

However, in my district in the south-east portion of Massachusetts, most of the veterans in my area go to Providence, Rhode Island, for their treatment, which does not have that guarantee. Just to show an example, they have recommendations of what to do, but they don't have that guarantee.

So in my own State, one portion of the State and the veterans served mostly in that portion has that requirement to make sure that is the case. The other doesn't.

I want to thank Mr. ROTHFUS of Pennsylvania for joining me as a cosponsor of this amendment. I want to thank my colleagues for this.

Mr. Chair, I yield back the balance of my time.

Mr. MILLER of Florida. Mr. Chair, I ask unanimous consent to claim the time in opposition, even though I am not opposed to the amendment.

The Acting CHAIR. Is there objection to the request of the gentleman from Florida?

There was no objection.

The Acting CHAIR. The gentleman is recognized for 5 minutes.

Mr. MILLER of Florida. Mr. Chair, I do want to thank Mr. KEATING for coming up with this outstanding amendment to our bill. It does require VA employees to receive continuing education and courses on pain management, safe prescribing practices, disposal of controlled substances, and addiction treatment. It is critical for VA providers to know the best practices for pain management and substance use disorder.

I want to thank Mr. KEATING for his words tonight, and Mr. ROTHFUS, and I my colleagues in supporting this amendment.

Mr. Chair, I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from Massachusetts (Mr. KEATING).

The amendment was agreed to.

AMENDMENT NO. 13 OFFERED BY MR.
LOWENTHAL

The Acting CHAIR. It is now in order to consider amendment No. 13 printed in House Report 114-742.

Mr. LOWENTHAL. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 54, add after line 2 the following:

SECTION 11. REVIEW OF WHISTLEBLOWER COMPLAINTS.

(a) IN GENERAL.—Chapter 7 of title 38, United States Code, is amended by inserting after section 711 the following new section:

“§ 712. Review of whistleblower complaints

“(a) IN GENERAL.—During each calendar quarter, the Secretary shall review each covered whistleblower complaint that is filed during the previous calendar quarter.

“(b) DELEGATION.—The Secretary may only delegate the authority of the Secretary under subsection (a) to review a covered whistleblower complaint, without further delegation, to—

“(1) the Deputy Secretary of Veterans Affairs;

“(2) the Under Secretary for Health;

“(3) the Under Secretary for Benefits;

“(4) the Under Secretary for Memorial Affairs;

“(5) an Assistant Secretary of Veterans Affairs;

“(6) a Deputy Assistant Secretary of Veterans Affairs; or

“(7) a director of the Veterans Integrated Service Network.

“(c) COVERED WHISTLEBLOWER COMPLAINT DEFINED.—In this section, the term ‘covered whistleblower complaint’ means any complaint filed with the Office of the Special Counsel under subchapter II of chapter 12 of title 5 with respect to a prohibited personnel practice committed by an officer or employee of the Department of Veterans Affairs and described in section 2302(b)(8) or 2302(b)(9)(A)(i), (B), (C), or (D) of such title.”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 711 the following new item:

“712. Review of whistleblower complaints.”.

The Acting CHAIR. Pursuant to House Resolution 859, the gentleman from California (Mr. LOWENTHAL) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from California.

Mr. LOWENTHAL. Mr. Chair, I yield myself such time as I may consume.

Mr. Chair, I am very pleased to have the opportunity to offer this simple, nonpartisan amendment today.

Like many of my colleagues here, I am determined to do whatever I can to ensure the best possible care for our veterans. And I can tell you that I see all the time just how important the services are in my hometown at the Long Beach Veterans Administration to veterans in my district.

It is absolutely essential our veterans receive the quality of care that they have earned and that we owe them. I believe everyone here agrees on that. The question is: How can we ensure that our veterans receive the best quality care?

One straightforward, but important way is to make sure that whistleblowers are adequately protected.

When problems emerge, as they certainly will in any complicated system such as health care, it is vital that the VA employees feel that they can bring forward complaints and they will be properly considered without fear of retaliation.

VA employees are key potential partners in making sure the system is responsive, honest, and efficient. And if they have any doubts or concerns about their whistleblower protections, then we lose the insights, their expertise, and the inside view that they bring to the VA's day-to-day operations. That would be bad for the veterans and bad for our VA system.

My simple amendment helps to guarantee whistleblower protections are acted upon by requiring the Secretary of Veterans Affairs or his or her designee to conduct a quarterly review of covered whistleblower complaints from the preceding quarter. This brings the

necessary prompt attention and senior level VA oversight to whistleblower complaints.

I believe this is nonpartisan, non-controversial, and I hope that the majority goes along with my colleagues in the minority and will support it. I urge its adoption.

Mr. Chair, I reserve the balance of my time.

Mr. MILLER of Florida. Mr. Chair, I ask unanimous consent to claim the time in opposition, even though I am not opposed to the amendment.

The Acting CHAIR. Is there objection to the request of the gentleman from Florida?

There was no objection.

The Acting CHAIR. The gentleman is recognized for 5 minutes.

Mr. MILLER of Florida. Mr. Chair, I want to thank Mr. LOWENTHAL for his very simple, nonpartisan amendment that has been provided tonight requiring political appointees at VA review whistleblower complaints at every level. I am grateful to him for bringing this forward. I urge all of my colleagues to support his amendment.

Mr. Chair, I yield back the balance of my time.

Mr. LOWENTHAL. Mr. Chair, I thank and appreciate the leader from the majority party.

Mr. Chair, I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from California (Mr. LOWENTHAL).

The amendment was agreed to.

Mr. MILLER of Florida. Mr. Chairman, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. MILLER of Florida) having assumed the chair, Mr. MOONEY of West Virginia, Acting Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 5620) to amend title 38, United States Code, to provide for the removal or demotion of employees of the Department of Veterans Affairs based on performance or misconduct, and for other purposes, had come to no resolution thereon.

□ 1915

SUICIDE PREVENTION MONTH

The SPEAKER pro tempore (Mr. MOONEY of West Virginia). Under the Speaker's announced policy of January 6, 2015, the gentlewoman from Arizona (Ms. SINEMA) is recognized for 60 minutes as the designee of the minority leader.

GENERAL LEAVE

Ms. SINEMA. 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 material on the subject of my Special Order.

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

There was no objection.

Ms. SINEMA. Mr. Speaker, September is Suicide Prevention Month, a time for our Nation to raise awareness about the recurring tragedy of suicide.

Last month, the VA released an updated comprehensive study on veteran suicide, finding an estimated 20 veterans lose their lives to suicide every day. Twenty veterans a day should be a call to action for our country and for this Congress. We must do more.

Typically, time in this House Chamber is split; Republicans have 1 hour and Democrats have another. But I believe this issue is too important to be overshadowed by partisan politics, and that is why tonight I have invited Members from both sides of the aisle to show our commitment to solving this problem together and find real solutions for our veterans.

This is the fourth year that I have held this event in this Chamber to raise awareness and send a clear message that the epidemic of veteran suicide must end. We have so much more work left to do.

Tonight I hope that we, as a body, will demonstrate our ongoing support for the individuals, organizations, and agencies devoted to preventing the epidemic of veteran suicide. We challenge the VA, the Department of Defense, and our fellow lawmakers to do more.

Today, Mr. Speaker, we are failing in our obligation to do right by those who have served our country so honorably.

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

I have often shared the story of a young veteran from my district, Sergeant Daniel Somers. Sergeant Somers was an Army veteran of two tours in Iraq. He served on Task Force Lightning, an intelligence unit. He ran over 400 combat missions as a machine gunner in the turret of a Humvee; and part of his role required him to interrogate dozens of terrorist suspects. His work was deemed classified.

Like many veterans, though, Daniel was haunted by the war when he returned home. He suffered from flashbacks, nightmares, depression, and additional symptoms of post-traumatic stress disorder, made worse by a traumatic brain injury.

Daniel needed help. He and his family asked for help, but, unfortunately, the VA enrolled Sergeant Somers in group therapy sessions, which Sergeant Somers could not attend for fear of disclosing classified information.

Despite repeated requests for individualized counseling, or some other reasonable accommodation to allow Sergeant Somers to receive appropriate care for his PTSD, the VA delayed pro-

viding Sergeant Somers with appropriate support and care.

Like many veterans, Sergeant Somers' isolation got worse when he transitioned to civilian life. He tried to provide for his family, but he was unable to work due to his disability. Sergeant Somers struggled with the VA bureaucracy. His disability appeal had been pending for over 2 years in the system without any resolution.

Sergeant Somers didn't get the help that he needed in time. On June 10 of 2013, Sergeant Somers wrote a letter to his family. In this letter he said: "I am not getting better, I am not going to get better, and I will most certainly deteriorate further as time goes on."

He went on in the letter to say: "I am left with basically nothing. Too trapped in a war to be at peace; too damaged to be at war. Abandoned by those who would take the easy road, and a liability to those who stick it out and, thus, deserve better. So you see, not only am I better off dead, but the world is better without me in it. This is what brought me to my actual final mission."

We lost Daniel Somers that day, and no one who returns home from serving our country should ever feel like he or she has nowhere to turn.

Mr. Speaker, and Members, I am committed to working on both sides of the aisle to ensure that no veteran feels trapped like Sergeant Somers did, and that all of our veterans have access to appropriate mental health care.

Sergeant Somers' story is familiar to too many military families. Sergeant Somers' parents, Howard and Jean, were devastated by the loss of their son, but they bravely shared Sergeant Somers' story and created a mission of their own. Their mission is to ensure that Sergeant Somers' story brings to light America's deadliest war, the 20 veterans that we lose every day to suicide.

Many of my colleagues have met with Howard and Jean. They are working with Congress and the VA to share their experiences with the VA healthcare system and find ways to improve care for veterans and their families.

Our office worked closely with Howard and Jean to develop the Sergeant Daniel Somers Classified Veterans Access to Care Act. The Sergeant Daniel Somers Act ensures that veterans with classified experiences can access appropriate mental health services at the Department of Veterans Affairs.

Our bill directs the Secretary of the VA to establish standards and procedures to ensure that a veteran who participated in a classified mission, or who served in a sensitive unit, may access mental health care in a manner that fully accommodates his or her obligation to not improperly disclose classified information.

The bill also directs the Secretary to disseminate guidance to employees of the Veterans Health Administration, including mental health professionals,

on such standards and procedures on how best to engage veterans during the course of mental health treatment with respect to classified information.

Finally, the bill directs the Secretary to allow veterans with classified experiences to self-identify so they can quickly receive care in an appropriate setting.

The Sergeant Daniel Somers Act passed the House in February, but now we are waiting for the Senate to take action. No veteran or family should go through the same tragedy that the Somers family experienced, and we owe it to our veterans to pass and sign this bill into law.

While we are waiting for Congress to act, Arizona is taking action. We are doing it ourselves. Our office took immediate action when we heard from brave whistleblowers about the tragedy at the Phoenix VA. We have now held nine veterans clinics, helping over 1,000 veterans and military members access the benefits they have earned. Our team helps veterans with everything they need, from housing to job placement, to education.

Mr. Speaker, I will speak more about the work we are doing in Arizona, but I would like to yield to my colleague from New York (Mr. GIBSON), who has bravely served our country.

Mr. GIBSON. Mr. Speaker, I thank my friend and colleague, Representative SINEMA. I thank her for her passion for the issue, for her leadership which she brings here tonight and on all days on this very important issue for veterans.

Mr. Speaker, this is a very personal issue for me. After 29 years in the United States Army, initially starting as a 17-year-old private in the New York Army National Guard and, after 5 years, making the transition to the regular Army as a Commissioned Officer and serving 24 additional years, including 4 combat tours in Iraq, time in the Balkans, also in Haiti, over that time, I have seen the human condition under very severe and acute stress, and have seen humans at their best and humans at their worst.

Now, in this role in Congress, I think it is critically important that we come together and provide all the support that we can for our servicemen and -women, for our veterans, and for their families.

Mr. Speaker, my wife is also involved in helping on this score, as she is a licensed clinical social worker, and she commits herself to helping. She is involved in therapy for our veterans. And for both of us, we have seen this from the vantage point of being on Active Duty, and then retiring from the United States military and being a civilian, in a community, and now serving in Congress.

It is clear that, as far as the status of our veterans—well, I guess, perhaps not surprisingly a lot like the rest of America—it is variegated. Some veterans are doing really well; got home, integrated, and really excelling in

every capacity in life. Yet, Mr. Speaker, there are some that are really struggling. They are struggling to find their footing, to reintegrate into society. They may be struggling financially. Others have grievous wounds that they incurred in this war, and others who still were not physically wounded are carrying emotional scars.

So really, that is, I think, the calling here tonight. Congresswoman SINEMA has pulled together this Special Order for us to put a focus on that, and I deeply appreciate that because the American people need to know: Is their government listening? Do we hear the calls from our veterans, their families, and from their loved ones, from their friends, and from all Americans who are concerned about the status of our veterans?

Mr. Speaker, our government is listening. We have taken action. There is much more to be done, but I think it is important to also give an accounting. A transparent, accountable government must provide report on what has been done.

Mr. Speaker, I was at the White House when we did the bill signing, when President Obama signed into law the Clay Hunt suicide awareness and prevention bill. Clay Hunt, a great American hero, a Marine who fought bravely for our country in both Iraq and Afghanistan, who came back and who candidly knew that he was having some mental health challenges; and the way he dealt with that was to commit himself to helping others. And he did make a difference, again.

Unfortunately, he ultimately lost his battle with the mental health challenges that he had, and his family took up the cause in that immediate aftermath. It is through the inspiration of Clay Hunt, the way he lived his life, that we came together here in this House. And I thank Sergeant Major Walz, the highest ranking enlisted man to ever serve in these Chambers, for authoring the bill. I was proud to be a part of it.

But this, we believe, will make a positive difference. It will not solve all, but it does audit our programs to take a look at what is doing well, and other programs that are still challenged, well-intentioned, but challenged; and it is going to provide a clearinghouse so that we can learn from these experiences.

It also starts a pilot program that is going to pay for the education for Americans who want to volunteer to be part of this effort to help veterans, the Clay Hunt suicide awareness and prevention, now law.

Likewise, the Female Veteran Suicide Prevention Act, we passed that in both Chambers, and the President of the United States signed that into law.

We also enacted the Wounded Warriors Federal Leave Act, which I also think will make a positive difference for our veterans.

And then, of course, about 18 months ago we enacted the VA's most sweeping

reform of the VA, arguably, in our lifetime. Now, we are still in the throes of implementing that, so we haven't seen the full effect, but the intent of which is to address what Congresswoman SINEMA was addressing moments ago, and that was the backlogs at the VA.

We have enacted legislation that I believe will ultimately, when it is fully implemented, over time, help reduce those backlogs, bring better quality care and more accountability to our VA.

I want to also mention that, while these aforementioned bills are now law, we passed on this floor a bill a couple of months ago that I think will also make a significant difference and it will help the mental health of all Americans: TIM MURPHY's bill on mental health that is now over in the Senate. And I think that will have a contributing effect to our veterans.

So while there is an accounting of the actions we have taken to date, there is still much more to be done. And let me begin by saying that, after all these efforts, only a third of the veterans who are eligible to enroll in the VA are presently signed up.

□ 1930

We have to do better than that. I think we need public service, we need leadership by example, and we need a whole series of efforts to reach out to our veterans to get them into this community of care. In part, some of it is going to have to come from confidence in the VA, which we need to improve. So we recognize that while we have the Veterans Administration and we are trying to improve it, we are working hard on that, we also need to try to inspire to get more vets to use it.

I will also say that my assessment is, as I mentioned, having served on Active Duty and now on this side on retirement, I think the peer-to-peer programs are critically important because we have a number of programs to help. As I mentioned, my wife is participating in one of them with the therapy helping.

The fact of the matter is that if a veteran is in crisis in the dark of the night, and we have no way of reaching out to him, we could lose him, regardless of what programs we have.

So these peer-to-peer efforts, which there are some now, some pilot programs and some important ones that are going on—we have one in New York State. I heard Congresswoman SINEMA talking about a program they have in Arizona. In New York State, we have a peer-to-peer program actually started by one of our colleagues here now, LEE ZELDIN from Long Island. When he was serving in the State Senate, he coauthored a bill that became law in our State that has been helping with peer to peer. I think this is critically important that we have this camaraderie and that we have this capacity that reaches out so that veterans know they are never alone.

In the Army, we had a program that we called the Ranger Buddy program,

or it is sometimes called the Airborne Buddy, or sometimes just the plain Soldier Buddy. But the point is that for moments of ideations, the darkest of ideations, we need to have that support that will then lend itself to a transition to the other programs we have at the VA and other places in the light of day.

I am going to close with this: while we need to do more to help with the physical condition for our veterans, to help them heal, and to also work their mental health, to support that and improve that. I firmly this: One of the things that rallies all servicemembers is a real sense of mission, the notion that what they are doing is certainly greater than themselves. They are helping to protect an exceptional way of life, and that is such a source of pride for our servicemen and -women. When they make the transition, sometimes that is not even fully cognizant for our servicemen and -women. They have appreciation for it, but sometimes it really takes the separation of years to recognize how significant that moment in their life was, that period of time in their life.

So for some veterans, when they get home, they miss this, that sense of camaraderie, that sense of cohesion, and that sense of purpose that goes with dedicating a life to a cause.

So as we work on improving the physical health and the mental health of our veterans, I would also say that it is important that we help veterans find that cause in their civilian life in any capacity, whether it is helping out with other wounded veterans, helping in schools, helping senior citizens, or helping the Scouts. In any capacity, it is getting that sense of mission back again. I think that has got to be key to all these programs.

I want to close by just thanking, again, Congresswoman SINEMA. I thank the gentlewoman for her great leadership on this. Let us all go forward dedicated to continuing to work on this issue and find ways where we can come together to make a difference.

Ms. SINEMA. Mr. Speaker, I thank Representative GIBSON for his words. I thank the gentleman for his service to our country. I thank especially the gentleman's wife. As a fellow social worker, I thank her for her work serving veterans.

I thank Representative HILL for joining us this evening.

Mr. Speaker, I yield to my colleague from Arkansas, FRENCH HILL.

Mr. HILL. I thank the Congresswoman from Arizona, my distinguished colleague on the House Financial Services Committee. I thank the gentlewoman for calling attention to all the Members in the House in this hallowed Chamber on this very, very important topic. So I thank the gentlewoman for inviting us to share.

Mr. Speaker, in 2013, a documentary about the Veterans Crisis Line aired on HBO. Winning an Academy Award for Best Short Subject Documentary in

2015, “Crisis Hotline: Veterans Press 1” highlighted the suicide crisis that we are talking about here tonight. It talked about the crisis that is facing our Nation’s veterans and the men and women who are employed by the hotline that have devoted their time and their expertise in listening to our veterans and trying to aid them in their moment of crisis. Too many times, these calls are ones of last resort, with our veterans having nowhere else to turn and no one else to help them.

Over the years, we have continued to hear of the tragic crisis facing our veterans who continue to suffer from the invisible wounds of war that wreak havoc on their minds, destroy families, and, sadly, claim the lives of an average of some 20 veterans every day.

Arkansas’ Second Congressional District is home to many of our brave veterans from the conflicts of our country. Many servicemembers currently who serve at Little Rock Air Force Base and at Camp Robinson and our veterans in central Arkansas are fortunate to have one of the top facilities in the entire country when it comes to treating mental health issues.

The Towbin Healthcare Center, more commonly known as Fort Roots, located in north Little Rock, Arkansas, provides our local veterans with mental health care facilities and services that have received national attention on “60 Minutes.” The doctors at Fort Roots, their innovation, their success with post-traumatic stress disorder, and their treatments have gotten that kind of national recognition. The management, the doctors, and the rank-and-file employees work tirelessly to give our veterans suffering from PTSD and traumatic brain injury a chance for rehabilitation and for getting back and getting on with their lives and their families.

The Central Arkansas Veterans Mental Health Council has also partnered with veterans, their families, and the central Arkansas community to help address this ongoing crisis and better help serve the mental health needs of our Arkansas veterans.

In Congress, we are working together on a bipartisan basis to enact policies that help our veterans and reform our mental health care system. Last year, the House passed with bipartisan support and the President signed into law the Clay Hunt SAV Act to increase access to mental health care for veterans and ensure the accountability of our Federal agencies in providing essential suicide prevention services.

The bill’s namesake, a marine veteran from Houston, Texas, who served in Iraq and Afghanistan, Clay Hunt took his own life at the age of 28 in 2011, after a years-long struggle with PTSD that he had suffered as a result of his brave service to our country.

We are also working to better address the mental health needs of our entire country through the passage of the Helping Families In Mental Health Crisis Act, which was on the House floor

earlier this summer. This landmark bill, introduced by our colleague, Representative MURPHY from Pennsylvania, was cosponsored by over 200 bipartisan Members of the House and addresses our seriously outdated mental health care system by refocusing and retooling our mental health programs, clarifying our privacy laws to ensure healthcare professionals can communicate with caregivers, and addressing the shortages in our mental health workforce and treatment facilities.

In the debate on that bill, it was stunning to learn that in the mid-1970s we had some half a million mental healthcare beds in this country, and now we have some 50,000. It is sad to hear the stories of parents of adult children who have lost them because of the lack of communication and the lack of service in some of our States in mental health. I commend Congressman MURPHY for helping lead and build a major bipartisan coalition on this important topic.

But all of us together—and I again thank the Congresswoman from Arizona—we all must work together and continue to move forward with thoughtful and effective legislation on the issue of mental health and mental health access and do what we can to save the lives of our veterans and reverse this deadly trend of suicides.

I am proud to join my colleagues this evening to discuss this important matter, and I am committed to ensuring that all of our veterans, our servicemembers, and their families receive the care and information they need to prevent suicide and help them heal and recover from these invisible wounds of war.

Mr. Speaker, I thank Chairwoman SINEMA for this time. I thank the gentlewoman for the opportunity to share this part of the evening with her, and I commend the gentlewoman for her leadership.

Ms. SINEMA. Mr. Speaker, I thank Congressman HILL for joining us and his leadership in the Congress on mental health and veterans issues.

Mr. Speaker, I yield to my colleague from California, SCOTT PETERS, who currently represents Howard and Jean Somers whom I was speaking about earlier. I thank the gentleman for being here.

Mr. PETERS. Mr. Speaker, I thank Congresswoman SINEMA for organizing this bipartisan gathering to raise awareness about the suicide epidemic plaguing our veterans community and for the gentlewoman’s leadership on this important cause.

San Diego is home to the third largest population of veterans in the Nation. Every year, roughly half of the servicemembers stationed in San Diego are discharged and stay in the region after they leave service. With more than 236,000 residing in San Diego County, honoring our commitment to veterans—the benefits they earned through their service—is one of the most important jobs we have in Con-

gress, and I think folks are recognizing that here tonight.

During Suicide Prevention Month, we turn our focus to ending the awful reality of veteran suicide that has hurt families and communities across the country. Every day, 20 veterans tragically take their own lives. Regardless of the number or rates, every veteran suicide is one too many. But there is much more we can do.

Mental health issues are still stigmatized in our country, but it is time we recognized the unique challenges faced by servicemembers and veterans in this regard. Post-traumatic stress is all too prevalent among our warfighters when they return home. We don’t call it a disorder because it is often a perfectly natural reaction to the horrors that they have seen and the difficulties they have experienced. So we have to come together as a nation to address this issue. Our men and women in uniform deserve our dedication, just as they dedicated their lives to serving our Nation.

In San Diego, we are taking some innovative and collaborative approaches to addressing veteran suicide by combining government, private groups, and community partners. Since 2014, zero8hundred has helped local veterans transition from Active Duty to civilian life. This community-based nonprofit connects with servicemembers before they leave the military, and it makes sure that they know about the abundant services and community resources available to them as they transition themselves into new jobs and into new lives.

Courage to Call is another San Diego resource, a 24/7 helpline completely staffed by veterans ready to speak with Active Duty military, reservists, Guard members, and fellow vets to help them navigate challenges that come with life in and after the service.

In war, servicemembers depend on one another for guidance and support, and they should have that same support as civilians. This service was started in San Diego by 2-1-1, a local public-private partnership, a nexus to connect community resources with the individuals that can take advantage of them. It is a perfect example of how providing a central portal for benefits, employment, and housing help simplify the process and get veterans the benefits that they earn.

We also have medical centers that use innovative models of care to meet the needs of our servicemembers and veterans. I hope we can implement some of these same standards of care across the country. But that is not possible unless we come together—come together as leaders—and pass bipartisan reforms to veterans care.

As Congresswoman SINEMA has mentioned, she and I have had the honor of working with Dr. Howard and Jean Somers, who have been tireless advocates for reforming the broken healthcare system at the Department of Veterans Affairs after they lost their son, Daniel, to suicide in 2013.

While it is not perfect, and we have a lot of implementation steps to take, the Veterans Choice Act and the Veterans Accountability Act that we debated earlier tonight will help bring accountability to a system wrought with oversight and leadership challenges.

We also need to provide more flexible treatment options like telehealth technologies that allow veterans to receive care from the comfort of their homes.

Finally, and I think maybe most importantly, we need to break the stigma of mental health issues once and for all. We know how difficult it has been to deal with the veterans who come to the VA for care, but there is a great number who never touch the VA who suffer in loneliness at home and have never connected with the VA even with a phone call, and they take their lives before they even make the attempt.

□ 1945

We need to do a better job of outreach to those folks to make sure that they know that they have the support of the veterans community and the larger community at home.

We have to treat these unseen battle scars with the same gravity and respect as the visible ones. We owe it to our Nation's heroes to end the tragedy of veteran suicide. This is a conversation I am proud to be a part of. I am committed to constructive results.

Mr. Speaker, I want to thank Ms. SINEMA again for her leadership on this and for organizing this evening.

Ms. SINEMA. Mr. Speaker, I thank Congressman PETERS, and I thank him for his willingness to work tirelessly with me and with others on the issues that we know affect not just Howard and Jean and their son Daniel, but many other veterans around the country.

Mr. Speaker, I yield to the gentleman from Florida (Mr. YOHO), who is joining us for the fourth year in a row. I thank him so much for being here.

Mr. YOHO. Mr. Speaker, I thank Ms. SINEMA for putting this on for 4 years in a row because this is such an important topic that we all need to be engaged in as a nation. Mr. Speaker, as Ms. SINEMA and I came in together, she has hosted this Special Order, and I thank her for calling it to the attention of America.

Last year, I remember we stood here on the House floor talking about 22 suicides per day, but the current figures say 20. I would like to think that part of that reason for a decrease in that is the effort that she has inspired people to be more aware of this issue. And I hope that the veterans out there, the people in trouble, are watching C-SPAN tonight and they are watching this presentation, this talk that is coming out of the heart of so many Members of Congress talking about this very important issue and letting them know that we are here and that we are aware of this.

September is National Suicide Prevention Month. As a country, we need

to use this platform to make it a national priority every hour, every day, every month of the year. With a reduction of two suicides per day, that is a great thing, but 20 is way too many.

Suicide is among the top 10 leading causes of death in the United States. I urge all Americans to take the time to learn the warning signs and where to find help for someone who may be struggling. From the brilliant comedian Robin Williams, to bullied young kids, to the brave men and women of our Nation's military returning from the battlefield, suicide does not discriminate. Emotional pain and despair can set in and take root in the mind of all ages and across all demographics.

We are focusing on our military because of the liberties and freedoms we experience in this country every day. I am shameful to admit that I take those for granted at times. But we only have those liberties and freedoms from the sacrifice, dedication, and commitment of the people that are willing to lay everything on the line for this country, along with their spouses, their children, and their family.

Too many times, the signs of suicide go undetected, which leave those left behind asking: Why did this happen? What could we have done to help prevent this tragedy?

I had a dear friend of mine who had committed suicide. I grew up with him. I saw him reach out, and in a busy world, we are all consumed. I feel guilty not putting a hand in there to do more to prevent that. I know his family has suffered, I know the people around him have suffered, and I know there is a void in my life that will never be refilled. I often wonder: Had I reached out, would things have been different?

Often, the signs, as I said, go undetected, which leave those asking: Why did this happen?

We can work beyond that. It is so important that we have an open and honest dialogue about the issue of suicide. The more we talk about it, the more we increase people's awareness that there is help and there are alternatives.

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 alone until it is too late for those around them to help. Sometimes it is out of pride, sometimes it is out of fear, but they don't want to reach out.

As my colleague FRENCH HILL pointed out, at one point in time in this country, there were over 500,000 beds in mental health facilities, and we are down to 50,000. I applaud the work of this Congress and Dr. MURPHY, TIM MURPHY, for bringing this to the spotlight.

By shining a light on the veteran suicide issue, we as a nation start to understand the urgency with which we need to solve and prevent this epidemic

that our veterans—not alone, but with their family and their friends—struggle with. Not recognizing the signs early enough all too often leads to that loss of life that if only we were aware of those conditions, those signs, and we reached out and we called, we let somebody know, we could have stopped that and saved a life, saved a family, and saved a veteran.

Our government asks our men and women to please place themselves in harm's way. We as a nation must come together to ensure a strong support system is in place to help them when they come home.

This begins with raising public awareness—like any campaign, if you don't have public awareness, if you don't bring this to the forefront, it stays in the shadows, and the condition goes on and sometimes increases—and eliminating stigmas associated with seeking help. This means connecting combat veterans with mental health providers.

We heard the last speaker talking about telemedicine. That doesn't work for everybody; but for the person that doesn't want to go to a clinic or doesn't have access, it is a great way to go, and a lot of people prefer that. We see that over and over again.

This means additional mental health resources. Again, I am proud that this Congress passed that bill and that the President signed it. And this means prioritizing a change in our Nation's approach to recognizing the needs of others who may be suffering in silence, as I talked about my friend.

Congress and the VA are working to enact changes that will help save our soldiers, but we cannot do it alone, nor can they. It is the American people that will lead the way in changing the way society views, recognizes, and treats mental health conditions.

I saw this at a seminar, and this was so important to me. The mental health issue is not a partisan issue. We need to remove the stigma from mental health. Heck, look at other diseases. Many times it is a chemical imbalance, just like a disease like diabetes or hypothyroidism. You take a medication and you treat it. We don't stigmatize those, so why is there this stigma around mental health issues? It is going to be us as a society saying it is okay, we are here. The diseases aren't stigmatized, like I said, so why are mental health issues stigmatized?

To the men and women whose pain is yet to be known, I say to you I see you and I hear you. I acknowledge I may not feel what you are feeling. I may not feel your suffering, but I and others are here in the community offering our service and assistance in finding support and comfort in one another. It is together that we will survive. It is together that we survive as a nation. We need everybody involved in this.

I urge anyone who is suffering to reach out to those around you and ask for help. This does not mean you are weak or deficient. Asking for help

often is the greatest sign of a warrior or of a leader, the enduring strength and perseverance you possess and that often so many times inspires others, so many times it inspires others often unwilling to reach out for help.

Whether it is out of fear, embarrassment, or humiliation, just know we are here and we welcome you home. My encouragement is that you call a local mental health clinic or your local VA or your Congress Member if you need to. We are here to help you. You are never alone. Your country depends on you, your spouse depends on you, your children depend on you, and we as a nation depend on you.

I thank my colleague again, for the fourth year. I look forward to doing this with her next year so that when we report back, we are not at 22, we are not at 20, we are at 10. Ms. SINEMA and I, this Congress, and our Nation can do that. God bless you.

Ms. SINEMA. Mr. Speaker, I thank Congressman YOHO. It has been an honor to continue working on this issue with him.

Mr. Speaker, I yield to the gentleman from Iowa (Mr. YOUNG). We co-chair a task force together to combat identity theft and fraud, and it has been wonderful to work together on that issue. I am so grateful to continue working together with him on the issue of mental health and preventing suicide for the brave veterans who serve our country.

Mr. YOUNG of Iowa. Mr. Speaker, I thank the gentlewoman from Arizona (Ms. SINEMA). I appreciate our working relationship on this issue and so many others.

According to the Department of Veterans Affairs, every day, as we know, and we hear it too often, 20 veterans take their lives. Mr. Speaker, this is simply unacceptable.

In April, an Iowa veteran called the VA Veterans Crisis Line, the confidential, toll-free hotline providing 24-hour support for our veterans seeking crisis assistance. This veteran was having a rough day. This veteran needed help.

As the veteran sought the help he desperately needed, the phone kept ringing and ringing and ringing. He tried again. But the only answer was: "All circuits are busy. Try your call later."

This hotline designed to provide essential support for veterans and their families and friends let him down. This heartbreaking story is tragically true. It is not unique, though. Thankfully, this veteran was able to contact a friend who got him the help he was seeking.

In 2014, a number of complaints about missed or unanswered calls, unresponsive staff, as well as inappropriate and delayed responses to veterans in crisis, prompted the VA Office of the Inspector General and the Government Accountability Office to conduct an investigation into the Veterans Crisis Line.

Both investigations found gaps in the quality assurance process and provided

a number of recommendations to address the quality, responsiveness, and performance of the Veterans Crisis Line and the mental health care provided to our veterans.

Despite promises by the VA to implement changes to address problems facing veterans who use this crisis line, these problems are still happening. They happened to constituents in the district I am privileged to represent, and they are, without a doubt, happening in the districts of my colleagues.

Veterans deserve more. They deserve quality, effective mental health care. A veteran in need cannot wait for help. Any incident where a veteran has trouble with the Veterans Crisis Line is simply unacceptable. How did we let this go on?

The Iowa veteran's experience that Saturday evening in April has troubled me. His experience is why I have been working on a bill in a bipartisan manner which upholds the promises our country has made to our veterans.

My bill, the bipartisan bill, the No Veterans Crisis Line Call Should Go Unanswered Act, H.R. 5392, requires the VA to create and implement documented plans to improve responsiveness and performance of the crisis line. It is an important step to ensure our veterans have access to the mental health resources they need and they deserve. The unacceptable fact is, while these quality standards should already be in place, they are not. They are not in place, and they should be.

My bill does not duplicate existing standards or slow care for veterans. Instead, my bipartisan bill puts in place requirements aligning with recommendations made by government accountability organizations to improve the Veterans Crisis Line.

My bill requires the VA to develop and implement a quality assurance process to address responsiveness and performance of the Veterans Crisis Line and backup call centers, and a timeline of when objectives will be reached.

It also directs the VA to create a plan to ensure any communication to the Veterans Crisis Line or backup call center is answered in a timely manner, by a live person, and to document the improvements they make, providing those plans to Congress within 180 days of the enactment of this bill. We cannot wait any longer. We cannot wait any longer.

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Our bipartisan bill would help the VA deliver quality mental health care to veterans in need.

Iowa veterans and all veterans have faced enormous pressures, mental and emotional war wounds, sacrificed personal and professional gains, and experienced dangerous conditions in service to our Nation. Many are returning home with post-traumatic stress disorder and other unique needs which require counseling and mental health

support. We should thank them for their service, but thanking them is not enough. They deserve better. That is why I have introduced, with bipartisan support, this bill to honor and thank our veterans and let them know America supports them. Our veterans answered our Nation's call, and we shouldn't leave them waiting on the line.

I thank the leadership of my colleague, Ms. SINEMA of Arizona, for taking the time to bring attention to this important issue, and all our other colleagues here on both sides of the aisle.

Ms. SINEMA. I thank Congressman YOUNG for joining us this evening.

Mr. Speaker, I would like to take the time to yield to another speaker in this bipartisan Special Order hour, a colleague of mine who has served our country ably.

Congressman DOUG COLLINS of Georgia served a combat tour in Iraq in 2008, and he currently serves as an Air Force Reserve chaplain. I am very grateful that he has taken the time to join us this evening to talk about the unfortunate continuing problem of veteran suicide and our work to provide mental health care for them in this country.

Mr. Speaker, I thank Congressman COLLINS for being here.

Mr. COLLINS of Georgia. Mr. Speaker, I appreciate my colleague from Arizona (Ms. SINEMA) for doing this. It is really something that we need to highlight more.

I am glad to be here tonight. I had forgotten that this was the night you were going to be here. I have something that we are going to be talking about here in a little bit, but this is perfect timing for it because it is so important.

The issues that we deal with and the seriousness of this topic is the stigma. And still being in the Air Force and looking at how the military has dealt with this issue is something that is frustrating for those of us who do it all the time.

I was in the Navy for a short time. I got out for a little bit. I went back in the Air Force. And in my 15, 16 years in the military, we have been through, like, four different programs on how to help servicemembers with suicide.

The bottom line is that we don't need more courses. We need just more care for our airmen and our soldiers and our sailors, and looking at it from a perspective of caring about the other person. It is not a course; it is caring. It is looking at signs and knowing that there are people who are out there hurting, but also taking an account of what I have heard many of the speakers tonight talk about, and that is the issue of mental health.

My daughter, who I love dearly, has spina bifida. She cannot walk. She has not walked at all since birth. She is paralyzed from the waist down. If she was to roll in here tonight or to roll anywhere, one of the first things that we see so many times is that people

react with sympathy a little bit toward Jordan. She is in a wheelchair, and it is sort of natural. When you see somebody with a handicap or something that is not normal, Mr. Speaker, they react with sympathy.

But my question is: What is the difference in someone who has a visible need, if you would, and the reaction that we get when someone says, My mind is hurting?

Sympathy doesn't come many times then. We believe you can just shake it off and move on.

Mental health is an issue that is not just shake off and move on. It is something that, if someone comes to us and says, I am struggling, I am depressed, or I have these problems, that we reach out in loving kindness, just as we would to a sweet young lady who happens to roll in life and not walk, my daughter.

When we reach out in love, when we reach out in compassion, we begin to break the darkness of those who are contemplating suicide.

In studies of those who have thought about suicide or attempted suicide, their question to them was: What was it like the moment that you were thinking about this or when you were struggling with it?

I have heard so many people share their own personal feelings, but one person stuck out to me. They said that they felt like they were sort of in blinders on all sides and all they saw was, like, a billboard that said: You have no hope.

That is all they saw.

It is our job as human beings—not partisan, not Republican, Democrat, politician, nonpolitician—it is our job as human beings to look at each other as we say and believe that every life is a gift from God. And if every life, I believe, is a gift from God, then every life has value. And no matter what the situation may be, we are to respond in love.

So tonight I thank the gentlewoman for taking this time, just a moment, as we share. There are a lot of bills, a lot of solutions, a lot of things that we could come to. But I think the greatest thing that we can have in a time when we think about suicide, we think about our veterans, we think about those in our lives who may be struggling with mental health and other problems, is to simply look for those what I call the unexpected times when you are ready to go do something and something interrupts you, what I call sometimes maybe the divine interruption. Those times when somebody that you haven't thought about in a while comes to your mind, that time when a coworker or a friend comes to you and says: You know, I am not feeling right. Instead of rushing through our day and going to the next meeting and going to the next place, Mr. Speaker, maybe we just need to stop and say: How about a cup of coffee? How about a glass of water? How about I just sit here and let's talk about it? Because when we can break

the tunnel vision that there is no hope, if you can begin to chip at that tunnel, then the light will come in, and they will see that others care. To me, that is the greatest call of our humanity, is to show love for others.

For one to take their own life because they believe they are unloved is a situation that we all need to fight against, and I am thankful to have the opportunity to highlight that tonight.

Ms. SINEMA. I thank Congressman COLLINS so much.

Mr. Speaker, how much time do I have left remaining?

The SPEAKER pro tempore (Mr. CARTER of Georgia). The gentlewoman from Arizona has 10 minutes remaining.

Ms. SINEMA. Mr. Speaker, I need to tell a story about another young man in my district, Carl McLaughlin, a 38-year-old Army veteran who died from suicide on December 19, 2013. Carl had been stationed in Bosnia, and he was released from the Army on a medical discharge in 2004.

Starting in 2006, Carl went to the Phoenix VA for treatment. But as time went on, it became increasingly difficult for Carl to see his doctor. And according to his mom, Terry, at the time of his death, Carl was waiting to hear back from the Phoenix VA to have his medications adjusted and to see his doctor. He suffered from recurring pain caused by a shoulder injury, severe hearing loss, depression, and PTSD; and his depression worsened over time.

Terry, Carl's mom, told us, and I quote:

The last time I saw Carl was a few days before his death. He looked really depressed, and I asked him if he had a doctor's appointment scheduled because I knew he had been waiting over 4 weeks for a call back from the doctor's office.

He said, No, he was still waiting.

He called them the next day six times and left three messages and was put on hold, and then hung up on three times.

This problem had been going on for at least 1 to 2 years, that I was aware of.

Mr. Speaker, no veteran should be turned away when he or she reaches out for help.

Terry asked us to share her son's story in the hope that this tragedy doesn't happen to another family. And I pledge to Terry and to Howard and Jean that we will continue working to hold the VA accountable and ensure that all veterans have access to the highest quality care.

I yield to the gentleman from Iowa (Mr. LOEBSACK).

I thank the Congressman for being here.

Mr. LOEBSACK. I thank my friend from Arizona.

Mr. Speaker, I wasn't going to speak tonight; but after listening to so many folks, I decided to say just a few words. I do want to leave most of the time left for my friend, Mr. MURPHY of Pennsyl-

vania, who has been a leader on the mental health front. But I do want to say a couple of things on this issue.

Mental health is a really, really important issue to me as it is to so many folks in this body and around the country.

I often talk about my mom. She was a single parent with an 11th grade education who struggled with mental illness. Her whole adult life, she was in and out of institutions. This is personal for me.

My wife Terry and I, we have two Marine children. My stepson, Terry's son, and his wife are Active Duty at Camp Pendleton. They have a couple of little kids. We do what we can to help them on that front.

We had a recent suicide in Iowa City at the VA Medical Center, and we are struggling with how to deal with that as a community and I think as a country overall. The Office of the Inspector General is now looking into the circumstances of that suicide.

On Sunday, on 9/11, we had an event that I was honored to attend in honor of Sergeant Ketchum and his family in an attempt to raise money so that we can deal with the issue of PTSD in the military. But it is a much broader issue, obviously—the issue of mental health—that affects all of our society in many, many ways; and Congressman MURPHY can speak to that probably as well as anybody in this body.

But the bottom line for me, folks—and I have often said this—is that if I accomplish little else while I am in this body other than doing what I can to remove the stigma of mental health, that is going to be one of my accomplishments. I am going to do that by talking about my personal story. I am going to do that by talking about veterans who have taken their own lives, folks who signed on the bottom line and were willing to make that ultimate sacrifice. There is no excuse for this. This should not happen in America.

We have to find the resources on a bipartisan basis to make sure that this never happens again to any of our veterans under any circumstances.

Mr. Speaker, I thank the gentlewoman for yielding. I really appreciate the opportunity to say a few words.

Ms. SINEMA. Mr. Speaker, I thank the Congressman so much.

I yield to the gentleman from Pennsylvania (Mr. MURPHY) who is a psychologist, serves the Navy, and helps veterans at Walter Reed and other locations.

Congressman MURPHY, we have been talking about your bill this evening, the Helping Families in Mental Health Crisis Act, of which we are all strongly supportive. As a cosponsor, I thank you for that work, and thank you for joining us this evening.

Mr. MURPHY of Pennsylvania. Mr. Speaker, how much time is left?

The SPEAKER pro tempore. The gentlewoman from Arizona has 5 minutes remaining.

Mr. MURPHY of Pennsylvania. Mr. Speaker, I thank the gentlewoman for her Special Order tonight.

The Helping Families in Mental Health Crisis bill is something the House passed 422-2, and I sure hope the Senate takes it up. I keep hearing they may think they don't have time. But I don't know how we tell a family that has lost someone to suicide—whether it be a civilian or a soldier—that the Senate didn't have time and they went home.

Since September 1, the first day of National Suicide Prevention Month, so far this month, 1,416 Americans have died by suicide, including 240 veterans. That is 118 people a day, 22 veterans a day. That also means that every 12 minutes, a person dies by suicide; one veteran every hour. That also means that every hour, a new family is grieving, or every 13 minutes, a new family is grieving on something we hope we could have prevented. And certainly H.R. 2646 will have many things in there to prevent many deaths.

I want to read a story about one veteran to convey the struggle he had. This is Sergeant Daniel Somers who bravely served under Operation Iraqi Freedom. When he returned home, he had PTSD pretty significantly and depression and traumatic brain injury. He was 30 years old.

His parents gave me permission to share his letter where he said:

"I am sorry that it has come to this. "The fact is, for as long as I can remember, my motivation for getting up every day has been so that you would not have to bury me. As things have continued to get worse, it has become clear that this alone is not a sufficient reason to carry on. The fact is, I am not getting better, I am not going to get better, and I will most certainly deteriorate further as time goes on. From a logical standpoint, it is better to simply end things quickly and let any repercussions from that play out in the short term than to drag things out into the long term. . . . My body has become nothing but a cage, a source of pain and constant problems. . . . It is nothing short of torture. My mind is a wasteland, filled with visions of incredible horror, unceasing depression, and crippling anxiety."

Daniel couldn't get help, so he lost hope. It doesn't have to be that way. Whether you are a citizen or a family member or a soldier listening tonight, Mr. Speaker, I want them to know there is hope that depression is something we can treat, that anxiety is something we can treat, that people can and do get better.

Now, I, myself, have never seen the horrors of war through the scope of a combat rifle. I have had the opportunity to treat heroes at Walter Reed at the PTSD/TBI unit. They are a source of inspiration to me, particularly when I see them get better, when they come to grips with the horrors they have faced and somehow their heart turns to understand it is not their fault. They are not to blame. Life is sometimes torturous, but there are tremendous positives that can come

out of this when they come to grips with that, whether it is a sense of faith in God that has brought them to that level or just finally realizing that they have a choice between being a victim forever and always lying under the giant boulder of remorse and depression or becoming a survivor and moving forward and being strong despite what happened to them. Or a third choice is to become a thriver, saying, I will take my adversity and turn it into a source of strength instead of turning away from it and letting it be a source of depression.

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Mr. Speaker, my colleagues have spoken eloquently tonight about what we can do. It doesn't have to be that bad. So where there is a family member dealing with someone's depression and worry and anxiety or whatever the issue is, I would like to convey to them there are places they can get help.

Our job as Congressmen—and our levels of State government, too—is to make sure those sources are well funded, to make sure we have more psychiatrists, more psychologists, more psychiatric social workers, more hospital beds, and more veterans affairs departments that can treat them.

Perhaps the best message we can give people tonight is: where there is help, there is hope.

I hope the Senate passes this bill before this week is out.

Ms. SINEMA. Mr. Speaker, I thank my colleagues who joined us this evening. Our thoughts are with all the families who have lost a loved one to suicide.

Our efforts to end veterans suicide will not end this month. We are committed to continuing this fight to ensure that our veterans always know they have a place to turn.

We, who enjoy freedom every day thanks to the sacrifices of our military servicemen and servicewomen, must all step up to end the epidemic of veterans suicide.

I yield back the balance of my time.

Mrs. TORRES. Mr. Speaker, our Armed Forces sacrifice everything for us: their bodies, their minds and sometimes, their lives.

To those who return, they far too often suffer in silence from the mental and physical wounds they endure in battle. Many times, that isolation leads to tragic outcomes.

As we commemorate Suicide Prevention Month, it is important that we focus on solving the challenges that lead many of our veterans to make the choice to take their own lives.

The numbers are staggering: 7400 veterans took their own lives in 2014, roughly 20 individuals a day.

The suicide rate among veterans has surged 35 percent since the beginning of the War on Terror, and 85 percent among our women veterans.

A veteran is 21 percent more likely to commit suicide than a civilian.

Mr. Speaker, we know the effects of PTSD on our servicemen and women; how almost one-fifth of veterans suffer from PTSD and how the illness is linked to increased suicidal behavior.

What is most troubling is that almost half of the veterans with PTSD do not seek treatment from the VA.

It is no surprise that 70 percent of veterans who commit suicide are not regular users of VA services. It is our obligation to ensure that we engage our veterans and let them know there is help available.

It is also incumbent on us to ensure this care is responsive to their individual needs.

Last year, we passed the Clay Hunt Suicide Prevention Act in honor of Marine Clay Hunt, a sufferer of PTSD who had trouble seeing a VA psychiatrist and tragically, took his own life.

This law is designed to save the lives of those like Clay by improving access to quality mental health care and coordinating VA suicide prevention efforts with private mental health organizations.

In the spirit of that law, I was happy to learn of the efforts of the VA Medical Center in Loma Linda, California, which serves thousands of veterans from my congressional district.

They are rolling out a pilot program that will integrate with community mental health providers in an attempt to reach the more than 170,000 veterans not registered with the Loma Linda VA.

Their example is encouraging, but funding is needed to make certain that no veteran is left behind.

In that same vein, Congress must fulfill our obligation to VA services such as the Veterans Crisis Line.

The Crisis Line has serviced some 2.3 million people and is credited with saving more than 50,000 lives. However, it has struggled to keep pace with increasing demand.

It was disheartening to hear that there are individuals who have called the Crisis Line only to be placed on hold, or have their calls transferred to voicemail, or simply unanswered.

We must provide the VA with the tools to adequately staff the call center and train their employees. Too much is at stake for Congress to shortchange this commitment.

Mr. Speaker, everyone in this chamber honors and respects the sacrifices of the world's greatest fighting force. Our servicemen and women defend our freedoms and protect our homeland at great personal cost.

When they return home, they deserve a nation that will look after them the way they look after us. I ask that my colleagues hold steadfast in reaffirming our commitment to our veterans.

Ms. WASSERMAN SCHULTZ. Mr. Speaker, I rise today to commemorate Suicide Prevention Month and to honor those of our veterans who tragically took their own lives after bravely fighting to protect ours.

These courageous men and women fought valiantly so the rest of us could enjoy the freedoms and liberties secured by our forefathers. We must honor their dedication and sacrifice by supporting them through the physical, emotional, and psychological challenges they face upon returning home.

One veteran committing suicide is one too many, and with an estimated twenty veterans committing suicide each day, we must do better and ensure that our actions mirror the unwavering gratitude we feel in our hearts. We must ensure they are welcomed home with the respect, dignity and support they deserve,

and that we address the mental health issues of each veterans population with careful consideration to their unique needs.

It is with a heavy heart that I recognize Suicide Prevention Month and urge every Member of Congress to honor our veterans with actions that reflect our nation's eternal gratitude for their service.

Mr. SMITH of New Jersey. Mr. Speaker, I rise today to mark Suicide Prevention Month and to join with my colleagues in helping to raise awareness of—and combat—the staggering rate of suicide among our veteran population.

The men and women of our military make tremendous, selfless sacrifices on behalf of each and every American. As a result, many veterans return from service with physical and/or invisible wounds and a disturbingly high number are taking their own lives.

In July, the VA released the most comprehensive study analyzing suicide among our veteran population to date, reviewing 55 million veterans' records since 1979. It showed that every day an estimated 20 veterans commit suicide. This number is tragic beyond words, unacceptable and numbing.

Mr. Speaker, we are in the midst of what can only be described as a staggering mental health crisis costing the lives of 20 of our nation's heroes every day. Too many veterans are being left behind and too many families are left with the pain and anguish of losing a loved one. Often times, family members witness the veteran struggling but the VA refuses to take their observations into account.

As the son of a WW2 combat veteran, I have witnessed the residual wounds of war, the struggle to cope with the post-traumatic stress that can continue for decades and the pain that a lack of access to services can cause for veterans and their families.

This Congress, we have passed legislation to give the VA additional tools and give veterans key support, including the Clay Hunt Suicide Prevention for American Veterans Act (P.L. 114–2), which targeted the gaps in the VA's mental health and suicide prevention efforts; and the Female Veteran Suicide Prevention Act (P.L. 114–188), which is intended to prod the VA to take into account the complex causes and factors that are driving the disproportionately high suicide rate among women veterans and use that information when designing suicide prevention programs.

The Comprehensive Addiction and Recovery Act (P.L. 114–198) included provisions to direct the VA to take several actions to expand opioid safety initiatives that help prevent veterans from becoming opioid abusers. As a recent Frontline investigation entitled “Chasing Heroin” summarized: “Veterans face a double-edged threat: Untreated chronic pain can increase the risk of suicide, but poorly managed opioid regimens can also be fatal.”

The VA must do better: they cannot simply dole out drugs, as we saw in Tomah. It is a dereliction of duty for VA medical staff charged with the sacred task of caring for our nation's veterans and this law will help ensure proper management and controls are in place when the VA treats a veteran's chronic pain.

The VA does have a number of suicide prevention programs that can be a resource for veterans, servicemembers, their families and loved ones, including and especially the Veterans Crisis Hotline. Any veteran in danger of self-harm or suicide can call, 24 hours a day.

It is anonymous and confidential. It is staffed by trained professionals who will “work with you to reduce the immediate risk, help you get through the crisis, make sure you are safe, and help you to connect with the right services.”

We have an obligation to repay the debt we owe to those who have fought in defense of our nation and a sacred duty to ensure that we do everything in our power to get our vets the physical and psychological support they need.

This year's Suicide Prevention Month theme is ‘Be There.’ During the darkest hours in our history, the men and women who serve in uniform have always been there to answer the call. We can and must do better to be there for them.

COMMUNITY PHARMACISTS

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

GENERAL LEAVE

Mr. COLLINS of Georgia. Mr. Speaker, before I begin, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and to include any extraneous material on the topic of this Special Order.

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

There was no objection.

Mr. COLLINS of Georgia. Mr. Speaker, well, we are back at it tonight. We are going to be going at a subject that I have been down here before on and will continue to come down here on until, frankly, I believe that we are moving forward with this issue that affects pretty much every hometown of every Congressman here. It is amazing, though, how much we don't know about it. It is amazing how much it goes unreported and how much it gets looked over.

In the sake of the shiny object of savings, our community pharmacists, our independent pharmacists, are being basically run out of business. Mr. Speaker, I don't tell you anything new.

For my friends who will join me here tonight, this is about hometown America. This is about the healthcare chain that we all talk about. And a forgotten element of that healthcare chain is something that we need to focus on.

Community pharmacists fill an important niche in our healthcare system, serving as the primary healthcare provider for over 62 million Americans. They dispense roughly 40 percent of the prescriptions nationwide and a higher percentage in rural areas, especially mine in northeast Georgia.

Community pharmacists play such an important role in our healthcare system by being that accessible voice at the other end of the phone or at the counter, just being there sometimes to answer those simple questions that are very important to somebody, or to an-

swer the difficult questions that could, frankly, mean the life or death for that patient, knowing how to take their medication, knowing what to get and how to be there and be a part of the community, not just at the pharmacy, but at the ball fields and the community. Some of the best small business employees that we have in our communities are found in our community pharmacies.

When we look at the relationship that communities have with their pharmacies, and especially our community pharmacists, the face-to-face counseling and the work that goes into our community pharmacies, and pharmacists mainly in general, is something that we need to continue to focus on.

Patients' failure to properly take their medication regimen costs the healthcare system nearly \$300 billion and contributes to 125,000 deaths each year. The face-to-face counseling that our community pharmacists give is the most important and the most effective way for ensuring that our patients take the right medicine, know what they are taking, and why they take it.

Yet, as I stated before and state here again on the floor tonight, there is a group that believes that our community pharmacists—really frankly if you just look at it—shouldn't exist. Because everything they are doing, the pharmacy benefit manager, the PBM, that middle person—I want to show you this. We are going to talk about this chart more here as we go—but the PBMs control the pharmacy system right now. In fact, if you just take the PPM here in the middle and you look at employers and you look at patients and you look at the pharmaceutical companies and you look at the pharmacies, they sort of circle around here.

We are going to talk about this “savings issue” and look at it and ask: Is it actually saving employers? Is it actually helping pharmaceutical companies get out products? More importantly, is it actually helping the patient?

I think tonight you are going to find out that there are a lot of questions to be had here. We will talk about that as we go forward.

As we look at this, we have a lot of things that my friends tonight are here to talk about. We are going to talk about MAC transparency. We are going to talk about generics. We are going to talk about the way this goes, but we are also going to talk about really what I believe is the unfair tactics used by PBMs that are constantly forcing our pharmacies and our community pharmacists out of business.

I think, at some point in time, many of the PBMs ought to change their mission in life into “saving” or being a part of the pharmaceutical system and say: our job is to run community pharmacists out of a job. They are the best I have ever seen at doing that.

In one of my small towns just 20 minutes from my house, in the past year, three community pharmacies have