisis of veteran suicide, but it is not enough. This is why I have called on the Appropriations Committee to increase funding for veteran suicide prevention programs and outreach services. I hope all of you will join me in demanding more action for our veterans.

If Congressman Evans were alive today, he would not rest until all of our veterans get the care and the support they have earned for protecting our Nation, and neither should we.

Mr. BENISHEK. Mr. Speaker, I yield to the gentleman from Virginia (Mr. GOODLATTE).

Mr. GOODLATTE. Mr. Speaker, I rise today to recognize an epidemic that is plaguing our servicemembers and our veterans, and that epidemic is suicide. Each day it is estimated, on average, 22 veterans commit suicide in the United States. That is more than double the rate for the civilian population, and it is an extremely tragic statistic.

Earlier this year, the Clay Hunt Suicide Prevention for American Veterans Act was signed into law to help combat this very serious problem. I applaud this step forward, but our work is far from over. We must continue to ensure that those veterans who are suffering know that they are not alone; they have family, friends, and resources readily available to help them heal and move forward.

These men and women have given so much to this great Nation. It is our duty to walk with them during and after their service.

I remain committed to providing the highest quality medical care and resources for these brave men and women who were wounded in the course of defending our freedom.

I look forward to working with my colleagues to improve timely access to mental healthcare services to ensure our veterans in crisis receive the help that they need.

I thank Mr. BENISHEK and Ms. SINEMA for organizing this Special Order hour.

Mr. BENISHEK. I yield to my colleague from Michigan (Mrs. DINGELL).

Mrs. DINGELL. I thank my friend from Michigan for yielding.

Mr. Speaker, I also want to thank my friends Congressman BENISHEK, Congresswoman SINEMA, and Congresswoman BUSTOS for their leadership and for hosting this Special Order this evening on an issue that we all care very deeply about: the high rate of suicide among our veteran population.

September is Suicide Prevention Month, and it is important that we draw attention to this critical issue. The facts are stark. My other colleagues have already mentioned them. A veteran commits suicide every 65 minutes. That means that 22 veterans a day are dying.

Today we honor those that we have lost already and the families who have suffered so much and are left behind. These veterans were true American heroes who served their country and came home tormented. We can never forget the sacrifices that they have made.

It is great, on this evening, to see my colleagues from both sides of the aisle here to talk about this issue, because it is my sincere hope that we can come together and rededicate ourselves to doing what is right for our veterans and making sure that we are dedicating sufficient resources to veterans' care.

On Sunday night, in Michigan, I will gather with the family and friends of those veterans who have committed suicide in Michigan. They have built a cross for each of those lives to try to raise awareness in our community.

In addition, at a meeting that I hold with my mayors, where normally we are talking about infrastructure or roads, two-thirds of that meeting was spent talking about veterans and the emotional issues we are dealing with in our communities as we see these veterans struggling.

The mayors and I have started a task force to address these issues. We have started a veterans' court that has been following the model of other places, trying to raise awareness so that in the community, we see when someone is struggling and are able to put out a helping hand.

My next-door neighbor's young son, when tormented, needed help; and when he called, he couldn't get it.

We all have got to come together. These brave young men and women have served our country. When they came home from World War II and Korea, we celebrated them. We thanked them for their service. We formed a community around them.

These young men and women are fighting for us. They are fighting for freedom. They are fighting for world security. We have an obligation to help them when they come home, to help get them the resources that they need. They have memories that haunt them. They have memories that torment them.

This Suicide Prevention Month, we have to take the stigma away from mental illness. We have to recognize that young people need help sometimes, and we have to be there for them.

Tonight I thank my colleagues for organizing this Special Order so that we remind people that those who have served us sometimes need that helping hand. If we can prevent it, we must, any young person from taking their

life because of the service that they gave this country.

Mr. BENISHEK. Mr. Speaker, nearly 10 million Americans have serious mental illness, and millions go without proper treatment or care because our Nation's mental health system is broken not only for our veterans, but for our nonveterans as well.

My next speaker is Dr. TIM MURPHY from Pennsylvania, the author of the Helping Families in Mental Health Crisis Act, H.R. 2646. This will overhaul our Nation's mental healthcare system, adding grants for more psychiatrists, authorizing intervention programs, and fixing current nationwide shortages of crisis mental health beds.

I yield to my colleague from Pennsylvania (Mr. MURPHY).

Mr. MURPHY of Pennsylvania. I thank the gentleman for organizing this very important Special Order.

Mr. Speaker, I will tell the stories of three servicemembers that I have known in my time in the Navy, in my work at Walter Reed Hospital:

One is of a soldier who tried to kill himself. He put a gun to his head, pulled the trigger. The gun fired, but it didn't kill him. It left him partially blind and with a significant head injury. He struggles through life. He continues to live, but the things that caused him to do that have not left.

The second is of a marine that I knew, the son of a friend, who died recently. I went to his funeral and saw him lying there, looking so peaceful.

The third, a soldier, I was called upon by the family to go visit him because he had been in his room for months. He covered the windows with camouflage. Bottles and bottles of medication littered his room, holes were punched in the walls, and he felt abandoned.

There was nothing more we could do for the soldier who had killed himself; there were some things we could do for the soldier who harmed himself; but there was a lot we could do for the soldier who hid himself.

When soldiers, sailors, airmen, marines, and coastguardsmen look down the road to suicide, there are multiple reasons. Very often it is because they have faced those unspeakable horrors of war. Perhaps they have had multiple deployments, strain within the family, the lost social relationships, divorce, job complications, which whittled and chipped away at their strength. Perhaps they lost that sense of belonging that they had with their platoon or their company, that friendship with those who faced battles with them that somehow helped prop them back up.

In many cases, it is dealing with the traumatic brain injury, of the multiple blasts, explosions, the primary, secondary, or tertiary wounds that they had which affected their brain functioning and leaves them with symptoms oftentimes of psychological disorders. Sometimes that psychological disorder is that path to depression, that feeling of hopelessness, helplessness, and worthlessness that comes

with clinical depression, when the person sometimes says: There is no treatment that can help me; I might as well give up.

First let me say to veterans, Mr. Speaker, that there is treatment that can help. There is reason to hope. It is important that veterans seek out a therapist; and if that therapist doesn't seem like a good mix, seek another one. If that one doesn't seem like a good mix, seek another one. Keep going until you find the right person.

It is important veterans understand their life is worth living. Yes, you are suffering in the moment, but you can't stop pursuing treatment. Don't seek the permanent solution to the temporary problem. There is always another way out besides suicide.

Now, we make this more complicated for veterans, as we do with the rest of the community of people who are suffering from mental illness, by we simply don't have enough professionals out there to help. We have family members who don't see the signs of isolation and anger and drinking and drug abuse and irritability. But just because there is a healthcare provider out there, the family should not ever feel that they can't talk to that person.

The healthcare provider, even without permission of the soldier, can listen; and it is important that family members contact someone even when that soldier says, "I don't want to talk to anybody," because, very often, that is the disease speaking, that is the brain illness speaking. That is the part of the illness that says "I either want to give up" or "I don't recognize I have a problem."

Loved ones can call for help, but we need other things taking place here as well. We have to have families who can help that person get out of a crisis. We have to help the family understand they need to remove the means of a suicide—if it is a firearm, if it is weapons, if it is drugs.

But what we need to do and what my bill (H.R. 2646), the Helping Families in Mental Health Crisis Act, does is it changes the dynamics of what our country is doing, that has abusive policies and antifamily policies which actually prevent people from getting help.

What we have to do is make sure we have more access to treatment. We need more psychiatrists and psychologists—it is as plain as that—by the thousands and tens of thousands. We do not have enough. So even when someone tries to seek help, it is difficult.

We need more psychiatric hospital beds for those moments when a person needs a respite, someplace to go away from the crisis of everyday life. We don't have enough. We had 550,000 psychiatric hospital beds in the 1950s. We have less than 40,000 now. Part of that is because we have Medicaid rules out there and other rules that say, you know, we don't want hospital beds anymore.

Look, I don't want to see people go back to the old asylums, but some-

times a person with that sense of helplessness and worthlessness needs a place to go to recover, to get better.

We also have a VA system which has said: You are not going to continue some of these drugs. Your drug isn't on our formulary list. You are not going to take it anymore.

I have other legislation in which says that, if a Department of Defense doctor prescribes a person medication and it is working, the VA should automatically, without question, carry that medication and provide ease of access for it. One of the reasons we even have the Clay Hunt Suicide Prevention for American Veterans bill is because he couldn't get the medication that worked.

It is our fault. We have met the enemy, and he is us, as one character famously said.

The General Accounting Office also tells us we have a disorganized system, 112 Federal agencies—112—that are supposed to deal with mental illness. The GAO tells us they don't keep track of data. There is no accountability. They don't meet. Many of these agencies haven't even gotten together since 2009 to coordinate services. Twenty homeless programs, programs scattered throughout the Federal Government—we make it the most difficult for those who have the most difficulty.

Sometimes what we do, though, is we reauthorize programs that work. But make no mistake, it is not enough. Anyone who thinks that Congress has been adequately addressing the needs of the mentally ill, the seriously mentally ill veterans, is naive. We are disillusioning ourselves into thinking that, because we did something, we did the right thing.

So let me speak honestly: Congress' lack of comprehensive action and its snail pace in dealing with this shares the blame. We are not passive in this. We are active and codependent in this crisis that is inflicted upon Americans.

When we are in this Chamber and we hear another tragic story of someone who has perhaps killed many people in the community and then killed themselves or they did suicide by cop, we have a moment of silence—and so we should—as we grieve over the loss of innocent life. But that moment of silence should not be accompanied with silent behavior. What we need are moments of action, and strong action at that.

Not only do we have the soldier suicides, we had 41,000 suicides in this country in this last year; 43,000 drug overdose deaths; homicides by those with serious mental illness; people with mental illness who are the victims of crime and homicide.

□ 1645

Then we have that slow-motion death of the homeless and the seriously mentally ill who, themselves, have come to so many other chronic illnesses that—do you know what? They are not even a statistic. We don't count them.

If people want to help, if Members want to do something, here is an action plan: become cosponsors of the Helping Families in Mental Health Crisis Act, H.R. 2646. Don't sit idly by. Don't say, "Some other Member can do this; let it be someone else's problem." It is not. It is ours.

As a nation, wouldn't we do better to act instead of grieve, to turn a blind eye and to hope that someone else takes care of it, or, worse yet, to be caught up in the politics, the partisan politics and the games that plague this Chamber that says: "I am not going to let this party have a win or this party have a win"? In the meantime, people are dying, and we sit idly by.

Mr. Speaker, suicide is a plague on our Nation, on our veterans. It is a plague on, as was said in Samuel 16, the last, the least, and the lonely. We must change this system that makes it difficult for those who have the most difficulty. We must remove abusive Federal policies that say that you can't see two doctors in the same day; you can't have more than 16 hospital beds; that say it is okay to have Federal programs and grants going out there for absurd concepts like making collages, making masks; telling people to get off their medication; a Web site to help people in Boston, when it is cold, deal with the anxiety of snow; a \$425,000 Web site for 3-year-olds with sing-along songs; and a \$22,000 painting which sits in the Office of Substance Abuse and Mental Health Services Administration to give them awareness. The only thing I am aware of, Mr. Speaker, is that it is a waste of money—a waste of taxpayers' money—and a waste of lives.

If this Congress gets its act together and admits it, and if our leadership says that we can run lots of bills—and we can run lots of bills real quick—and we can suspend the bills and bring bills to the floor in a moment's notice, I have had this bill sitting around 3 years. We revise it and revise it again. We have the support of multiple organizations across the country, whether they represent parents or consumers or professionals, and another day goes by; and every few seconds another person commits suicide or has a drug overdose death, and we go home at night and sleep snugly in our beds.

It doesn't have to be this way if we have more providers and if we have a Federal Government in Congress that says that we must be guided by wisdom, compassion, and faith, that says we will not wait anymore and that we will take the collective voice of every Member of Congress to do that.

A few hours ago, we had the Holy Father, Pope Francis, speak in this very Chamber. His words still echo in this community. But he called us to do things together, to be motivated by love, to be engaged in a dialogue and conversation, and that is a conversation we must be having about mental illness as well, to say that we can no longer put this off.

I hope Members, if they really are concerned about veteran suicide—as I believe we are—if they are really concerned about the problems of serious mental illness—as I know we are—if Members are tired of moments of silence in those times when we come together for a few minutes of compassion, we recognize that is not enough—and I know we are—then I hope every Member, every Democrat and Republican, talks to their leadership, talks to their committee members, talks to each other and says, "Move this bill. Make something happen."

By the way, Mr. Speaker, let me close with this. The story I told you has a good ending.

The soldier that I visited in his home with the windows covered with camouflage, with medications scattered throughout the house, and with holes punched in the wall because of his anger, we did get him help. He got stabilized. He took those barriers off the windows. He let the bright light of the world shine in again, and he engaged with people again. He has hope again.

That is a story that comes because people stepped forward and helped him. The people at hospitals and military hospitals can do that. Let's make sure that the others like him whom we have not discovered yet, who are still hiding in their rooms, we get to them before their lives are taken. This is what we should be doing as a nation. Failing to do this means we are culpable as this tragedy continues.

Mr. BENISHEK. I would like to thank my colleague for his passion on this issue.

I would now like to yield to my colleague from California (Mr. PETERS).

Mr. PETERS. I want to thank the gentleman for yielding, and I want to thank Congresswoman SINEMA and Congressman BENISHEK for their leadership on this issue, which is also of prime interest to me, this epidemic of suicide in our veteran community.

Mr. Speaker, San Diego has the third largest population of veterans in the country, more than 235,000. One of the most important jobs we have here in Congress is to honor their service by keeping our promises to them.

September is Suicide Prevention Month, a time to focus on ending the scourge of veteran suicide that has hurt families and communities across the country. Combating suicide takes the full spectrum of services, including deployment, education, drug and alcohol abuse treatment, and ending the stigma around mental health.

In San Diego, I am pleased to say, the nonprofit sector has really stepped up. We have been at the forefront of finding innovative ways to approach veteran suicide by providing services and developing cohesion in the local veteran community that came together after the Vietnam war to increase collaboration among government, private groups, and community partners.

San Diego is the home of, in my district, 0800, which is an organization

doing innovative work to assist easing the transition between Active Duty and civilian life. It is a community-based nonprofit that takes the existing service structure, works with the servicemembers before they leave the military to get them set, and provides the case management after they return to the civilian world to ensure that the benefits and services that veterans have earned are provided to them.

Another organization, the Three Wise Men Foundation, founded by combat veteran Nathan Fletcher, utilizes community engagement and workout trainings to help veterans who were in combat and have struggled to reintegrate after coming home.

There is a powerful article by Dave Phillips that The New York Times highlighted this weekend about how many veterans are turning to each other to survive. To quote that article: "Feeling abandoned, members of the battalion have turned to a survival strategy they learned at war: depending on one another."

We have all heard the devastating statistics of veteran suicides in the country, but thus far, the response has failed to properly address the dire situation, and we have a responsibility here in Congress to do much more than we have. The statistics don't tell the heart-wrenching stories that so many of us have heard from parents, spouses, and the loved ones of the veteran who has taken his or her own life.

One such couple that Congresswoman SINEMA and I know, and I have been honored to work with, is Dr. Howard and Jean Somers, who, after losing their son, Daniel, to suicide, have become tireless advocates to fix and reform the broken healthcare system at the Department of Veterans Affairs.

We know that bipartisan reforms to the VA can make a difference. The Clay Hunt Act showed us that and garnered a new generation of mental health and suicide prevention services at the VA, and the Veterans Choice Act will bring accountability to a system wrought with oversight and leadership challenges, allowing for faster service closer to the veteran in need.

But fixing an inefficient VA requires more than just increased funding. It requires real changes to get veterans care in new and flexible ways. We need to allow the VA to better use innovative technologies, like wireless medicine, that allow veterans access to care from the comfort of their homes, which can save lives and decrease costs to taxpayers.

We need to break the stigma around mental health, particularly post-traumatic stress. The service-connected injury needs to be treated with the same gravity and respect as the physical injury that so many of our valiant warfighters have battled.

So thank you again, Congresswoman SINEMA and Congressman BENISHEK, for your consistent advocacy on reforming the VA and on ending the tragedy of veteran suicide. We have much more

work to do, and I appreciate the opportunity to be here today to work with you on it.

Mr. BENISHEK. Mr. Speaker, how much time is remaining?

The SPEAKER pro tempore (Mr. ABRAHAM). The gentleman has 8 minutes remaining.

Mr. BENISHEK. I yield to the gentleman from Florida (Mr. YOHO).

Mr. YOHO. Mr. Speaker, I would like to take a moment to thank my colleagues, Representatives SINEMA and Dr. BENISHEK, for their leadership in arranging such a Special Order on such an important topic and for the invitation to speak this afternoon on suicide prevention awareness.

September is Suicide Prevention Awareness Month. It is so important that we have an open and honest dialogue about the issue of suicide. The more we talk about it, we increase people's awareness, and they are there to help the people in need.

There are alternatives, and they do not have to suffer in silence. From comedian Robin Williams, to bullied young kids, to the brave men and women from our Nation's military returning from the battlefield, suicide does not discriminate. Emotional pain and despair can set in and take root in the minds and bodies of all ages across all demographics. Often, the signs of suicide go undetected, which leave those left behind asking: Why did this happen, and what could I have done to prevent this tragedy?

Today a disproportionate amount of our Nation's veterans are falling victim to suicide. After all they have given to this country, it is tragic and unacceptable that our Nation's veterans often suffer in silence until it is too late for those around them to help.

By shining a light on veteran suicide and all suicides, we as a nation can start to understand the urgency with which we need to solve and prevent this epidemic that our veterans, their families, and their friends struggle with. Not recognizing the signs early enough all too often leads to a loss of life. This is an important thing that we as a nation need to come together and have a strong support system in place so that those in need will reach out and not be stigmatized.

Again, I want to thank our colleagues.

Mr. BENISHEK. Mr. Speaker, I yield to the gentleman from Pennsylvania (Mr. CARTWRIGHT).

Mr. CARTWRIGHT. Mr. Speaker, I thank the gentleman for yielding, and I want to thank, particularly, Representatives SINEMA and BENISHEK for bringing up this Special Order hour.

For my own part, I speak for the northeastern part of Pennsylvania. Pennsylvania is home to nearly 1 million veterans. These are brave men and women who serve this Nation, a Nation that has, regrettably, not always served them.

Many of the veterans suffer from mental illness. A study, as you all

know, has been released that found that 22 veterans commit suicide every day. This is unacceptable.

As someone who deeply cares about veterans' issues, I was proud to introduce legislation in the last Congress that would fast-track the hiring of psychiatrists who have completed a residency at a VA facility, and I was gratified that the President has incorporated many of those ideas in his policy.

Initially, in this Congress, I plan to reintroduce the Veterans Mental Health Accessibility Act, an important piece of legislation that aims to provide for our brave servicemen and -women when they return from combat with both easily visible and difficult-to-detect wounds. While the physical wounds are evident immediately, the mental health ones may take longer to manifest themselves.

Here is the problem: as many as 30 percent of Operation Iraqi and Enduring Freedom veterans face the possible diagnosis of a mental health disorder. But after 5 postservice years, if a condition is not diagnosed, veterans would go to the back of the line. They have missed their statute of limitations in 5 years and then experience an average wait time to receive benefits of more than 1 year. This could mean the difference between life and death.

Unfortunately, mental health disorders are harder to diagnose, may take much longer to manifest, and many veterans might delay seeking treatment. We are putting it on them to self-diagnose and report within that 5-year span.

We should not hold mental health disorders to the same timeline as a broken leg. The Veterans Mental Health Accessibility Act would ensure that no veteran would be denied mental health treatment no matter when combat-related mental health disorders first appear.

I believe we owe a great debt to those warfighters who serve our country through military service, including those who stood ready at a moment's notice to fight for our freedom.

Mr. Speaker, as long as I am a Member of Congress, I will be working to increase knowledge on this subject, to correct the shortcomings of the VA system, and to ensure that the men and women of our Armed Forces who bravely serve this country receive all the benefits to which they are entitled.

Mr. BENISHEK. Nice comments, Mr. CARTWRIGHT. I appreciate it.

Mr. Speaker, I yield to the gentleman from Indiana (Mrs. WALORSKI), my colleague on the Veterans' Affairs Committee.

Mrs. WALORSKI. Thank you, Mr. BENISHEK.

Mr. Speaker, I want to thank the distinguished gentleman from Michigan and the distinguished gentlewoman from Arizona for yielding.

In honor of Suicide Prevention Month, I rise today to increase awareness about some of our bravest and

most at risk: our veterans. Many of our Nation's troops, both past and present, face struggles many of us can never imagine. Every day 22 veterans take their own lives.

I have experienced this same tragedy in my own district. In 2013, a constituent in my district, a former marine who served in Vietnam, began experiencing severe pain over his entire body. After visiting four VA clinics and facilities, doctors could not diagnose his condition and instead prescribed morphine for ongoing and oftentimes excruciating pain.

To help manage his undiagnosed condition, doctors recommended he enter a nursing home. Unfortunately, he discovered he did not meet the eligibility requirements. Later that day, his wife was told that she had 1 hour to pick him up or they, the VA, would send him home in a cab without clothes since he did not have any at the hospital to wear. Two days later, just a week before Christmas, the pain proved too great for him to bear and he took his own life.

His story details the urgency our Nation's heroes deserve. Instead of ending in heartbreak, veterans and their families need to know their lives count, which is why we must improve veterans' access to physical and mental health care. Together, we can change this system to prevent tragedies like this from ever happening again.

□ 1700

Mr. BENISHEK. Thank you very much, Mrs. WALORSKI. I really appreciate your comments.

I think Dr. MURPHY brought up a good point when he was speaking. We just recently in this House passed the 21st Century Cures Act, H.R. 6.

That has been endorsed by a wide variety of professional and medical organizations, such as the American Association for Cancer Research and The Cure Alliance. We passed this bill by an overwhelmingly bipartisan vote of 344-77.

This is a piece of legislation that is going to change the way we do research at the NIH, that is going to change health care for all Americans. There is no reason that we shouldn't be able to pass a mental health care bill similar to that with a wide bipartisan effort.

Today Ms. SINEMA and I are leading a bipartisan group of Members of Congress to make mental health care an issue on which to move forward, and it has really been a great way to get this started.

I yield to Ms. SINEMA if she would like to add a few more thoughts in that regard.

Ms. SINEMA. Thank you very much, Congressman BENISHEK.

I know we will be continuing this in the next Special Order so as to allow more of our colleagues to speak, and I am really looking forward to that time.

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

VETERAN SUICIDE PREVENTION

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2015, the Chair recognizes the gentlewoman from Arizona (Ms. SINEMA) for 30 minutes.

Ms. SINEMA. Mr. Speaker, I am very happy to open the Special Order this evening with my colleague and friend, Congressman DAN BENISHEK of Michigan.

We have some colleagues who are joining us here this evening to continue the discussion we have been enjoying for the last hour of talking about the scourge of veteran suicides and how to stop this scourge.

We know that there are brave whistleblowers around this country who have told us and the Nation about the problems at the VA.

If it weren't for brave whistleblowers, we may not have learned about the tragedies at my VA, the Phoenix VA, and we could have lost even more lives than we have lost already.

In order for the VA to change, it has to put its veterans first and change the culture. We believe that VA employees must continue to speak up and speak out.

Brandon Coleman, a Marine Corps veteran, has seen firsthand the important role the VA can play in helping veterans. A decade ago he received help from a dedicated VA counselor, who helped him overcome substance abuse issues and get his life back on track.

Wanting to help his fellow veterans, Brandon began working as an addiction counselor with the Phoenix VA in 2009.

In January of this year, Brandon approached his supervisor after, over the course of a single week, five suicidal veterans walked out of the Phoenix VA hospital without getting the help they needed from the emergency room.

After coming forward with his concerns about how the VA handled suicidal patients, Brandon was placed on administrative leave for adverse behavior and his program was shut down.

Mr. Speaker, no one should fear the risk of losing his or her job for speaking out. That is why we introduced the VA Accountability Act, a bipartisan bill to hold poor-performing employees accountable and to increase protections for whistleblowers.

Empowering whistleblowers helps our veterans and their families get the answers they deserve. The VA must respond to this challenge with a culture of accountability that protects veterans, not its own bureaucracy.

Brandon testified before the Senate Homeland Security and Governmental Affairs Committee earlier this week on improving accountability within the VA. He is committed to fixing the VA to ensure that all veterans get the same help that he got.

I would like to take some time now to turn the podium over to the gentleman from Oklahoma (Mr. RUSSELL).

Mr. RUSSELL. I thank the Congresswoman.

Mr. Speaker, it is a serious issue that our Nation faces when we imagine the

sacrifice that our veterans make only to see them become casualties in a battle with the mind.

Those of us who have borne the burden of battle carry the weight of that burden the rest of our lives. As a warrior, I have seen the worst things that human beings can do to one another. I have had to take human life. I have had to watch fellow warriors lose theirs. I have caressed wounded brothers as they have been bleeding.

We recall these things and carry these things, and, as warriors, we attempt to process it all when we come home. When we do come home, others attempt to interact with us not quite knowing how that interaction should play out or how to treat the Americans we really are.

So, as we address this issue of veteran suicide and as we stand here to speak in support of the many good measures that we have heard today, Mr. Speaker, I would also like to provide a couple of things worth noting with which we could reach out to the community at large, to our States, to all of America.

For the population that deals with returning battle veterans, purpose matters. We don't want to come home as victims. We don't want to be put in some special class.

We have maintained the stresses of battle, and we have fought our Nation's wars, but purpose matters as we come home.

If that purpose is somehow denied us because of fear of capacity or fear of being able to interact with other Americans in employment or in whatever it is that we put our hand to, then we will miss a great opportunity early on to engage returning veterans in things that will help them heal.

Secondly, we should treat our returning veterans as the Americans they really are. We somehow unintentionally imagine them as damaged goods, or maybe they have had something happen to them that does not make them quite like we are. That is a mistake.

Thirdly, when we look at the stresses of battle and how they shape our lives, we must remember this, that post-traumatic stress is treatable. As we deal with those who have faced battle as they struggle through this, it is important to note that the returning warrior has not lost his mind or her mind. It is treatable.

Mr. Speaker, one can easily relate when you think about, in my home State, maybe surviving a tornado or maybe, across America, being in a horrific car accident or losing a loved one in some capacity.

It creates stress on the human being, yet no one in that scenario would say, "Well, they have been through quite a lot, so I am not sure that they can engage with the public anymore and be employed" or, "I am not sure they will be able to handle the daily stresses."

Instead, we look at them, and we realize that these are life-altering experiences, whether it be through a car acci-

dent or a tornado, and we say, "Wow, that is terrible, but they have really bounced back, and they have done a good job of recovering." We need to look at it in the same capacity.

I am no physician, but I am a warrior who has come home. For the warrior, as he or she does come home, Mr. Speaker, we must urge all of our warriors, especially as they face insurmountable pressure about "Does life have a purpose?" to not live in isolation, and we must understand that the adrenalin of survival at our peak in battle, which is all around us—every sense alive to protect us as we survive—physiologically doesn't instantly change when we come home.

Those levels of adrenalin stay, and we crave them. That is why your returning veteran may ride his motorcycle at 120 miles an hour or pursue a dangerous activity. As the warrior processes it, he must understand as well that it takes time to abate that and to adjust.

I also want to point out, Mr. Speaker, that our returning veterans should band together with their fellow warriors. Above all, don't quit. Only we can take ourselves out of that fight.

To all of us, I think it is best to recall what Solomon tells us in Ecclesiastes in that two are better than one because they have good reward for their labor, for, if they fall, the one will lift up his fellow; but woe to him that is alone when he falls, for he does not have another to help him up.

Again, if two lie together, then they have heat. But how can one be warm alone? And if one prevails against him, two shall withstand him, and a threefold cord is not quickly broken.

As we attempt here in government to bind up the wounds, we must also realize it is not the government's sole responsibility. As an American community, we need to bind together as those wounds are bound up to heal.

Ms. SINEMA. Thank you so much, Representative RUSSELL, for your thoughts and your participation.

Mr. Speaker, I yield to the gentleman from Colorado (Mr. LAMBORN).

Thank you for being here this evening.

Mr. LAMBORN. I want to thank my colleagues Representative SINEMA and Representative BENISHEK for their leadership on this issue today and for organizing this time together.

I also want to thank Representative RUSSELL for his hard-earned insights that he has shared with us.

Mr. Speaker, it is critical that we raise awareness for veteran suicide prevention. Unfortunately, this much-needed awareness comes too late for one of my Colorado Springs families.

I would like to tell you the story of Noah, a former marine, who served with honor in Iraq in 2009 and in Afghanistan in 2011. I will not use his last name, but his parents have offered the use of his picture.

After leaving the Marine Corps, Noah began working on a business degree at