

DUFFY), chairman of the Housing and Insurance Subcommittee and a leader on flood insurance in the House today.

Mr. DUFFY. Mr. Speaker, I want to take a moment and thank Ms. CASTOR and Mr. ROSS for their hard work on this legislation.

There are some here in this body who have said: if we let free markets into the National Flood Insurance Program that is run by the Federal Government, you are going to undermine the premiums that come into the national flood insurance pool.

It is \$25 billion in debt and is structured in a way where premiums can't rise. This doesn't undermine the program.

What we are doing is saying: Listen, if you are in the National Flood Insurance Program right now, the way it is structured, there is only one place you can buy insurance. But this is a provision that will open up the market and let private companies come in and offer families better policies at better prices. If they don't, you can stay in the NFIP. You don't have to go private. You can stay government. But you give people a choice.

It is like saying: Listen, you have to keep the United States Postal Service as your one carrier. You can't have FedEx or UPS. You don't get those choices.

People want a choice. In Houston, instead of having only 20 percent of the people who had coverage, you might have had 40, 50, or 60 percent of the people who would have had coverage. More people would have had protection.

I have got to tell you, I am disappointed in the partisanship.

I am going to quote a person I rarely quote, but a person I truly like. She once said in the process of this bill: "This is an example of real compromise."

Then, on the substance of the bill, this fine woman from California said: "We can have the opportunity for our constituents to have some choice. I think that is real compromise, that is substantive compromise, that is meaningful compromise, and that is the kind of compromise that reasonable people can engage in."

Mr. Speaker, that was the gentlewoman from California, who is now in opposition to this bill.

When this came up by itself—the same bill—last Congress, everyone voted for it. When it came up in committee, everyone voted for it. Democrats and Republicans voted for this bill because they knew that it was going to offer more choice and better prices to American families. That is why it was bipartisan.

I think this is a moment where our Congress can stand together on behalf of the American people who don't have flood insurance, who don't have a reasonably priced policy. Let's stand with them today and pass the Ross-Castor bill. By the way, ROSS and CASTOR are both from Florida. Two Florida Members, Republican and Democrat, came together.

Let's get it done, Mr. Speaker.

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

The SPEAKER pro tempore. All time for debate has expired.

Pursuant to House Resolution 538, the previous question is ordered on the bill, as amended.

Pursuant to clause 1(c) of rule XIX, further consideration of H.R. 3823 is postponed.

#### GOLD STAR MOTHERS

(Mr. BACON asked and was given permission to address the House for 1 minute.)

Mr. BACON. Mr. Speaker, I rise today in support of our fellow Americans who know what it means to give the ultimate sacrifice to the Nation: our Gold Star families.

This past weekend, we observed National Gold Star Mothers and Families Day, a solemn reminder of our sacred obligation to hold dear in our heart and to never forget those in uniform we have lost. Psalm 34 says: "The Lord is close to the brokenhearted and saves those who are crushed in spirit."

I believe this was on President Lincoln's mind when he wrote to Mrs. Bixby, a mother who lost five of her sons in the Civil War. President Lincoln wrote: "I pray that our Heavenly Father may assuage the anguish of your bereavement and leave you only with the cherished memory of the loved and lost, and the solemn pride that must be yours to have laid so costly a sacrifice upon the altar of freedom."

Like many in this Chamber, I have presented and saluted too many flag-draped coffins of our fallen warriors. As we remember them, let us also recommit ourselves to the task of caring for the families they leave behind who forever carry the pain of their loss. As they gave to the Nation, the Nation must give to them.

Today, I urge my colleagues to join me in renewing our obligations to our Gold Star families, a commitment for life.

□ 1845

#### NATIONAL PREPAREDNESS MONTH

(Mr. DONOVAN asked and was given permission to address the House for 1 minute.)

Mr. DONOVAN. Mr. Speaker, September is National Preparedness Month, and I rise today to offer prayers, condolences, and encouragement for those impacted by Hurricanes Harvey, Irma, and Maria.

Also, I rise to thank the thousands of first responders, neighbors, and volunteers who have come out in droves to respond to these disasters. I stand with those residents now recovering from storm and flood devastation.

This Nation stands behind you ready to make you stronger and more resilient in the face of disaster. As a resi-

dent of a city that faced many disasters, I can attest to the fact that Americans across this Nation are resilient and only grow in strength in the face of a challenge.

In the wake of these disasters and as we remember the 16th anniversary of the September 11 terrorist attacks and prepare to mark the fifth anniversary of Superstorm Sandy next month, we are reminded of the critical importance of preparing for the disasters that our communities may face. We cannot always control whether a disaster will strike our communities, but we can take every opportunity to prepare ourselves, our loved ones, and our communities.

We are a resilient nation in the face of disasters. As a resident of Staten Island and chairman of the Homeland Security Subcommittee on Emergency Preparedness, Response, and Communications, I urge all Americans to take time this month to make a plan, sign up for alerts and warnings in your area, check your insurance coverage, and make sure that you have an evacuation plan. We cannot plan on disasters ahead of time, but we can certainly prepare ourselves for when they come.

#### POLLS HAVE BUILT-IN BIAS

(Mr. SMITH of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SMITH of Texas. Mr. Speaker, both the Washington Examiner and Washington Times recently have reported on a practice that is resulting in overly low approval ratings for President Trump. Pollsters are not necessarily rigging their questions to get a desired result; instead, they are creating a biased result by how they select people to poll.

Frequently, the pollsters contact more Democrats than Republicans. Unsurprisingly, the results tilt anti-Trump. The Examiner pointed out that this "robs Trump of about 8 points in his approval ratings, from 46 percent to 38 percent."

The Times noted that in polls including Presidential approval questions, the Economist relied on a sample that used 58 percent more Democrats than Republicans, which "gave Democrats a 14-point edge, while Reuters and Gallup gave Democrats an 11-point and 7-point edge in their samples."

Mr. Speaker, as the 2016 election taught us, we shouldn't rely on biased polls if we want accuracy.

#### SEPTEMBER IS SUICIDE PREVENTION MONTH

The SPEAKER pro tempore (Mr. GAETZ). Under the Speaker's announced policy of January 3, 2017, the gentlewoman from Arizona (Ms. SINEMA) is recognized for 60 minutes as the designee of the minority leader.

Ms. SINEMA. Mr. Speaker, September is Suicide Prevention Month, a

time for our Nation to raise awareness about the recurring tragedy of suicide.

This epidemic is too common for the men and women who wore our country's uniform and put their lives on the line to defend our freedom. An estimated 20 veterans lose their lives to suicide each and every day.

A new VA report shows the risk for suicide is 22 percent higher among veterans than civilians, and 250 percent higher amongst female veterans than female civilians. This is unacceptable.

Twenty veterans a day lost to suicide should be a call to action for our country and for this Congress. We must take action, and we must do it now.

Typically, the time in this Chamber is split. Republicans have 1 hour and Democrats have 1 hour, but we believe this issue is too important to be overshadowed by partisan politics. That is why, tonight, Congressman TIM MURPHY and I have brought together Members from both sides of the aisle to show our commitment to solving this problem together and finding real solutions for our veterans.

This is the fifth year that we have assembled this team to raise awareness and send a clear message that the epidemic of veteran suicide must end. We have so much work left to do. So tonight we demonstrate our ongoing support for 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. We are failing in our obligation to do right by those who have sacrificed so much for our freedom.

Finally, we stand here tonight, unified, for the military families who have experienced this tragedy, and we say to you: Your family's loss is not forgotten. We work for the memory of your loved ones, and we will not rest until every veteran has access to the care he or she needs.

Mr. Speaker, I yield to the gentleman from Ohio (Mr. JOHNSON), who understands the importance of addressing this epidemic, a colleague and friend of mine.

Thank you for being here this evening.

Mr. JOHNSON of Ohio. Mr. Speaker, I thank the gentlewoman for yielding and giving me an opportunity to speak on such a critically important topic.

You know, I served for 26½ years, Mr. Speaker, in the United States Air Force. I pinned Purple Hearts on the chests of some of my troops that had gone into harm's way. I know the stress and strain on military families and on military members. I represent a district that arguably is one of the largest, if not the largest, veteran-populated districts in the State of Ohio, with nearly 50,000. And yet today, in 2017, we see 20 veterans per day, 1 every 72 minutes, committing suicide.

What does that say about us as a nation when we send our young people off in uniform to stand in harm's way, to protect our freedoms, to protect our

liberties, to protect our values and way of life, and then when they come home we can't get them the help that they need when they are down?

One of the saddest days since I began serving the people of eastern and southeastern Ohio was the day I got a call from a young wife of a military member. She said she had been dealing with the VA for quite some time to get her husband an appointment with a mental health counselor, all to no avail. He couldn't get in, couldn't get in, couldn't get in.

I stopped by the VA center one day. I asked to speak to the director, gave the young man's name, and I said: I would like to see the status of his appointment.

They looked him up in the system, and they said: Well, you will be happy to know, Congressman, that he has got an appointment next Wednesday.

I said: Well, I am actually here to tell you that you can cancel that appointment because he committed suicide last week.

He had been waiting for weeks and weeks and weeks to get in to see a mental health counselor, struggling with PTSD and the emotional and mental battle scars that came back with him from combat overseas. You know, it is one thing that we send our young people away to fight for us on foreign soil. Imagine for a second what their families go through when they are gone day in and day out, not knowing if they are going to get that call or that knock at the door to tell them that their loved one has been injured or, worse, killed in action. And then we bring their loved one home, and they are helpless in terms of getting them the care and the treatment that they need.

I agree with my colleague: we need to do more. The agencies, the VA, the Department of Defense, mental health counselors all over the country, Congress, families, communities, we need to do more to help our veterans get back on their feet after they have participated in that inhumane, disastrous, catastrophic event known as war.

Mr. Speaker, it almost leaves you speechless to think about the millions of families that are impacted by this, 20 per day—20 per day. One per day is unacceptable, but yet we are seeing 20 per day.

I urge my colleagues and I urge our agencies in the Federal Government—the VA, the DOD—let's get behind an effort, and let's turn this trend in the opposite direction.

Mr. Speaker, I thank you for the time to speak.

Ms. SINEMA. Mr. Speaker, I would like to extend my thanks and gratitude to Congressman JOHNSON. Not only is he an amazing Representative for the people of Ohio, he is also a veteran who served our country ably and proudly, and his story of a veteran in his district lost to suicide should be a call to all of us around the country to take care of the veterans in each of our districts.

We have made some progress since last year. 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. 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. Part of his role required him to interrogate dozens of terror suspects, and his work was deemed classified.

Like many veterans, Daniel was haunted by the war when he returned. He suffered from flashbacks, nightmares, depression, and additional symptoms of post-traumatic stress, 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 requests for individualized counseling or some other reasonable accommodation to allow Sergeant Somers to receive appropriate care for his PTSD, the VA delayed providing Sergeant Somers with appropriate support and care.

Like many, 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 in the system for over 2 years without resolution. Sergeant Somers didn't get the help he needed in time.

On June 10 of 2013, Sergeant Somers wrote a letter to his family. In the 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."

□ 1900

He went on to say:

"Thus, 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 route, 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 Sergeant Somers that day.

No one who returns home from serving our country should ever feel like he or she has nowhere to turn. I am committed to working on both sides of the aisle to ensure that no veteran ever feels trapped like Sergeant Somers did, and that all of our veterans have access to appropriate mental healthcare.

Mr. Speaker, I yield to the gentlewoman from Florida (Mrs. MURPHY) a freshman representative and a great addition to our Congress.

Mrs. MURPHY of Florida. Mr. Speaker, September is Suicide Prevention

Month, and I rise to bring awareness to the pressing issue of veteran suicide.

When our servicemembers go overseas, they bravely and selflessly risk their own lives for the greater good. But when they return home, our veterans face new adversities. Many are confronted by intense emotional distress, including depression and post-traumatic stress. Others struggle to readjust to civilian life or to reintegrate into their families and their social networks.

Unfortunately, too many veterans succumb to their mental anguish. America loses 20 Americans every day to suicide. It is time we step up and be there for them and provide them the support they deserve.

I encourage anyone who knows a veteran—whether a family member, a co-worker, or a friend—to reach out. A simple gesture of kindness can make all the difference in the life of a veteran going through a difficult time.

I will do my part in Congress, fighting for more and better resources to support our veterans. Veterans fought for us. Now it is time we fight for them.

Ms. SINEMA. Mr. Speaker, 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.

Howard and Jean are working with Congress and the VA to share their experience with the VA healthcare system and to find ways to improve care for veterans and their families. We worked closely with Howard and Jean to develop the Sergeant Daniel Somers Classified Veterans Access to Care Act, and ensure veterans of classified experiences can access appropriate VA mental healthcare services.

After more than 3 years of work, I am proud to say that the Sergeant Daniel Somers Classified Veterans Access to Care Act is now law. But this is just one small step forward, and our work with Howard and Jean doesn't stop here. We have so much work left to do.

Mr. Speaker, I yield to the gentleman from Georgia (Mr. DAVID SCOTT), who has served veterans bravely in Congress and home in his district for many years.

Mr. DAVID SCOTT of Georgia. Mr. Speaker, I thank Ms. SINEMA for that very nice introduction.

Ladies and gentlemen of the Nation who are listening or watching us on C-SPAN, I want to impress that we have exactly, right now, 40,000 soldiers—veterans—who are committing suicide each year.

This is a national crisis, but it is more than that. It is a national tragedy, but it is more than that. It is an American national shame.

These soldiers go where they are commanded to go. They go into a hail of bullets. They go and they fight and they die. They leave an arm, they leave a leg, they leave so much of themselves on the battlefield, and so many leave their minds there because of the devastation. And when we bring them back home, the level of treatment that many of them are getting, and even not getting, is, again, a national tragedy and a national shame.

It is my home that the plea that America will hear this day from these Members of Congress will awaken us to what I believe is, and should be, the number one issue facing this Nation: take care of our veterans.

Twenty a day, 40,000 every year, is terrible.

Now, myself, what am I doing?

Each year, I put on a jobs fair. But I don't put on that jobs fair by myself. Partnering with me is the VA, where we have, in Atlanta, Georgia, at that convention and trades center, a jobs fair each year with the VA, and we are averaging about 450 jobs each year.

But we don't stop there. We have a health fair because it is the PTSD—post-traumatic stress syndrome—that is this archenemy that we are not examining. The reason for that is that there is a severe shortage of psychiatrists in the VA and there is a severe shortage of primary care physicians in the VA.

So right here in this legislature, my good Republican friend, LARRY BUCSHON from Indiana, and I—and he is a doctor—have worked together. We put together legislation 2 years ago, in 2015, for the special appropriations for veterans that we would pay the tuition, pay the loan forgiveness, for those physicians who are psychiatrists and who will go and work in the VA.

But we didn't stop there. Knowing how the vagarious income levels are structured and the pay scales are structured according to where you live in the United States—and we have VA hospitals, VA centers all over this country, and the salary levels vary—we made sure that an added incentive would be to those graduating psychiatrists who will go and help our veterans and go help us fulfill this shortage, that we would make sure that their incoming salary would be at least 2 percent higher than that average.

My only heartbreak in all of this is that we were only able to get 12. And I can tell you how much that broke my heart by this Congress. But it is a start.

This bill will be replenished. And if you in the public can help us, if we want to do something right now about cutting down on the number of suicides that our veterans are having, help us get more psychiatrists into the VA system, help me and LARRY BUCSHON and many Democrats and Republicans who voted for the initial piece of legislation—we only got 12 the first time, but we should get 300, 400, 500. We should be willing to make that appropriation.

We can talk, we can sympathize, we can do all of that, but we need to get better treatment, psychiatric treatment, for our veterans. That will not happen, ladies and gentlemen, if we don't get more psychiatrists into the VA system.

So give LARRY BUCSHON from Indiana, my Republican friend, a call. My office, give me a call. But better than that, call your Congressman and say: Let's get this bill expanded so we can get more psychiatrists.

The Congress will move if the American people say move.

Now, finally, I must say this. There is no one that embodies the final words of Jesus Christ before he was crucified. Those final words that he spoke to his disciples 24 hours before he was crucified were: "Love one another as I have loved you."

And there is no greater love than that one who will lay down his life for his friend. That, ladies and gentlemen, is our veteran.

Ms. SINEMA. Mr. Speaker, I thank Congressman SCOTT for being here and for his passion for veterans.

Mr. Speaker, I yield to the gentleman from Pennsylvania (Mr. MURPHY) to talk about this important issue we have been working on together.

Mr. MURPHY has been serving in Congress since 2002. He is our only practicing psychologist serving in Congress, and he is the co-chair of the Mental Health Caucus. In addition, Congressman MURPHY is a commander in the Navy Reserve and provides services to veterans at the Walter Reed National Military Medical Center specializing in treating those individuals who are suffering from traumatic brain injuries and post-traumatic stress disorder. It is a privilege to serve with him in Congress and work on this important issue.

Mr. MURPHY of Pennsylvania. Mr. Speaker, I thank my friend from Arizona for her dedication to helping veterans.

It will be often cited that 20 veterans a day take their own lives. It is important that we take a deeper dive into why that is because, as a society, we want to know.

There will be upwards of 40-some thousand suicides this year in our Nation. Even one is too many. And I know that organizations that deal with suicide prevention want to see that drop considerably. But there is some understanding that is important for us to know what we can do and what stands in the way.

I want to note that those who serve in the military are about 1 percent of the population. Those who have served in World War II, Korea, and Vietnam are dying off fast from natural causes. But a great many of those veterans who do take an act of suicide are above age 50. Many of them have never served in combat.

Characteristic groups, such as the Army National Guard and reservists are among those who do have some

higher rates. It has been interpreted that perhaps one of the reasons for that is that they do not stay with their cohorts after combat. They go back home, come back on weekends, but don't have that same day-to-day support.

We also know the military, very much so after Vietnam, when you were done with your time, when you got your points, you were gone.

□ 1915

You could be in the middle of a battle, and you would be picked up by helicopter and taken home with encrusted blood still on your uniform from your friends, but you were sent back to the States—no chance to recover, no chance to develop from that, no chance to even get a checkup from the neck up, and, as a matter of fact, that was not even done. So for those who did serve in Vietnam and Korea and World War II, you just went back to life.

We have learned it is important to do more for people, and we do try and understand what is it, the characteristics among those who have taken their own lives, or tried to, that causes that to happen.

First of all, it is worth noting that about 70 percent of those who have taken their own lives who were veterans have not been involved with the VA hospital system. That is extremely important to know. They are not involved.

Now, that could be a number of reasons. It could be veterans who were not eligible for involvement at the VA. Many reservists and guards are not unless they served Active-Duty time, and even that is a limited timeframe. They also may have not been early identified when they came out of the military that would make them eligible for services. And, quite frankly, in many cases, it just is not near their home.

A study that was done with people at Fort Carson, Colorado, of 70-some folks who had attempted suicide, found that the number one reason that they gave, out of a list of 33 possibilities, was they wanted to end emotional distress. They simply wanted the pain to stop, and they ran out of ways to make it stop.

I reflect on the life of my father, who is now gone for other reasons, but one day when I was at home from college—and he himself was a World War II veteran—I heard his soft voice calling from the bathroom, and to see him there with a lot of blood on him, because he had just attempted to cut his arms and kill himself. Luckily, he did not. We got him care. But I believe for him, he certainly would have been in this category. He just wanted the pain to stop.

I don't think it was PTSD or his old signs of war. I think it was, perhaps, other distress as he dealt with his own alcoholism, or did not deal with it very well at that time, and the financial distresses of raising a family, and we just didn't have money, but it was enough to affect me—lifetime—in terms of try-

ing to understand and dedicate my life to helping those in psychological need.

I should mention, on September 11, I got my honorable discharge, so I am no longer in the Navy. I miss it every day, because I loved that time working with servicemembers who had traumatic brain injuries and post-traumatic stress and a wide range of other problems, but here are a few things that I learned from them that are very important.

One is, if you want care in mental health, you just can't get it, not only because there may not be a VA near you, but even if there was, many persons who are dealing with panic and anxiety and depression don't want to leave the house; many with post-traumatic stress disorders do not want to go onto a bus or into traffic or into congested areas, because that can bring back some terrible memories for them. The very thing they need is to get treatment, but the very problems they have prevent them from getting treatment.

Now, we have passed legislation here that deals with choice to allow veterans to get that care closer to home. But can they get it? Well, tragically—not just sadly but tragically—in the area of mental health services, half the counties in America have no psychiatrist, they have no psychologist, they have no clinical social worker, they have no psychiatric nurse practitioner, and they have no licensed drug treatment counselor. In other words, it is not available.

If you just look at those, for example, with a substance abuse disorder, of the 22 million, about 75 to 80 percent of them also have a mental health problem and they are at higher risk for suicide. And certainly if we have a veteran who has substance abuse and depression, they are at higher risk.

But look at this group. For every 1,000 people with a substance abuse disorder—for every 1,000 people—900 do not seek treatment. Out of the 100 who do seek treatment, 37 have got nothing available to them. Of the 63 who have something available, only six get evidence-based care.

So it is no wonder when we talk to veterans, and they say, "I tried getting help, but this person didn't understand. I couldn't get help. It was a problem that was ongoing," at some point they reach that point where they want to just end their emotional distress.

I remember visiting the house of a veteran. The mother had called me and said: "Can you help him? He won't go to the VA. He won't get help."

I made a house call. The VA doesn't do that, but I made a house call. And without revealing too much, I will just say that it was pretty clear he had a lot of medication around his house. His apartment was pretty unkempt, food lying around, bottles, dozens and dozens of bottles of medication unopened, each one from the VA, because probably each time he went to the VA, they said: "How are you doing?"

"I am not doing well."

"Here. We will just increase your dosage," or, "We will give you a different medication," but the system was not set up to say, "How are you doing? What else can we do to care for you?" It simply was not set up to go to his home and help him out when he missed his appointments, when he was no longer employed, when he had isolated himself from society, when, like so many people, covered the windows of their bedroom with camouflage or some other dark thing so the light doesn't get in, don't watch TV, just stay away from the world, this shrinking world that constricts you like a snake around the throat until they see no more reason to live.

I remember going to the VA hospital and mentioning, "You know, I know the Marines are famous for not leaving anyone in the field. What do you do about some of these other folks with mental health problems?"

They said, "We don't go out to their homes."

I said, "Why not?"

"We just don't do that."

"Why not?"

"We just don't."

I agonize over that as being a Navy healthcare provider to know this doesn't sound like the Marines. The Marines don't leave someone out there.

Are we so constricted and tied up by rules that we can't even go and reach out to them? But that is part of the problem, that we need easier access to local care, we need care that reaches out to veterans, and not just say, "Hey, listen, if you really want to get help, why don't you suck it up, pull up your bootstraps and go out and get help," because some of them are not able to do that yet.

Many of them feel, as a veteran, "I have faced tougher battles. I can't let people know I am weak or I am struggling."

Many of them have addiction disorders, and they don't want people to know that they are weak and they are struggling.

To those veterans, I say this is not a sign of failure. It is like if you are in the battle and bullets are coming at you and grenades are coming at you and incoming fire is coming at you, the last thing you want to do is deny it is happening. You have to acknowledge it is happening. What do you do? You get on the radio and you call for help. That is what we have to make sure veterans understand, that that is what this is about, depression and panic and anxiety as well.

We need more providers. I have had legislation on a mental health bill to get more providers. We recently voted on some things in amendment to the Labor-H bill here to get a little bit more, but we need thousands of more providers, psychiatrists, psychologists, social workers, licensed drug treatment counselors. We don't have that.

If Congress really wants to help, we have to do more of that, but part of the

problem is this, too: they oftentimes, in the field, have such massive student loans. And relative to other areas of medicine and healthcare, they get paid so little, they may choose not to go into these areas of mental health care. So for those who are the most vulnerable, we make it the most difficult for them to get care.

Add to that the idea of, who among those who are mental health providers actually have training and understanding of military healthcare, understanding military medicine, understanding military life?

I was commissioned 8 years ago, and I know that when I went on to officer school, and I went to training, you have got to learn a lot. The Marines say, "I learned to shoot a gun, and I can polish my shoes better than anybody," but there is more to it than that. It is understanding the words, the acronyms, the lifestyle, what a person goes through.

We could certainly do much better, if not just saying let's hire people at the VA, but have a program for civilian mental health professionals, one, to recruit more; two, to pay for more reimbursed student loans to get them in the workforce; but also, quite frankly, to give them more regular orientation of what it is like to be a member of the military. Let them observe boot camp. Let them understand this.

I will give you an example. Once a soldier who I was treating, he said he had given up getting care for a while. He said the third time he had to explain to his therapist what an MRAP was, he said, "Give it up." The MRAP is a military vehicle, commonly known vehicle.

Now, every branch of the military has their own acronyms, and I don't pretend to know them all, but if a person doesn't even know the basics, you lose that sort of connection with the patient, and they give up.

The other issue here is that we need to be able to have a system that monitors the medication closely. It is very common that if someone is on medication, they are a polypharmacy event; that is, they are taking so many medications, and then they will take other medications that counteract the effects of those medications, and then they will take other medications to deal with the side effects of those medications.

It was not uncommon for us at Walter Reed to have a patient on 8 or 10 or 15 or more meds that they were on. We found that we reduced them down to one or two.

But with medication comes weight gains, comes increase for diabetes, comes other problems, comes stresses in the family, comes situations where they are estranged from their spouse, difficulties with children, episodes with anger. These aren't bad people, but they see their life deteriorating, they see questions with regard to what is happening through their employer, they wonder about their future, they

may have taken poor medication, but sometimes they just give up.

There is a quote by author Steve Goodyear, who had quite an inspirational quote. I hope, Mr. Speaker, if there are veterans listening tonight, they take this to heed.

Mr. Goodyear said: My scars remind me that I did indeed survive my deepest wounds. That in itself is an accomplishment. And they bring to mind something else too: they remind me that the damage life has inflicted on me has, in many places, left me stronger and more resilient. What hurt me in the past has actually made me better equipped to face the present.

That is a message I want veterans to hear, that having moments of depression or anxiety or worry are as normal as feeling tired or hungry, but we know when you get in a downward spiral, it gets worse.

I don't want veterans to give up. I don't want veterans or members of the military feeling that they have so much emotional distress, this is the only way to end it.

I understand the feeling, but I also know that, as members of the community and members who are veterans, we wrap our arms of hope around those veterans to say there is help out there, and we as Congress Members have an obligation to make sure we are providing those services.

It pains me when I think that sometimes we can come up with funding for all sorts of programs, but for this 1 percent who say, "I am willing to take a bullet for you, I am willing to die to defend my country, its Constitution, and its flag," we as Congress ought to be able to say we are willing to put some money in to help you get more services.

Also some advice for those veterans who may be listening: It is extremely important to follow a few guidelines in your own life, too, besides not giving up, but physical fitness that you were forced to do in the military and boot camp, and all those pushups and sit-ups and running and pullups we did, they had a reason; because when you stay physically fit, it affects your brain functioning and it improves it, and it is one of the things that is used to fight off depression and other problems.

Two, you have to have an attitude that is focused on positive things. You can make it. Many times, part of that attitude, an essential part, is a strong faith in God, a strong belief there, which gives you that attitude to say, "I can do it." Navy SEALs talk about the way you eat an elephant is one bite at a time; the way you temper steel is with fire; that pain is weakness leaving the body; that courage is something that is built through experience and focus. It is not something that just comes, but you build that attitude. So you have fitness, you have attitude.

Another part is sleep. Many studies I have seen—I think it was Dr. Germain at the University of Pittsburgh who did studies that said perhaps sleep is a

greater factor with post-traumatic stress, anxiety, and depression than anything else, and a big part of this is just getting enough sleep.

Members of Congress, we deal with this a lot in terms of our own hectic lifestyle, and we know many constituents, because of their workload, their anxiety in the family, they don't get enough.

It is essential. It doesn't necessarily mean you are crazy, you have problems, but that is an important part.

Further, training, knowing what you can do, whether it is in the workplace or the military, we know it is essential.

Making sure one eats right. It sounds obvious. I don't want to make this in any way sound small, but making sure one is actually eating a healthy diet is an important part of fighting off suicide, fighting off depression.

Then making sure that people are paying attention to relax, to rehabilitate themselves, to do their own personal checkup from the neck up to make sure they are dealing with these things.

None of those things I just mentioned require help from a doctor. All of those things are essential to healing and getting better.

When one reaches the point where you say, "You know what, I need a little help here; I need to call in support on the radio; I need a quick response team; I need to pop some smoke; get some help in here," that is okay. I want veterans to know not only is that okay, that is what we are supposed to do.

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You call in help. We don't need dead heroes on the battlefield. We certainly don't need them in the streets or the homes. We need people who are saying: Understand, that even though it may be tough to get help, there is help out there. There is help out there. People want to facilitate and help you get better.

I don't want anybody to feel that this is the way to end emotional distress. It is a permanent solution to a temporary problem, and even if that problem seems to have been going on for years, I know people can and do get better. I have seen it time and time again. The soldier or veterans that thought: I can't go on; I have to give up. They can turn that life around and become a contributor.

One has a few choices. One can be a victim and say: You know what? I am under this giant boulder. I will never get better. The weight is too great. I am too weak. I cannot move on. There's no hope.

Or you can move on to another stage and say: I am going to be a survivor.

On the first part, you say: I am helpless because of what is happening. When you are a survivor, you say: You know what? I am going to move on despite what is happening. I will pray more. I will engage more. I will do

more. But every day I will wake up and commit more to get through that day to do something that is important and meaningful. I don't need to set up a goal of 10 years from now, but let me get through that day. Let me find some things I can do and focus. It is extremely important.

But beyond that, beyond being a victim or a survivor, is a third stage, and that is being a thriver, someone who says: I am going to make sense out of what I have done, and it is going to make me a stronger person.

What I said here in the quote from Steve Goodier where he says, "What hurt me in the past has actually made me better equipped to face the present," if I am in a tough situation, if I am in a situation where I, myself, look at it and I have despair and I lack hope for my own future and I turn towards someone, give me someone who has been there before. Give me a veteran. Give me a soldier who understands boot camp and what it is like to be yelled at and lack sleep. Give me a veteran who has been on the battlefield. Give me someone who has been out to sea and understands what it is like to be months without seeing your family. Give me someone who has been there and says: I made it; so can you.

I want veterans to have that sort of hope. We have our obligations in Congress: get more providers, make sure the VA is responsible. But since most people aren't near a VA, we can do a lot to help them.

I hope that this Veterans Suicide Recognition Month is something that sometime in the future we can put behind us and make it a thing of the past. We can do that if veterans themselves make those decisions to get help, and if we as the Congress make some decisions to get them that help, and society itself says: Stop having pity on them. Give them help out of affection and love and respect.

And, by the way, that respect also includes a lot of people who play professional sports, who have no idea what it is like to have someone shoot at you and try to kill you. Stand up. Have a backbone instead of a wishbone. A lot of veterans don't really want to hear that life is tough for you when you make more money in 15 minutes than they will make in a lifetime. Show some respect for those folks.

And then as we as a society recognize what they have given to the last full measure, we will be able to provide the kind of things they need and save some lives.

Too many times I have gone to a ceremony. You fold a flag 13 times and hand it to a grieving widow or widower. How much worse it is when they take their own life, because the stigma among the family is there was nothing else you could do, and all of us feel helpless when that happens. Let us make sure we are not part of that problem and, instead, we are part of the solution to celebrate and help our veterans so these things don't continue to happen.

Ms. SINEMA. Thank you so much, Congressman MURPHY, and thank you for partnering with me on this important effort this evening.

Mr. Speaker, I yield to my colleague from New York, THOMAS SUOZZI, who serves on the Armed Services Committee and has been a great addition to our caucus this year.

Thank you for joining us.

Mr. SUOZZI. Mr. Speaker, I want to start by thanking Congresswoman SINEMA and Congressman MURPHY and all of my Democratic and Republican colleagues for trying to bring attention to this very important issue.

I also want to thank Secretary Shulkin, who has announced his Get to Zero initiative to try and address this problem of 20 veterans every day committing suicide in our country.

Just today, as on many days, I saw a veteran who had lost both of his legs. It is common here in Washington, D.C., but it is common throughout every city and every town throughout our country that we see more and more veterans who have injuries. After 16 years at war, there are more and more veterans in our country who have been disabled.

With 20 veterans committing suicide every day, we know, however, that there are many injuries that we cannot see, injuries that veterans carry around by themselves at home, alone, in the dark of night, with nothing but their pain.

As Congressman MURPHY pointed out, 70 percent of the veterans of the 20 per day that commit suicide in our Nation—70 percent, 14 of the 20—do not have access to veterans benefits at the current time and do not utilize those services.

In fact, in our Nation today, there are 21 million veterans, approximately, and of those 21 million veterans, only 7 million have access to veterans benefits.

I have introduced a bipartisan bill, H.R. 2736, to suggest that what we need to do in our Nation is provide mental health benefits to every single veteran in our country, regardless of whether they were Active Duty, whether they were in the National Guard or in the Reserves, whether they were honorably discharged or less than honorably discharged. It is estimated that, since 2009, there have been 22,000 veterans with mental illnesses that have received other than honorable discharges. Arguably, most of those discharges were because of the same mental illness that they now carry around with them today.

Think of a veteran who is in crisis, a veteran who is contemplating suicide, a veteran who, as Congressman MURPHY described, is at the end of their rope and feels that there is no help and the only way to escape their pain is to commit suicide. Think of that veteran who reaches out for help at the VA.

Could you imagine going through the bureaucracy to figure out whether or not you were even eligible for services

if you weren't currently enrolled? You are seeking help, you are in the middle of a crisis, and you have got to fill out a form. You have got to determine whether or not you meet the criteria.

I am an attorney and a certified public accountant and a Member of the United States Congress. I read the requirements, and I couldn't figure them out. We need to make it much easier for anyone who has ever worn a uniform in any capacity whatsoever: in battles that we won, in battles that we lost, whether they were in combat or whether they worked on a truck, whether they were Active Duty, whether they were Reserve, whether they were in the National Guard. Every veteran should have access to mental health services during a crisis. We have to make it much simpler.

We heard a story tonight from Congressman JOHNSON, who talked about a veteran who was trying to get an appointment to get mental health services in the midst of a crisis, and the time was put off and put off and put off, and he finally got the appointment. And the Congressman was informed when he called the VA: Oh, we have good news; the appointment has been scheduled. The Congressman advised the VA that the veteran had already committed suicide.

So we have got a couple obligations, I believe. Number one is for those veterans who are currently utilizing VA services. We have to, as has been suggested by some of my colleagues, make sure we have the resources in place so that those veterans receive the services that they need on a timely basis, especially when they are in crisis, to make it as easy as possible for them to navigate the bureaucracy and get the help that they need.

Additionally, we need to make sure that those veterans who are not currently enrolled for veterans services and veterans benefits are made eligible for mental health services, certainly in crisis conditions, so that when someone reaches out to them, they are embraced with the loving arms of their country, as manifest in the VA, and they are brought in and cared for and helped to navigate through that crisis in their life.

There will be talk about how much it is going to cost. There will be a challenge as to whether or not we can afford to take care of these men and women who have served our country and are now facing this crisis in their life.

But I would guarantee you that any American in this country would say that we have to expend any cost for every veteran because there is no higher obligation in this Nation than taking care of the men and women who have worn our uniform, no greater obligation in this country. We can never forget the vet.

I want to thank Congresswoman SINEMA for inviting me here tonight to talk about my bipartisan bill, H.R. 2736, and for helping to bring attention



to this very serious crisis in our country.

Ms. SINEMA. Thank you so much, Congressman SUOZZI, for your commitment to taking care of veterans in our community.

Mr. Speaker, I yield to my colleague from California, Congresswoman JULIA BROWNLEY.

Congressman JULIA BROWNLEY has served on the Veterans Committee for 5 years now and is the ranking member on the Health Subcommittee for Veterans. She has been doing a yeoman's amount of work to help ensure that our veterans get the care they need when they return home.

Congresswoman, thank you for joining us again.

Ms. BROWNLEY of California. I thank the gentlewoman from Arizona for yielding to me and for organizing this Special Order hour and bringing attention to this very, very important topic.

Mr. Speaker, we are here today, both Republicans and Democrats, because addressing this epidemic of veteran suicide is the highest priority for Members of both parties.

Congressman SUOZZI talked about the fact that Dr. Shulkin, the VA Secretary, has made this his top clinical priority; and by shining a clear light on this topic, I hope we can finally reduce the stigma around mental health issues and be clear about the significant work that still needs to be done to address this devastating epidemic.

We need to do more because 20 veterans commit suicide each day, veterans like Sara Leatherman and Linda Raney and Katie Lynn Cesena. As Congressman Murphy already pointed out, it is also estimated that only 6 of those 20 veterans were receiving VA services.

The VA provides some of the most comprehensive mental healthcare and resources in the Nation, and we need to encourage more veterans to seek care that is available, and we must be ready for them.

We do need more providers, and I support Congressman MURPHY and Congressman SCOTT and others who are advocating for more providers within the VA.

But, unfortunately, whether it is a lack of providers, long wait times, or not enough resources devoted to outreach, we face a serious issue with getting veterans set up with the care that they need. The VA took an important step forward earlier this year by expanding access to its mental healthcare for veterans with other than honorable discharges. That was the right thing to do and the right step, but much more must be done.

One important component of reducing veteran suicide is to better understand which programs have been most successful. The Clay Hunt Act and my bill, the Female Veteran Suicide Prevention Act, required an independent analysis of the VA's suicide prevention and mental health programs to find out what works.

It is critical to break this data up based on gender because, tragically, recent VA data indicates that women veterans are 2½ times more likely to take their own lives than civilian women. Actually, that is a better statistic than last year, because last year it was 6 times more than civilian women. But the reason why that has been reduced, tragically, is because the number of suicides amongst civilian women has increased.

As the population of female veterans continues to grow, the VA needs to recognize their unique experiences and provide the quality healthcare that will address this suicide epidemic. It is clear that women on the battlefield experience the same kind of trauma that men experience on the battlefield, and that may be a very similar experience, but we know that women's experience in the military serving our country can be very, very different, and we need to understand how best to treat both women and men.

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In closing, please let me remind veterans and those who love them that the VA operates a confidential call line that is open 24 hours a day, 7 days a week. Please call. If veterans are listening tonight, please call and have the courage to, if you need that support, make that call your first step. And any veteran and any family member can call.

That phone number is 1-800-273-8255, and then you press number 1. You can also send a text message at 838255. Please, please, if you are in need, please reach out and make this call.

Please know that we are here for you. We are fighting for you. Give us a chance to help you.

Ms. SINEMA. Mr. Speaker, I thank Congresswoman BROWNLEY for her dedication not just to this event every year, but to taking care of veterans at home and here in Washington.

I thank all of the colleagues from both parties who joined us this evening. Our thoughts are with all the families who have lost a loved one to suicide. But our efforts to end veterans' suicide do not end today or even this month. We are committed to continuing this fight to ensure that our veterans always know that they have a place to turn.

We can do more. We need a VA that provides real and meaningful help to veterans in need; a VA that puts veterans first and works aggressively with community providers to improve the quality and accessibility of care. We need a VA that is transparent and open to restore the trust and credibility it has lost. The VA can and must do better. No one deserves our gratitude and respect more than those who put their lives on the line for our freedom. And when the VA fails, our heroes suffer.

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

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

#### PRINTING OF PROCEEDINGS OF FORMER MEMBERS PROGRAM

Mr. MURPHY of Pennsylvania (during the Special Order of Ms. SINEMA). Mr. Speaker, I ask unanimous consent that the proceedings during the former Members program be printed in the CONGRESSIONAL RECORD and that all Members and former Members who spoke during the proceedings have the privilege of revising and extending their remarks.

The SPEAKER pro tempore (Mr. DONOVAN). Is there objection to the request of the gentleman from Pennsylvania?

There was no objection.

#### MESSAGE FROM THE SENATE

A message from the Senate by Mrs. Curtis, one of its clerks, announced that the Senate has passed without amendment a bill of the House of the following title:

H.R. 3819. An act to amend title 38, United States Code, to extend certain expiring provisions of law administered by the Secretary of Veterans Affairs, and for other purposes.

#### REQUISITES FOR IMPEACHMENT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2017, the Chair recognizes the gentleman from Texas (Mr. AL GREEN) for 30 minutes.

Mr. AL GREEN of Texas. Mr. Speaker, I rise tonight to make one point. That one point is that a President need not be convicted of a criminal offense to be impeached; in fact, need not be charged with a criminal offense; need not be charged with a statutory offense; need not be charged with a codified offense to be impeached.

But before I make this point, Mr. Speaker, I have to acknowledge that I am always in awe of this well, and I don't take for granted this great opportunity that has been accorded me to stand in the well of the Congress of the United States of America. I believe that those of us who have been so blessed should acknowledge our blessings. This is a blessing.

Mr. Speaker, there are many people who don't have this opportunity, so I am going to take one liberty before going into my message. I just want people to know what I see as I stand here in the well of the Congress of the United States of America.

As I look forward, Mr. Speaker, I would have those who have not had the opportunity to stand here to know that there is above the doors at the second level a depiction of Moses the Lawgiver.

I would have people know, Mr. Speaker, that behind me, of course, is the flag of the United States of America.

And I would have persons know, Mr. Speaker, that we have these two podiums, and that, typically, Democrats