had flown that C–130 in the 1970 when he was a pilot in the Air Force. That is who he was. He wanted to go find out and he wanted to talk to those guys.

When the Governor ran for President in 2011–2012, I worked on his Presidential campaign. I had been working in his office, and that was when I was diagnosed with Hodgkin's lymphoma, as I referenced earlier. As I said earlier, he called me from a debate stage—literally going on stage—to make sure and check on me and check on my health and see how I was doing during chemotherapy. That is just who he was. That is who he has always been.

When he was launching his campaign in Charleston, South Carolina, I unfortunately had to miss that. I was going to be there, but I was at MD Anderson Cancer Center in Houston starting treatment. But when he announced, he used a phrase: '' . . . making Washington, D.C., as inconsequential in our lives as possible.''

It is what I aspire to do here as a Member in this body. Not because there are not great things we can do in this body, but because the greatness of this country lies outside of this body. It lies outside of this city. It lies in every town, in every community, in every school, in every business, in every hospital, all around this great country where people wake up every day to make lives better.

Too much of our focus is on what happens here. Too many Sunday mornings are about what is happening on ''Meet the Press'' instead of what is happening in the church pew, instead of what is happening down the street.

Too many people are looking to the VA to solve problems for the veterans instead of wondering, who is the veteran 5 miles down the road who needs help right now?

We solve problems like the Cajun Navy coming over to Houston, like the people of Texas rising up in the wake of floods after hurricanes to solve problems for real people in real time.

Instead of mortgaging our future with fake promises that we can't afford while this body has show votes—no matter who is in charge, by the way—on resolutions and bills, and never sits here and has the real debates and the real work of what we need to do.

The real work is going on outside of this body. Governor Perry represents the greatness of this Nation. Both his life story and who he is, he embodies the greatness of this country.

I wholeheartedly endorse making Washington, D.C., as inconsequential in the lives of Americans as possible, because our country will be ever greater as the State of Texas has been ever greater under his leadership and since our inception as a State in leading this country and leading this world.

I thank the Governor. I thank his lovely wife. I thank his family. I look forward to seeing what he is going to do next.

And with that, and on behalf of all Texans and my colleagues here in the House, I yield back the balance of my time.

MENTAL HEALTH IN THE BLACK COMMUNITY

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2019, the gentlewoman from the Virgin Islands (Ms. PLASKETT) is recognized for 60 minutes as the designee of the majority leader.

GENERAL LEAVE

Ms. PLASKETT. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include any extraneous material on the subject of this Special Order.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from the Virgin Islands?

There was no objection.

Ms. PLASKETT. Mr. Speaker, tonight we will address mental health within the Black community, the lack of access to treatment, and the stigma of mental health within our community.

The stigma of mental health and lack of access to treatment within the Black community frequently leads to Black people ignoring or dismissing those signs of illness.

Mr. Speaker, I yield to the gentlewoman from Ohio (Mrs. BEATTY) to give remarks on this and other matters of health in our community as well as in America.

□ 2030

Mrs. BEATTY. Mr. Speaker, first, I thank my colleague and friend, Congresswoman PLASKETT, for leading tonight's Congressional Black Caucus Special Order hour.

First, and certainly fitting, to tonight's topic on mental health, I salute the life and legacy of a giant in the healthcare industry who passed on November 10, Bernard Tyson, president and CEO of Kaiser Permanente and friend.

Just this year, Mr. Speaker, he was talking to the editor-in-chief of Fortune magazine about lessons learned and lessons that were worth remembering, and now he has left them behind, and those lessons were about mental health.

He was talking about, in this healthcare system, we have a system of healthcare for the body and for the mind, and he had integrated both into his system, and he had done it in a seamless way and in a way that did not have stigma.

So, tonight, I say to my friend: Rest in peace. Rest in positive power in healthcare.

But also, Mr. Speaker, the Congressional Black Caucus is coming together tonight, as the Congresswoman has said and as she powerfully leads us, to elevate the conversation about mental health in the African American community.

Millions of adults and children are impacted by mental health conditions each year, including depression, schizophrenia, bipolar disorder, post-traumatic stress, and anxiety.

For too long in our country, there was a stigma associated with mental health, especially in our community, the African American community. According to the United States Department of Health and Human Services, Offices of Minority Health, just in 2017, suicide was the second leading cause of death for African Americans between the ages of 15 and 24. Additionally, the death rate from suicide for Black men was four times greater than for African American women in 2017.

We are encouraged, encouraged to see more influencers, such as Jay-Z and the ''Breakfast Club'' host, Charlamagne, speak out about mental health disparities in the Black community. But as the gentlewoman is leading us tonight in saying more must be done, the Federal Government has a moral obligation to invest more resources into mental health services.

Mr. Speaker, I thank the gentlewoman for her leadership, and I thank her for being a voice for us on this topic.

Ms. PLASKETT. Mr. Speaker, I thank the gentlewoman so much for her admonishment to us to continue working, to continue doing what is necessary for those of us who live in the Black community, for those who are affected by what is a lack of treatment in the Black community, particularly in the area of mental health.

This may explain why Black adults are 20 percent more likely to be reported having serious psychological distress than White adults. They are also more likely to have feelings of sadness, helplessness, and worthlessness compared to their White counterparts. And while less likely than their White counterparts to die from suicide, Black teenagers are more likely to attempt suicide than our White teenagers.

Socioeconomic determinants have been found to have significant effects on mental health. In the Black community, class and poverty are two powerful, impactful factors.

Black adults living in poverty are two to three times more likely to report serious psychological distress than those living above the poverty line.

Black people of all ages are more likely to be victims of serious violent crime than non-Hispanic Whites, making them more likely to meet the diagnostic criteria for post-traumatic stress disorder.

Mental health conditions do not discriminate based on race, color, gender, or identity. Anyone can experience the challenges of mental illness, regardless of their background. However, cultural differences, life experiences, socioeconomic conditions, and how well-informed one is can affect how an individual copes with these conditions.

In the Virgin Islands, after the devastating storms of 2017, studies organized by the Community Foundation of

the Virgin Islands found that the trauma and lack of community caused a significant percentage of the population, both children and adults alike, to develop various mental health problems.

Younger children are reverting to behaviors they had once advanced beyond, and older children are displaying cognitive impairment and aggressive tendencies.

Also, about 60 percent of adults in the Virgin Islands are exhibiting symptoms of depression; the same percentage showed signs of PTSD.

More than a year after the storms, 40 percent of surveyed students had symptoms of PTSD, with some admitting to having suicidal thoughts.

Although anyone can develop a mental health problem, African Americans sometimes experience more severe forms of mental health conditions due to unmet needs and other barriers.

According to the Health and Human Services Offices of Minority Health, African Americans are 20 percent more likely to experience serious psychological distress. Black Americans are also more likely to experience socioeconomic disparities, such as exclusion from health, educational, social, and economic resources, and are often not believed by medical professionals when reporting symptoms—often not believed. These disparities contribute to unfavorable mental health outcomes.

Historical adversity, including slavery, sharecropping, segregation, along with other means of race-based exclusions from health, educational, and socioeconomic resources, have led us to the disparities experienced by Black Americans today. Despite progressive gains and reform in our society, racism lingers and continues to impact the Black community, including the state of mental health.

One of the individuals who is fighting this—not just mental health, but all health issues, and particularly among African Americans, the Black community—is my colleague from Chicago, Congresswoman ROBIN KELLY. She leads the Congressional Black Caucus in health areas by leading our Braintrust on Health and has spent a significant amount of time in her district and throughout this country highlighting the issues that affect African Americans, disparities in health issues, as well as mental health.

I ask her to speak to you, Mr. Speaker, about those issues that affect Black Americans, about those issues that impact our community and, therefore, impacts America, that does not let us be our best.

Mr. Speaker, I yield to the gentlewoman from Illinois (Ms. KELLY).

Ms. KELLY of Illinois. Mr. Speaker, I thank Congresswoman PLASKETT for yielding and for her continued leadership in advancing equity and access for all Americans.

Mr. Speaker, I rise tonight to speak about something that is far too often ignored in our communities, especially the African American community: mental health.

Before starting my career in public office, I obtained a master's in counseling and worked as a mental health professional. As someone with real-life experiences, I can tell you that mental health challenges are more common than anyone thinks and that the only path forward is to be open and honest about it so more people can get the help and support they need to be healthy and thriving.

According to recent surveys, African Americans are 20 percent more likely to experience psychological distress than White Americans, but just 25 percent will seek care compared to 40 percent of White Americans. Clearly, stigma around mental health and therapy remain a significant barrier to connecting those in need with care.

We can all agree that Americans, no matter where they live or what they look like, should have access to affordable and accessible mental health services. However, this was not the case until 2010, with the passage of the Affordable Care Act, which moved mental healthcare from a nice-to-have to essential care—what it always should have been considered.

Defining mental healthcare as essential healthcare was a major step forward. But as I noted before, stigma still prevents too many from seeking and assessing the care they need. That is why I am proud of the efforts undertaken by the Congressional Black Caucus Health Braintrust and the Congressional Caucus of Black Women and Girls, which I chair and co-chair, respectively, to destigmatize seeking mental healthcare.

Last year, we were joined by the first lady of New York City, Chirlane Irene McCray, for a briefing on how we can destigmatize mental healthcare and better share our personal experiences to help and empower others. The video of that conversation is still on my Facebook page, and it warms my heart to see women sharing their stories on the thread months after the Facebook Live ended.

We need more events like this. We need more conversations where we put it all on the table and accept the simple fact that, yes, it is hard sometimes, but there are people and organizations who can help.

In addition to reducing stigma, which is something every Member of this House can do in their own districts and communities, we need to continue working to connect the most vulnerable with care, in particular, those who are regularly impacted by gun violence. In parts of Chicagoland, our young people have levels of PTSD on par with veterans returning from Iraq and Afghanistan.

While we absolutely must address easy access to guns—as a reminder, H.R. 8, the Bipartisan Background Checks Act, has been sitting on Senate Majority Leader MITCH MCCONNELL's desk for more than 200 days—we cannot forget that communities have been experiencing this violence for decades because of congressional inaction.

We talk about PTSD as post-traumatic. Many in my communities have present-traumatic; it is not ''post.'' It goes on day after day after day.

To break the cycle of violence, these communities need programs that empower our young people and create hope. I always say nothing stops a bullet like an opportunity.

We need to work together, Republicans and Democrats, House and Senate, to ensure an end to gun violence and ensure robust programs that address the long-term psychological impacts created by years of unchecked violence. This is going to affect us for generations unless we do something about it.

And, finally, I want to talk about a tragic reality in our Nation. Suicide rates are rising. Suicide is the leading cause of death for Generation Z, our Nation's young people. I believe our host, Congresswoman PLASKETT, talked about the effects on African American young people. Our Nation's veterans are still struggling to access the care they need and deserve.

In Chicagoland, we, tragically, experienced a marked rise in first responder suicides. Likewise, we are seeing rising rates in rural America, especially among our farmers because of severe weather, low commodity prices, and the failed Trump trade war.

It is past time to make suicide prevention a priority. We are losing too many fathers, sisters, sons, and neighbors to this epidemic. We are losing too many African American fathers, sisters, sons, and neighbors to this epidemic.

In conclusion, I want to challenge my colleagues to take up the mantle of mental health. In 2010, this House declared mental health essential, just like care for our heart, kidneys, and lungs. We now recognize that our minds and mental well-being are a key part of our overall health and should be covered as such.

However, that declaration was nearly a decade ago. We know it is important, so we need to get to work on it now.

Let's pass Congresswoman GRACE NAPOLITANO's bipartisan Mental Health Services for Students Act and help put more counselors and mental health professionals back in our schools to serve our students.

Let's pass Congressman CLEAVER's bipartisan Cady Housh and Gemesha Thomas Student Suicide Prevention Act to address the shocking and growing rate of suicide among our Nation's students and young people.

And let's pass Congresswoman PLASKETT's bipartisan Territories Health Equity Act to ensure that Americans living in territories have the same access to quality mental healthcare as Americans living in the continental United States.

In summary, Mr. Speaker, 2010 marked a significant and bold step forward. We need to be bold today.

Ms. PLASKETT. Mr. Speaker, I thank the gentlewoman from Illinois for what she has said, and, Mr. Speaker, I would engage the Congresswoman, through the Chair, in a discussion. I know that she has been going around the country to so many districts and talked with so many people about healthcare, about the disparities of health.

Is there a connection between the lack of access to physical healthcare and how it affects communities in terms of mental care as well?

I yield to the gentlewoman.

Ms. KELLY of Illinois. Well, in some communities there is a lack of both physical and mental healthcare, but I think we still have to deal with the stigma that people don't see mental health as a part of healthcare.

I know, in the Chicagoland area, right when I became a Congresswoman, actually, there were six mental health facilities shut down, so if someone wanted help, they may have to take two buses, a taxi, on and on and on. There is such a barrier of not only a facility not being there, but also the ones that are around, it is so hard for people to get to them.

And some of the neighborhoods, like I said, people don't even want to come outside because of the violence and some of the particular—not all over, but in some of the neighborhoods.

People are traumatized by the block they live on. They don't want to send their kids to play in the park. They don't want to go to the store. To deal with this every day, to hear gunshots every day, to have to deal with violence every day, that affects you on that day, but it affects you years later, also.

Ms. PLASKETT. I think so much about when the gentlewoman said people talk about post-traumatic stress disorder, and there are so many people in our country who are having present-day traumatic stress disorder.

In the Black community, there is this stigma to just live through it, not discuss it, and begin normalizing the kind of life that we lead, the kind of fear that many people in Black communities have, whether it is fear of being shot or fear of the police.

Mr. Speaker, I think, as a Black mother having four sons, I begin to think that it is normal to be concerned for my sons out at night. That is not normal, and that is going to affect your mental state after a while.

So I think of all these people and the things that they are going through.

□ 2045

Right. It should not be normal. We are, unfortunately, normalizing some things. But no, that should not be normal.

Every mother worries about their child, but it shouldn't be, ''If my child is not home by a certain time, I am so worried,'' and all of these things that are going through your mind. That should not be normal for us.

The other thing is, when you are stressing out about certain things, that not only affects your mental health, but it affects your physical health also. It affects your body head to toe, which is not good either. Then it gets into the high blood pressure that we face and heart disease and those kinds of things.

It really does have a huge effect all over, not just on one thing or the other.

Ms. PLASKETT. I think about how, if a family has individuals with diabetes, hypertension, the other issues, and they are taking money and time to deal with that—if, in fact, they are—they are not considering going to counseling or going to some other things about depression or other things that they may be feeling and things that may be happening within their home.

It is a matter of taking care of what is the immediacy.

Still, the stigma is there that your mental health is not as important as your physical health.

I yield to the gentlewoman.

Ms. KELLY of Illinois. I think mental health gets put on the back burner, that people will talk about, ''Oh, my arm hurts,'' or this hurts, or that hurts, but they don't want to say, ''I am depressed,'' or ''I am down,'' or ''I need counseling.''

I sometimes think in our community—maybe in others, but we know in our community, ''You need to man up,'' or be strong, or give it to God even. You know, God will take care of this, that, and the other, so have faith, and those kinds of things.

I think that God also put doctors and counselors on this Earth—and therapists—for us to use them and use their services. I think not enough of us do that, or we don't feel comfortable. If no one else in the family ever talks about it, then you don't grow up even thinking that is a possibility.

Ms. PLASKETT. Then there is the issue of having culturally sensitive doctors as well.

Ms. KELLY of Illinois. Definitely.

Ms. PLASKETT. Because so many individuals in the African American community, if they are going to speak with a psychiatrist, a mental health professional, if that individual does not—never mind that they don't look like them, but if they are not culturally sensitive to the issues, they may not come back the second time. They may not even make the appointment if they realize that this person is not going to be able to understand the life that they lead here as a Black person in America.

I yield to the gentlewoman.

Ms. KELLY of Illinois. Congresswoman, you hit the nail on the head. That is so true.

There have been so many studies that show you do better when the person who is helping you looks like you or is sensitive to your realities, your community, what you are really about. That is so true.

Also, that is the other thing. With the Congressional Black Caucus Health Braintrust, the other thing that we really push to do is to diversify the healthcare pipeline because that is the only way that is going to change, too.

The other thing is letting our young people know that that is a good thing, to be a counselor or a social worker or a psychiatrist or a psychologist, that we should be looking into those fields also.

You hit the nail on the head. It is hard enough for people to go to counseling or to admit they are depressed, so when they do seek out care, it has to be someone who can be empathetic and sensitive to their needs. Because if they are not, then the person definitely is not going to go back, and then, we are back to square one.

Ms. PLASKETT. I was looking at a statistic here that, according to the Health Resources and Services Administration, 89.3 million Americans live in federally designated mental health professional shortage areas, in contrast to only 55.3 million Americans living in similarly designated primary care shortage areas and 44.6 million living in dental health shortage areas.

There is, within the greater American society, a shortage of those professionals in the mental health area. For African Americans, that number is exacerbated with African Americans that look like themselves.

We are just thinking about the Speaker earlier today issuing a statement saying that the Senate is considering cutting all funding—not supporting funding for HBCUs, historically Black colleges and universities, where we know that a preponderance of the African Americans in the mental health area have been going to school.

I yield to the gentlewoman.

Ms. KELLY of Illinois. Right. That would be devastating for our community for that to happen. When I think about my district, which is urban, suburban, and rural—

Ms. PLASKETT. You have rural in your area as well.

Ms. KELLY of Illinois. Yes, I do. I have 1,200 farms. The other thing is, I have people in those areas who don't have cars. There are not buses and things like that, so again, they don't have the transportation or the means even to get out to go to, let's say, a bigger town in my district to go seek mental health help.

We have to do more to have more professionals. This is not the time to cut back. When you think about just the stresses of living today, we need to have resources available for our students and even our veterans, our farmers, people who we named that are suffering from various things that are going on right now.

Ms. PLASKETT. The other area is that those even who receive treatment, one of the things that we have noted is that African Americans are negatively affected by prejudice and discrimination when they are in the healthcare system.

Missed diagnoses, inadequate treatment, improper bedside manner, and

lack of cultural competence all lead to an exacerbation of health issues that cause distrust and prevent many African Americans from seeking help in the healthcare area.

I yield to the gentlewoman.

Ms. KELLY of Illinois. Right. I think it is hard enough for us to go, and then, if we go and don't feel comfortable or feel like we are getting the respect or getting the care, the likelihood of us returning is not there.

I mean, you would think that with anybody, of course, that you want to be treated with a good bedside manner, with respect. You want to feel that the person is listening to you, not blowing you off.

Even when it comes to physical healthcare, the idea that we can take more or we don't need this or don't need that, that has been found to be true in how we have been treated.

The same thing in mental health. We don't want that either. We don't want to be looked at as the angry Black man or the angry Black woman as we are expressing ourselves.

Ms. PLASKETT. I know that there have been studies, which you were just discussing, where Black women are historically mistreated by doctors because they do not believe African American women when they say that they are not feeling well or when they are complaining about an ache or a pain, that a diagnosis on a larger scale is not done on them once they say that.

Ms. KELLY of Illinois. That is why we have the issue that you know I am very passionate about: maternal mortality and morbidity.

Interestingly enough, yes, some happen before the full term, but some happen when the mom has the baby, and it also happens after the mom has the baby. There could be incidents more than 2 months after the mom has the baby. There is postpartum depression.

But if we are not taken seriously, then one thing can lead to another.

Ms. PLASKETT. This cuts across all economics of African Americans. This is not just about poor Black women.

Ms. KELLY of Illinois. Right.

Ms. PLASKETT. This happens at the highest economic levels of Black women dying in great numbers after giving birth to children.

Ms. KELLY of Illinois. Economic, educational, you could be in the best physical health. Black women die at three to four times the rate of White women. But depending on which State you go to, the rates are higher.

In my State of Illinois, it is six to one times. I just met with someone out there, and they said it looks like it might be even a little higher. In New York, it is eight to one times. In the State of Washington, it is not Black women but Native women at eight to one times the rate of White women. Yes, it cuts across every socioeconomic characteristic that you can find.

Ms. PLASKETT. I thank Ms. KELLY for her leadership and continued support on this subject.

For those who need a voice here in Washington, I know she is at the forefront, not just on mental health issues but all health issues, including the fact that she has considered gun violence a health issue. She is fighting for additional funding at NIH in this area.

The totality of the health of the American people, I think, is so important, and I am grateful for Ms. KELLY's leadership in that and her continuing to bring up these topics.

Ms. KELLY of Illinois. I thank the gentlewoman for her leadership. Anything I can do to help, of course, I am always here.

Ms. PLASKETT. One of the things, Mr. Speaker, that we wanted to talk about was Blacks being overrepresented in prison: 1 million of the total 2.3 million people incarcerated in the United States. One million of those 2.3 million are, in fact, African American. That is another area for mental health that Black Americans face.

A current major national concern: People of color account for 60 percent of the prison population. While only 14 percent of Black people are drug users, we account for 37 percent of drug arrests.

This incarceration could contribute to mental health issues of Black people and raises questions surrounding the delivery of mental health services in prison.

The reverse is also true. The lack of access to mental health testing and treatment may, in fact, lead to incarceration. This reality leads to real issues in healthcare regarding access, mental health, and quality care treatment.

Treatment issues that must be addressed include the fact that the Black community is overrepresented in inpatient treatment and underrepresented in outpatient treatment, highlighting the need for more early education and intervention.

Regarding misdiagnosis and access to care, access is a central point of contention when thinking about the care of Black psychiatric patients. Often, communities such as my district are not equipped with adequate facilities and services. In the Virgin Islands, there is not just a lack of inpatient care for mental health but outpatient as well.

At this point, we have almost no separate mental health facility. Either individuals have to be sent off-island or, unfortunately, many people are sent to correctional facilities for nonviolent crimes who are experiencing, in fact, a mental health issue.

Unfortunately, over a year ago, we lost a young man who obviously had very severe mental health issues that his family had been treating him for. He had been sent to prison because we don't have that mental health facility. He, in fact, lost his life in the correctional facility, knowing that this poor young man had mental health services that he needed and that our island does not have the resources, the funding, to be able to provide.

Research has shown that a lack of cultural competency in mental healthcare, as I discussed earlier and as you heard from Congresswoman KELLY, results in misdiagnosis and inadequate treatment.

While Black patients may prefer Black physicians, only about 2 to 4 percent of mental health providers identify as Black—2 to 4 percent—in this country, meaning that Black patients are likely to be seen by a provider from a different cultural and ethnic background than their own.

Similarly, in research, there is a paucity of Black researchers and Black patients participating in research, which is problematic as research is the basis for evidence-based clinical care.

These are all issues that are affecting the Black community.

Some may think that we also have the stigma of what do we as African Americans think. African Americans are reluctant to discuss mental health issues and seek treatment because of the shame and the stigma associated with such conditions.

Many African Americans also have trouble recognizing the signs and symptoms of mental health conditions, leading to underestimating the effects and the impacts of mental health conditions. That affects all of us, at all levels.

I know, as a parent, as an African American parent, I have been one individual who has done this also, not recognizing when a son is feeling depressed and just thinking that he needs to suck it up and go on with his work and do what he needs to do and thinking that, ''You already know that you are a Black man in America. You don't have time to feel sorry for yourself. You have to push through,'' and realizing that that son was really depressed and needed to get some mental health treatment.

These are things that are affecting our community, and we need to be upfront about what we are facing. Some may think of depression as the blues or something that needs to be snapped out of.

ADHD in a child is often regarded as a child being bad. Too often, young Black men are put in suspension or, even at the age of kindergarten, separated from school, taken out of the classroom because of bad behavior that a teacher recognized. That same behavior in a White student is not seen that way.

□ 2100

Those signs, that lack of sensitivity begins at the youngest age in Black America, and those are the things that we must be careful about.

Oftentimes, people assume that their emotional mental state is normal, not realizing that they are suffering from disordered thinking or a clinical symptom.

Approximately 30 percent of African American adults with mental illness receive treatment each year, compared

to the U.S. average of 43 percent. Here are some the reasons why.

Socioeconomic factors play a part, too, and can make treatment options less available. In 2017, 11 percent of African Americans had no form of health insurance.

For the Virgin Islands, we have this issue as well. We have only one full-time and one part-time psychiatrist for our islands. Today, the traumas of the storms that rocked the territory have become apparent, and, as a result, mental health is being talked about more frequently.

I am grateful that our Governor, Governor Bryan, is declaring a mental health state of emergency for our islands, being clear-eyed and noticing that this is such an issue that we must face.

However, access to mental health treatment is still in dire need of improvement. For many years, the lack of a facility and mental health providers have led to the Virgin Islands' government spending millions of dollars to send mental health patients off-island due to an inability to treat them within the territory. The cost of sending children off-island for mental health treatment totals $13 million a year, a significant amount for a jurisdiction with a small annual budget.

The territory currently has no inpatient facilities. Outpatient facilities are unsuited to meet the needs of the Virgin Islands.

A 2019 study conducted by the Caribbean Exploratory Research Center found that 6 out of 10 Virgin Islanders showed depressive symptoms. The same study revealed the symptoms of PTSD in 57 percent of adults. These extraordinary numbers display a mental health crisis within the Virgin Islands that does not have the fiscal, occupational, or infrastructural capacity to handle.

The lack of mental health professionals and mental health education and awareness creates a barrier for many obtaining care. But I know that the Virgin Islands is not the only place that faces this. Places like inner cities within the United States, Detroit and elsewhere, also experience these mental health issues.

Mr. Speaker, I would like to acknowledge my colleague, one of my close friends here, a classmate of mine coming into Congress in the same class, Congresswoman BRENDA LAWRENCE, who has made extraordinary strides in supporting not just the people of her district, but also being one of the co-chairs of the Women's Caucus here in Washington, continually bringing to light the issues that face women.

Just earlier this evening, she had a dinner, women who had been incarcerated and the mental stress that they were dealing with being incarcerated. One woman, I know, Congresswoman, she discussed having her sentence with a 6-month old child that she had to stop breastfeeding because she had to go to prison, a woman, 2 weeks after giving birth, having been sent to prison for being a girlfriend of a drug dealer. These are the kinds of things that women in America have been dealing with.

Mr. Speaker, I am so grateful to Congresswoman LAWRENCE for taking the lead on supporting women in this country, for talking about inequities and always dealing with issues that affect those Americans who cannot speak here in these Halls.

Mr. Speaker, I yield to the gentlewoman from Michigan (Mrs. LAWRENCE) to discuss these issues with us.

Mrs. LAWRENCE. Mr. Speaker, I want to thank the gentlewoman from the Virgin Islands for her leadership. It is imperative that we use our platform as Members of Congress to highlight the crisis of mental illness.

So often when we talk about gun violence, it leaves the crisis of gun violence and goes to mental illness; but we have not, as America, taken the steps we need to take.

Black and African American communities, we are seeing 13.2 percent of the U.S. population who are identified as Black or African American; of those, 16 percent has a diagnosed mental illness in the past year.

I had a friend of mine, she is a therapist, and we had a roundtable in the community that I hosted on mental illness. The T-shirt she wears, says: ''I'm an African American. I go to church. I believe in God. And I see my therapist.''

So often in our community you hear the words, ''just pray about it and God will fix it.'' But you don't say that to someone who has heart disease. Yes, we pray and, yes, we believe in God, but we also must get the healthcare we need. Mental health is an issue that we are facing.

And when we talk about women, we just had this amazing, informative dinner tonight, and the stress, the abuse, the separation, and they were giving us examples: at 3 in the morning, hearing the weeping and crying of women who have not seen their children, would just love to put their arms around them, those who are in prison and have no clue why they are in there, and to have the guards tell them that they have to perform sexual acts if they want to see their children, and if they fail to do it, they deny them access.

When these women come out of prison, they are broken and they are wounded. And the major issue that we need to confront, when you talk about women surviving and their mental health, the number one criteria for a woman to be reunited with her children is housing.

If a woman has been imprisoned, she has no income. She comes out homeless. She is living in a shelter, and she cannot provide the housing, and so she is still not joined together with her child. And she is confronting her children, being a free woman, who are crying, saying: Mommy, when are we going to go home together again?

And another issue, think about in Washington, D.C., a two-bedroom apartment, and the law requires that, if you have a boy and a girl, you have to have at least a three-bedroom apartment. Can you imagine the costs? And how can a woman afford that?

We have so many historical issues that have impacted the socioeconomic resources, the economic resources, that there are disparities by African Americans today. The socioeconomic status, in turn, is linked to mental health.

People who are in prison, people who are homeless, incarcerated, or have substance abuse problems are at a higher risk for poor mental health. And putting people who are mentally ill in prison has become the norm in America.

Instead of us stepping up and using our ability to provide mental health, we incarcerate. And we see the victims of people with mental illness killing people through gun violence, and all we do is have a moment of silence, and we talk about, well, we knew something was wrong with them.

We heard a parent on the TV, because we just had another shooting, and he was saying: I tried to get help and no one would help me. I knew my son was mentally ill. I cried out.

We must change this in America.

I thank the gentlewoman so much for giving us an opportunity to bring this voice and, hopefully, shake America awake to this issue. We have so much work to do. We need to see our physical doctor, and we need mental health, as well, in America.

Ms. PLASKETT. Mr. Speaker, I would like to also acknowledge the work that another Member of Congress, MAX ROSE, does in mental health related to veterans. We know so many of those veterans are, in fact, African American, coming back home after having served this country, facing already racial disparities, facing issues of race in America, as well as the trauma of what they have been through in serving us.

We are grateful for that support to those veterans so that they can sustain themselves, get back to being productive in this country. I want to thank the gentleman for that work that he has done.

But I just want to close with letting people know about some statistics and then giving them a charge.

According to the American Psychiatric Association, African Americans are less likely to receive guideline-consistent care, less frequently included in research, and more likely to use emergency rooms or primary care rather than mental health specialists. Only one in three African Americans who need mental healthcare receive it.

Plaguing issues of poverty, mass incarceration, and financial hardship have increased mental illness and suicide in the African American community.

I just want to give people a charge: Start the conversation about mental

health with your peers. Show compassion. Do not be judgmental. Your language matters.

Advocate, if not for yourself, for your family, for your community. Write down all the things that make you upset, for example, media, police brutality, poor perception/narrative of African Americans. Write it down and embrace your voice.

In the Black community, more people promoting solidarity are talking about their struggles publicly, but we need more people to share their experiences. We are at our best when human connection and connectivity happen. Share your story.

I thank the men and women who, across the Nation, are fighting to end the stigma, do the research, and make mental health treatment more accessible in the Black community, including our own, in the Virgin Islands, Dr. Janis Valmond, deputy commissioner for health promotion and disease prevention, who has provided a lot of the information I had tonight.

The Congressional Black Caucus uses this Special Order hour to let America know what is happening in our community.

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

Ms. JACKSON LEE. Mr. Speaker, I thank my Colleague Congresswoman PLASKETT for anchoring tonight's Congressional Black Caucus Special Order on Mental Health.

Mental health includes our emotional, psychological, and social wellbeing. It affects how we think, feel, and act.

It also helps determine how we handle stress, relate to others, and make choices.

Those experiencing mental health problems can have difficulty thinking, experience mood swings or inappropriate emotional reactions to everyday events, and behavior or engagement with others could be affected.

Many factors contribute to mental health problems, including: biological factors can include individual brain chemistry; traumatic life experiences, such as the sudden death of a loved one, involvement in a major accident, traumatic experiences during times of war or as a consequence of serious illness; family history of mental health problems.

People can experience different types of mental health disorders, such as: Uncontrolled anxiety, behavioral, eating disorders (anorexia, and bulimia are two frequently cited problems); substance abuse; mood problems such as overwhelming feelings of sadness, personality changes; psychotic behavior, and suicidal thoughts.

African American adults are 20 percent more likely to experience mental health issues than the rest of the population.

25 percent of African Americans seek treatment for a mental health issue, compared to 40 percent of white individuals.

The reasons for this drop off include misdiagnosis by doctors, socioeconomic factors and a lack of African American mental health professionals.

Adult African Americans living below poverty are three times more likely to report severe psychological distress than those living above poverty.

African Americans are less likely than white people to die from suicide as teenagers, African American teenagers are more likely to attempt suicide than are white teenagers (8.3 percent v. 6.2 percent).

The number of professionals that provide mental health care:

Only 6.2 percent of psychologists,

5.6 percent of advanced-practice psychiatric nurses,

12.6 percent of social workers, and 21.3 percent of psychiatrists are members of minority groups.

According to the National Association on Mental Illness (NAMI), only 3.7 percent of members in the American Psychiatric Association and 1.5 percent of members in the American Psychological Association are Black.

African Americans of all ages are more likely to witness or be victims of serious violent crimes.

Exposure to violence increases the risk of developing a mental health condition such as post-traumatic stress disorder, depression, and anxiety.

African American children are more likely than other children to be exposed to violence, which can have a profound, long-term effect on their mental health.

Some African Americans even see mental illness as a punishment from God.

Up to 85 percent of African Americans describe themselves as ''fairly religious'' or ''religious,'' and they commonly use prayer to handle stress, according to one study cited by the American Psychiatric Association.

Nationally, suicide is the 10th leading cause of death among all Americans—over 47,000 people died by suicide in 2017.

On average, there are 129 suicides per day.

In 2017 there were an estimated 1.4 million suicide attempts.

From 1999 through 2015, 1,309 children ages 5 to 12 died of suicide in the U.S.

Suicide is the third leading cause of death among Black youth (Suicide is the second leading cause of death among all youth just behind accidental deaths).

A report published in the JAMA Pediatrics, found that the rate of suicide for Black children ages 5 to 12 died by suicide exceeded that of White children.

A study in the Journal of Community Health showed that suicide rates among black girls ages 13 to 19 nearly doubled from 2001 to 2017. For black boys in the same age group, over the same period, rates rose 60 percent.

Black youth are about half as likely as their White counterparts to get mental health care.

Trauma and Suicide: Among urban males, PTSD is associated with increased suicide attempts.

African Americans living below poverty are three times more likely to report serious psychological distress than those living above poverty.

While African Americans are less likely than white people to die from suicide as teenagers, African American teenagers are more likely to attempt suicide than are white teenagers (8.3 percent v. 6.2 percent).

Less than 2 percent of American Psychological Association members are Black/African American, some may worry that mental health care practitioners are not culturally competent enough to treat their specific issues.

African Americans are 10 percent more likely to experience serious psychological distress than their white counterparts.

70 percent of youth in State and local juvenile justice systems have a mental illness (While just 14 percent of all youth under 18 in the U.S. are Black, 43 percent of boys and 34 percent of girls in juvenile facilities are Black.).

Incarcerated youth die by suicide at a rate 2 to 3 times higher than that of youth in the general population.

The LGBTQ+ community is 4 times more likely to die by suicide than their straight peers.

The 2015 U.S. Transgender Survey found 40 percent of respondents had attempted suicide in their lifetime—nearly nine times the attempted suicide rate in the United States population at large.

The Trevor Project estimates that more than 1.8 million lesbian, gay, bisexual, transgender, and queer youth seriously consider suicide each year.

The frequency and intensity of bullying that young people face are astounding:

1 in 7 students in Grades K–12 is either a bully or a victim of bullying.

90 percent of 4th to 8th grade students report being victims of bullying of some type.

56 percent of students have personally witnessed some type of bullying at school.

71 percent of students report incidents of bullying as a problem at their school.

15 percent of all students who don't show up for school report it to being out of fear of being bullied while at school.

1 out of 20 students has seen a student with a gun at school.

282,000 students are physically attacked in secondary schools each month.

15 percent of all school absenteeism is directly related to fears of being bullied at school.

According to bullying statistics, 1 out of every 10 students who drops out of school does so because of repeated bullying.

Suicides linked to bullying are the saddest statistic.

David Ray Ritcheson was a victim of adolescent bullying. He was bullied, beaten and tortured nearly to death because of his race. He spent 3 months in a hospital as a result of his injuries and underwent more than 30 surgeries to repair his battered body.

His courage in the face of such violence was reflected in his willingness to come before Congress to tell his story. His courage inspired members of Congress to pass the Matthew Shepard and James Byrd, Jr. Hate Crimes Prevention Act which became law. [Public Law No: 111–084].

Negative attitudes about mental illness often underlie stigma, which can cause those suffering from mental illness or their families not to seek help or deny clear symptoms of mental illness.

The stigma of mental illness may cause the mentally ill to delay treatment, experience job discrimination, lead to the loss of employment, loss of housing, or cost personal relationships, and undermine successful recovery of those with mental illness or substance abuse.

To overcome stigma, we need to avoid using generic labels such as ''retarded'' or ''the mentally ill'' and terms like crazy, lunatic, or slow functioning.

According to the Behavioral Risk Factor Surveillance System, most adults (88.6 percent) agreed with a statement that people are generally caring and sympathetic to persons with mental illness.

Adults with mental health symptoms (77.6 percent) agreed that treatment can help them lead normal lives.

However, only 24.6 percent of those surveyed who had mental health disorders believe that people are caring and sympathetic to persons with mental illness.

Psychiatrists advise that emphasizing abilities and not limitations, when talking about someone who has a mental illness is important for the self-esteem of the mentally ill.

Everyone has strengths that are not related to a mental illness, and these should be the focus of those seeking help for the mentally ill in their lives.

We have to change cultural and socially acceptable language and behavior toward the mentally ill—mental illness is nothing to laugh at or make light of.

Mental health care disparities exist due to:

1. Reluctance and Inability to Access Mental Health Services impacts the care of African Americans.

Approximately 30 percent of African American adults with mental illness receive treatment each year, compared to the U.S. average of 43 percent. Here are some reasons why.

2. Distrust and misdiagnosis

Historically, African Americans have been and continue to be negatively affected by prejudice and discrimination in the health care system.

Misdiagnoses, inadequate treatment and lack of cultural competence by health professionals cause distrust and prevent many African Americans from seeking or staying in treatment.

Socio-economic factors play a part too and can make treatment options less available. In 2017, 11 percent of African Americans had no form of health insurance.

3. Provider Bias and Inequality of Care

Conscious or unconscious bias from providers and lack of cultural competence result in misdiagnosis and poorer quality of care for African Americans.

African Americans, especially women, are more likely to experience and mention physical symptoms related to mental health problems.

For example, they may describe bodily aches and pains when talking about depression.

A health care provider who is not culturally competent might not recognize these as symptoms of a mental health condition.

Additionally, men are more likely to receive a misdiagnosis of schizophrenia when expressing symptoms related to mood disorders or PTSD.

Members of minority communities often experience bias and mistrust in health care settings.

This often leads to delays in seeking care.

Those seeking mental health services, must be informed on how to best determine the best person to provide them with care.

Key factors should include whether the mental healthcare providers have:

Cultural Competence in Service Delivery

Culture—a person's beliefs, norms, values and language—plays a key role in every aspect of our lives, including our mental health. Cultural competence is a doctor's ability to recognize and understand the role culture (yours and the doctor's) plays in treatment and to adapt to this reality to meet your needs.

Cultural competence is important because cultural competence in mental health care results in misdiagnosis and inadequate treatment.

African Americans and other multicultural communities tend to receive poorer quality of care.

To improve the chances of getting culturally sensitive care patients should go directly to a mental health professional because this is their area of expertise, if they do not feel comfortable right away, a primary care doctor is a great place to start.

The primary care doctor might be able to start the assessment to determine if a patient has a mental health condition or help refer them to a mental health professional.

When meeting with a provider, ask questions to get a sense of their level of cultural sensitivity.

No person seeking help should feel bad about asking questions.

Health care providers expect and welcome questions from their patients since this helps them better understand the patient and what is important to them.

Some of the essential questions that should be asked are:

Have you treated other African Americans?

Have you received training in cultural competence or on African American mental health?

How do you see our cultural backgrounds influencing our communication and my treatment?

How do you plan to integrate my beliefs and practices in my treatment?

The answers to these questions should inform the patient seeking medical care.

Its is also important for the patient to know the clues that indicate that the medical professional may be biased in how they communicate with the patient regarding their medical condition.

There have been tremendous advancements in medical care that include therapies and medications that allow persons with serious mental health conditions to lead productive and full lives.

The Affordable Care Act takes a positive step forward to address the issue of mental illness and access by making it a requirement that all healthcare plans contain care for mental illness and substance abuse.

Because of the health care law, for the first time insurance companies in the individual and small group market are required to cover mental health and substance abuse disorder services as one of ten categories of essential health benefits.

Additionally, health insurance providers must cover mental health and substance abuse services at parity with medical and surgical benefits (which means things like out-of-pocket costs for behavioral health services must generally be comparable to coverage for medical and surgical care).

The Affordable Care Act expands mental health and substance abuse disorder benefits and the parity created by the law protections approximately 60 million Americans by assuring coverage.

The Affordable Care Act is one of the largest expansions of mental health and substance abuse disorder coverage in a generation.

As part of the White House roll out of the Affordable Care Act a $100 million commitment to improve access to mental health services was announced.

The Affordable Care Act is providing $50 million to assist community centers provide more mental health services. The Department of Agriculture will provide an additional $50 million to finance rural mental health facilities.

The health care law requires most health plans to cover recommended preventive services like depression screenings for adults and behavioral assessments for children at no cost to consumers.

In the State of Texas it is expect that 5,189,000 people will have access to mental health and substance abuse assistance programs.

Post-traumatic stress disorder is a psychiatric disorder that can occur following the experience or witnessing of a life threatening event, such as military combat, natural disasters, terrorist incidents, serious accidents, or physical or sexual assault in adult or childhood.

PTSD, one of the most prevalent and devastating psychological wounds suffered by the brave men and women fighting in far off lands to defend the values and freedom we hold dear.

A suicide bomber, an IED, or an insurgent can obliterate their close friend instantaneously and right in front of their face. Yet, as American soldiers, they are trained to suppress the agonizing grief associated with those horrible experiences and are expected to continue on with the mission. And carry on they do, with courage and with patriotism.

PTSD can cause problems like: Flashback or feeling like the event is happening again; Trouble sleeping or nightmares; Feeling alone; Angry outbursts; and Feeling worried, guilty, or sad.

The fact of the matter is that most veterans with PTSD also have other psychiatric disorders, which are a consequence of PTSD.

About 30 percent of the men and women who have spent time in war zones experience PTSD.

More than half of all male Vietnam veterans and almost half of all female Vietnam veterans have experienced clinically serious stress reaction symptoms.

PTSD has also been detected among veterans of other wars.

Estimates of PTSD from the Gulf War are as high as 10 percent.

Estimates from the war in Afghanistan are between 6 and 11 percent.

Current Estimates of PTSD in military personnel who served in Iraq range from 12 percent to 20 percent.

We need to ensure that no soldier is left behind by addressing the urgent need for more outreach toward hard to reach veterans suffering from PTSD, especially those who are homeless or reside in underserved urban and rural areas of our county.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. HORSFORD (at the request of Mr. HOYER) for today.

SENATE BILL REFERRED

A bill of the Senate of the following title was taken from the Speaker's table and, under the rule, referred as follows:

S. 2099. An act to redesignate the Sullys Hill National Game Preserve in the State of