

know, whether it wishes us well or ill, that we shall pay any price, bear any burden, meet any hardship, support any friend, oppose any foe to assure the survival and the success of liberty.”

That applies to Georgia, Mr. Speaker. And that is just the way it is.

EPIDEMIC OF OVERDOSE DEATHS

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

Mr. COURTNEY. Mr. Speaker, next to me is a map of the United States which shows the sickening increase in overdose deaths in this country due to heroin and opioid use over the last decade or so.

The first map is a map from the Centers for Disease Control statistics in 2004, when roughly 7,000 Americans lost their lives to opioid overdose. Again, the red color shows the intensity of regions where deaths occurred in excess of 20 per 100,000. The blue is 10 per 100,000 or less.

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In 2014, over 28,000 Americans lost their lives to heroin and opioid overdose deaths. As you can see, the red portions of the country are increasing at an alarming rate. We have not gotten the 2015 statistics yet from the Centers for Disease Control, but by all indication from State numbers that are coming out, this map is actually going to get worse for the 2015 numbers.

Mr. Speaker, we have an epidemic in this country which far surpasses any challenge that is presented by any natural disaster. If we had an attack on the homeland that took the number of lives that these maps represent, this Congress would be on fire in terms of trying to move resources and help to communities all across the country.

Again, it is indiscriminate. It hits rural America, it hits suburban America, it hits urban America, and it hits age groups and ethnic groups across the board.

Today we are going to be taking up some legislation, H.R. 4641 and H.R. 5046. The first bill has 2 cosponsors; the second has 10 cosponsors. The first provides for establishment of an interagency task force to talk about pain medication, and the second is to authorize, not appropriate, different programs for heroin and opioid reduction. They are benign bills. It would be impossible for anyone to object to them.

But to be very clear, there is not a penny in either of these measures to help law enforcement. The police and fire who are responding to these crises day in and day out back home in eastern Connecticut are burning out because of the frequency of these calls. There is not a penny in these measures for treatment beds, for detox, or for long-term care treatment. In the State of Connecticut, it takes 4 to 6 months to get treatment.

These are addicts who are at points in their lives where to talk about a 4-

to 6-month time span is to talk about an eternity. If you talk to the families who are dealing with their loved ones who are ensnared in these addictions, 4 to 6 months is really basically being told that there is no treatment available.

There is not a penny for prevention and education. If we go upstream, that is how we solve this problem in terms of better practices for opioid and heroin prescription.

It is not a coincidence that the White House last night issued a statement on this legislation, which basically points out the fact that they “do little to help the thousands of Americans struggling with addiction.”

The statement goes on to say that these alarming trends which are represented on this map “will not change by simply authorizing new grant programs, studies and reports. Congressional action is needed to fund the tools communities need to confront this epidemic and accelerate important policies like training health care providers on appropriate opioid prescribing, an essential component of this effort.”

The President submitted a budget with \$1 billion of new funding paid for offset for 2017 that would put money into those three buckets: prevention and education, law enforcement, and treatment, again, no action by the majority in terms of dealing with actual funding to help people out there desperate for help.

There is a bill also to provide emergency supplemental funding of \$600 million for this year to get that help out now. We presented it to the Rules Committee last night, and it was rejected.

If we had a hurricane or a tornado or a forest fire that was ravaging parts of this country or an attack on the homeland, this place would not hesitate about getting resources out there to help the folks that would respond to that type of a crisis; yet, somehow we have turned a blind eye to the thousands of Americans who are suffering from addiction and to the thousands of law enforcement fire and police who are responding to these calls literally as we are sitting here today.

There are hundreds of people per day who are dying because of this problem, and we, again, are providing no resources about better opioid prescription practices and getting better education, particularly to our young people, that clearly this map shows we must do if we are going to get our arms around this conflict and this problem.

Today there will be votes. There will be a lot of self-congratulatory rhetoric about the fact that we are moving on this. But, remember, there is not a penny for law enforcement, for treatment, or for prevention and education. Until we do that, we are kidding ourselves that we are going to turn this alarming, disturbing trend around.

SOUTH DADE VETERANS AFFAIRS CLINIC

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Florida (Ms. ROS-LEHTINEN) for 5 minutes.

Ms. ROS-LEHTINEN. Mr. Speaker, I rise today in strong support of the long-overdue south Dade Veterans Affairs clinic adjacent to Homestead Air Reserve Base, part of my congressional district.

Community-based outpatient clinic facilities in Homestead and Key Largo are extremely limited in the amount of services that they provide. This project, therefore, can no longer be ignored, Mr. Speaker. Currently, these local military personnel, retired servicemembers, and veterans are not getting the proper support that they have so rightfully earned.

As the wife of a Vietnam veteran and a stepmother of two marine aviators, I am passionate about safeguarding our Nation’s military members and their families and fighting for the services they need in order for them to live healthy and fulfilling lives. Our military does not quit on us, Mr. Speaker, and I certainly will continue fighting for them.

It is estimated that there are more than 22,500 veterans, Active-Duty military, and recently deployed reservists eligible for VA medical services within a 20-mile radius of Homestead Air Reserve Base. Currently, those living in Homestead who require more than the limited services offered at Homestead Outpatient Clinic must travel about 70 miles roundtrip to the VA Medical Center in order to get the proper care that they desperately need. Veterans living in the Upper Keys have to travel even further, oftentimes more than 160 miles roundtrip.

This is completely unacceptable. It is a huge burden for our servicemen and -women and their families who have already sacrificed so much for us and our Nation. This new clinic would not only improve access to care for veterans in Homestead and the Upper Keys, but it would also enhance the quality of care throughout the region by reducing pressure on the Miami VA Medical Center.

Mr. Speaker, the south Dade VA clinic is a project that has a great deal of support throughout my district, including the Department of Defense personnel at Homestead Air Reserve Base and the Military Affairs Committee of the south Dade Chamber of Commerce.

I have also received thousands of constituent support cards, many of which I have here with me today. Here is a bunch, and here is a bunch. There are just thousands, Mr. Speaker.

Once again I would like to express my strong support for the long-overdue south Dade Veterans Affairs clinic adjacent to the Homestead Air Reserve Base. These local veterans have waited too long already, and they deserve nothing less than the successful completion of a new facility as soon as possible.