single step possible in the here and now to care for those battling ALS.

116TH ANNIVERSARY OF THE UNITED STATES SUBMARINE FORCE

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

Mr. LAMALFA. Mr. Speaker, just the other day, April 1, marked the 116th birthday and anniversary of the United States Submarine Force. This is the date the U.S. Government accepted the USS Holland, which is SS–1, into the U.S. Navy, again, in 1900.

This was pointed out by a good friend and a great patriot and veteran of the Submarine Forces, Jim Gibson of Redding, California, who has served on several different submarines and is a main organizer of the USS Cuttlefish, a veterans submarine group that does many events up in northern California. He pointed that out to me, and I want to acknowledge, again, the great work of our veterans of those subs and what they mean for the security of our Nation.

So happy 116th to the United States Submarine fleet.

A TALE OF TWO CITIES

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

GENERAL LEAVE

Mr. MURPHY of Pennsylvania. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on the subject of my Special Order.

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

There was no objection.

Mr. MURPHY of Pennsylvania. Mr. Speaker, this is the tale of two cities—not the tale about the cities, but about two examples of America's great embarrassment and failure to treat a brain disease called mental illness, especially serious mental illness. It is also a tale of Congress' repeated failure to address this.

Despite the cries of millions of Americans to do something about it, what we here in Washington tend to do when we hear of another tragedy that has occurred somewhere in the Nation, the tragedies we know by the names of Sandy Hook Elementary School, or Columbine, or Aurora, Colorado, or Tucson, or Santa Barbara, what Washington tends to do is we have a moment of silence. But the people want and Members of Congress want moments of action, not moments of silence.

Let me elaborate on this tale. In this building, the U.S. Capitol, back in the 1990s, two police officers were killed when Russell Weston came into the Capitol seeking a red crystal and ended up shooting these police officers. Under his diagnosis of paranoid schizophrenia, he was pushed, with his delusions and hallucinations, to take action. It ended up in tragedy.

There was also recently, over the break, another man, Larry Russell Dawson, who has been seen around this Capitol and has once, allegedly, disrupted proceedings in this Chamber and, allegedly, also suffers from some level of mental illness. When he was entering the Capitol Visitor Center, a pistol was seen going through the x-ray. When he grabbed that pistol, police officers shot and wounded him.

First of all, it is amazing to me that people did not die. We know that the entrance to the Capitol Visitor Center is a highly secure environment with many, many Capitol Police officers. These brave men and women who put themselves between danger and Members of Congress and the public showed tremendous restraint and judgment at that moment.

I might add that, many times, when a mentally ill person has a conflict, a violent conflict with a police officer, where they may be reaching into their jacket or may be pointing a pistol or approaching a police officer with a knife, it is estimated between a quarter and a half of those mentally ill people involved in a police encounter end up dead. That is a few hundred each year.

Though that is the tale in Washington, D.C., why are we dealing with mental illness as a violent threat instead of in treatment? We deal with it because, in this Nation, sadly, when someone with mental illness has reached that level or they become violent, we call the police.

The rules are, which we will look at tonight: prevent people from getting treatment; we do not have enough providers; we don't have enough places to put people, so we call the police.

Now, I should start off by saying the mentally ill are no more likely to be violent than the non-mentally ill; except when you look at those with serious mental illness such as schizophrenia, bipolar, and other illnesses such as that, they are 16 times more likely to engage in an act of violence than someone who is in treatment.

Again, a person who is seriously mentally ill and not in treatment is 16 times more likely to engage in an act of violence than someone who is in treatment.

On the West Coast, in Seattle, another tragedy was brewing. A man named Cody Miller climbed a tree, a giant sequoia tree in downtown Seattle, and it created something of a furor.

First, I want to read parts of an article that appeared in The New York Times on March 29 that describe this to show you how out of touch we are as a society when dealing with mental illness.

It said: ''For more than 24 hours last week, Cody Lee Miller perched in a giant sequoia in downtown Seattle, pelting people and cars with pine cones and tearing off branches.''

Investigators were investigating how much it would cost, using some ''complicated formula that goes far beyond the value of natural beauty,'' the article said.

''A Seattle tree expert . . . said Mr. MILLER caused $7,800 in damage, according to court documents released this week. Investigators took into account the tree's age, its potential life span and how much of its lush foliage was denuded.

''The formula, created by professional foresters, goes like this. The trunk is 34 inches in diameter at breast height, an investigator's report said. The tree has a '95 percent species rating,' a '100 percent condition rating' and a 100 'percent location rating' . . . The sequoia's pre-damage value was put at $51,700. But after Mr. MILLER's arboreal escapade, the tree lost 15 percent of its value, the documents show, and is now worth only $43,900 . . .'The damage to the tree was extensive,' the report said.

''Mr. MILLER was charged on Monday with first-degree malicious mischief and third-degree assault. He was also ordered to stay away from the tree by observing 'no unwanted contact' ''—I repeat, ''by observing 'no unwanted contact' '' with the tree.

Now, the story goes on to describe trees and sequoias, but not until the very end of the article it mentions Mr. MILLER's mother, Lisa Gossett. She said that she had not talked to her son for some 5 years. She saw it on the news and she barely recognized him.

See, what was happening is Lisa Gossett and her daughter sat in their Alaska home watching this clip of the man perched in the tree. With their hearts broken, with tears streaming down their faces, Lisa and her daughter soon came to realize they were watching their son and their brother become the latest Internet mockery of a mentally ill person.

You see, when Cody Lee Miller climbed this 80-foot tree and sat there for 25 hours, he was sporting a bushy beard and ragged clothes, and most Americans were amused by this and they called it #manintree. It was an international viral story overnight. But this was no joke; this was no prank. This was the culmination of untreated mental illness that, once again, our society turned into a joke.

And we wonder why there is a stigma, when newspapers like The New York Times write a mocking story like that towards a man who has a disease. Would they have written an article like that if it was about someone with cancer or diabetes or AIDS or any other disease? My guess is no. But somehow, in our society, it is okay to mock a person who is suffering from schizophrenia.

When he was younger, he was clean-cut and rambunctious, loving and happy. Those are the words his friends used to describe him. At a young age, he was diagnosed with attention deficit hyperactivity disorder; however, other than excess energy, like any child, he didn't sport any behavioral issues. But then, 6 years ago, his mother began to notice an unusual shift in her son's behavior as he grew increasingly paranoid.

Let me note here that serious mental illness, about 50 percent of the time, emerges by age 14, and 75 percent of the time by age 24. It is very, very difficult to predict; although, we have now indicated some 108 genetic markers of schizophrenia and bipolar illness. Still, the issue is many parents have a loving and caring child, then something changes.

□ 1945

His behavior changed when Lisa would find knives stored under her son's pillow. And when confronting Cody about her discovery, he would simply respond: It is just to keep us safe.

As time passed on, Cody's mental instability progressed. He refused to enter certain stores downtown. When making an exception, Cody would cover his face with a hood, convinced people were constantly staring at him.

Following this enhanced paranoia came the emergence of night terrors and constant crying and shouting for his mother during the night. Cody would shriek in fear of the ''evil presence'' surrounding him.

This worrisome behavior continued to escalate as Cody spiraled out of control. He could be found walking down the street in high socks and clown glasses spreading deer bones on the road.

He hit a man with a flat tire and began to have dreams of killing his grandmother, going so far as setting her wood shop on fire. At that point, his grandmother said she could no longer handle him and sent him out.

He was caught in the revolving door of the United States' embarrassing and shamefully broken mental health system. He was constantly shuffled between homelessness and incarceration.

Lisa pleaded for others to help her son and appealed to the Alaska's Governor's office, mental health evaluators, and probation office for assistance.

But despite her efforts, Lisa's attempts to get her son proper treatment seemed hopeless due to the bureaucratic morass that is our mental health care system, which is not really a system at all.

She was sidelined from helping her son due to the inefficient system and forced to sit by and watch as Cody eroded over time.

We pretend in our own deluded state that all the seriously mentally ill are fully aware of their symptoms and welcome treatment. The fact is many don't.

Forty percent of individuals with schizophrenia and bipolar disorder don't even recognize that the delusions and hallucinations are not real. This is a medical condition called anosognosia.

Anosognosia is also something you see in people with dementia or Alzheimer's or stroke. It is very real. The person is not aware of their own problem.

But somehow we come up with this anthropomorphism which says, well, they can decide for themselves. They cannot decide for themselves when they don't even know who they are, that they exist, or what planet they are on.

They see things differently. They hear things differently. They smell things differently. They encode information differently into their brain. They process it and recall it differently. So for us to say that they just don't want treatment is a fool's errand on our part.

Can you imagine if we said that, again, to someone with cancer? ''You don't understand your disease.'' Diabetic? ''We are going to dismiss you.''

What if a person clutched his chest in a heart attack and laid unconscious in the street? Would we tell that person ''We are not going to help you until you wake up and tell us to treat you''?

Worse yet, will we say to that person ''We are not going to treat you until you are an imminent danger of killing yourself or killing someone else''? No. But that is what we do with the mentally ill.

The Energy and Commerce Committee's Oversight and Investigations Subcommittee that I chair had a couple-year study paving the way for my bill, the Helping Families in Mental Health Crisis Act.

With 187 cosponsors from both sides of the aisle, my bipartisan measure addresses the shortage of psychiatric beds, clarifies HIPAA privacy laws so families can be allowed to have some compassionate communication and be part of frontline care, and it helps patients get treatment well before their illness spirals into crisis.

My legislation has been endorsed by dozens of publications and newspapers, including The Washington Post, The Seattle Times, The San Francisco Chronicle, The Wall Street Journal, and the Pittsburgh Post-Gazette.

Each day I hear from countless families from across the country that we are experiencing a mental health crisis, and they are counting on our efforts to bring positive changes to the mental health system. We cannot let these families down. Lives are depending upon it. We cannot wish this away, and denial is not a treatment.

But let me tell you what Americans have to say about this because, as we are dealing with this issue, Americans are wondering why Congress is not acting. Why is Congress being so passive? Why aren't we doing what we need to do?

I want to tell you about a story that I posted on my Facebook page and this picture that I posted as well.

This is Cody Lee Miller in court. Look at his hair. Look at his beard. This is a man that obviously has not been taking care of himself.

He is in shackles on his ankles and his wrists, chained at his waist, and led by two police officers wearing their purple gloves so they are not at risk of infection while a judge sits in the background. This is a man who was diagnosed with schizophrenia being treated like a criminal.

Now, I wrote on my post this: ''Friends, you really can't make this stuff up.''

A man who is diagnosed with paranoid schizophrenia, #ManInTree, ''who desperately needs psychiatric care is brought in shackles before a judge because he has been charged with first-degree malicious mischief and third-degree assault. What was the outcome? The judge ordered him to stay away from the tree, but he first needs to make his $50,000 bail.

''Just look at this picture and tell me our mental health system isn't a mess. It is unbelievable. Recall that for 24 hours last week, Cody Lee Miller remained atop a giant sequoia tree in downtown Seattle. Since that time, there has been a greater outpouring of concern over the tree than the plight of this young man who is so clearly in the throes of a psychotic break.''

I make reference here to that article from The New York Times being far more concerned about the tree than a human being.

I wrote further: ''He is ordered to have 'no unwanted contact' with a sequoia, yet no concern about getting him into treatment. Such a sad indictment against an abusive system that would order no contact with a tree, yet remains silent on getting the mentally ill into care.

''Cody's mom talks about his downward spiral and has made it her mission to be a voice for families who desperately want to help their loved ones but are blocked by Federal and State laws that make it impossible to help mentally ill family members. Meanwhile, Congress is still stalling my Helping Families in Mental Health Crisis Act, H.R. 2646.''

This posting must have hit a nerve. Members of Congress follow Facebook pages and Twitter, and we have our social media. Many times when we post something we may hear from a few thousand people. As of a few minutes ago, this posting has led to 1.8 million hits on my Facebook.

What is also compelling is, as sad as this story is about this man treated like a prisoner, like a common criminal, instead of getting treatment, are the heart-wrenching comments made by the families. I want to read some of them to you. These are people from around the world, really, who have commented on what is happening here.

Holly Huntley Perron wrote: ''I agree with Cody's mom. The real culprits are

the State and Federal laws that prevent loved ones being able to help family members in trouble.''

By that I reference laws which say that, unless you are in imminent danger of killing yourself or someone else, no one is going to force you into treatment or laws that say, if this person says that they don't want help, you can't make them get help, or if the person in the midst of a delusion says: Don't tell my mother or my father because they are a part of the CIA or they are a Martian and they are planting thoughts in my brain, the doctors cannot tell the family members when is the next appointment, what is the medication, what is the diagnosis, and how should they treat him. They may say to take him home when the family says: What should I do?

We have heard of cases where the doctor says: We can't tell you because he doesn't want us to. But the family says: But I am taking him home. What should I do? We can't tell you.

One family member has said to the doctors: Let's just have a supposition. Just pretend that there was a case where someone with schizophrenia is going to my house. What should I do? And they say: We are not going to tell you.

These go on to happen where family members may be in court pleading in tears with the judge: Tell me where my son is. Tell me where my daughter is. Where is my father? My mother? My brother? My sister? Tell me so I can do something with them.

A caseworker may be sitting in the courtroom knowing full well where the person is and knowing there are problems, but they say: I can't tell you.

Because we believe their delusions are a reality, that they somehow have a right to be sick instead of a right to be well.

James Sobczak wrote: ''My guess is that he will get some mental health services in jail. Evaluate him and see if they can petition him to a psychiatric hospital. This is a process.''

Here is the problem. When we take the mentally ill people into jail, 80 percent of them get no treatment. Eighty percent of people taken to jail get no treatment.

And of those in jail, 40 to 60 percent of those in jail have some level of mental illness and many are severely mentally ill. What happens instead is a person is 10 times more likely to be in jail than in a hospital if they are mentally ill.

Once there, they don't get treatment. They oftentimes are subjected to abuse by other prisoners. They may get in fights with prison guards and then charged with another crime.

Because of all these problems, a person with mental illness tends to serve a sentence four times longer for the same crime than a person without mental illness. When you discharge them, they don't get treatment. So they get involved in this revolving door.

But why? Why, in heaven's name, is jail the right place to send someone with a brain disease? Why is it that Congress doesn't wake up?

Instead of passing so many silly bills all the time, we are willing to let people continue to die, by the way, at a rate of about 10 people an hour.

Last year in the United States 41,000 deaths by suicide, 45,000-plus deaths by drug overdose, somewhere between 200 and 500 deaths of a mentally ill person confronting a police officer.

Thousands—and we don't even know accurately how many—are people who are homeless and die. One person in Los Angeles died every day who was homeless. And about 200,000 of these homeless people are severely mentally ill people.

But we have gotten ourselves accustomed to stepping over them, to ignoring them, and to treating them as an invisible class that doesn't exist and somehow saying that that is what they want to be when they are not even aware. We think it is comfortable for them to live in filth and squalor.

If you add the numbers up, the total number of mentally ill who died last year in this country, it is probably well over 85,000, maybe 100,000, maybe 120,000.

I might add that even that lowest number is far greater than the total United States' combat deaths in the entire Korean war and Vietnam war combined for the length of those wars.

In 1 year in America, that is how many died, and what we do here is we throw them in jail or, quite frankly, many of them die in jail as well.

Another comment. Jim Holden wrote: ''The 'system' is the problem. We can't help these people because 'personal choice' is championed over their health and well-being. People on the streets need to be a danger to themselves or others before we can offer much-needed help. As a social worker I have always found this frustrating.''

Another woman, Jilly Aliska White, writes: ''My brother-in-law was just arrested for doing something during a psychotic break from his textbook schizophrenia. My husband's mom thinks he is finally going to get the help he needs now that he is in the system. Yeah. Right. He is not going to be any better off. They don't give a rat's when they can just shuffle him through the corrections system. It breaks my heart to explain this to them but look at the track record of them 'helping.' ''

Deb Smith writes:

Unfortunately, our jails and juvenile centers have become mental health facilities. While a person has mental health problems, they also may commit crimes for which they can be arrested and held. This is a very difficult and often a very dangerous situation for everyone involved. It is never as simple as get them treatment, nor is it as simple as just set them free if they commit a crime. The judge has to look at all sides, including the safety of both sides, but for the individual and the citizens in the community and what risk the person may have of further harm to himself or others if released.

Cindy Irvin writes: ''There is still a shame and embarrassment about mental illness that totally we don't understand. And then you have the people who believe that mental illness is a myth. Until these attitudes change—probably by some respected celebrity having a psychotic break—mental health care will stay in the shadows.''

Beverly Di Mele wrote: ''The problem is the mentally ill have rights, and if they choose not to seek treatment, they have that right. The treatment given to them prior to 1970s was forced and inhumane. They were locked up for decades, medicated, isolated, and restrained. This doesn't happen much anymore, thank God. They had procedures done on them like prefrontal lobotomies and were subjected to shock therapy. It was cruel and unusual treatment for humans that didn't happen to see the world as 'normal' people did. How would you like to see this treatment forced on your parent, child, or loved one?''

I agree with most of that. We don't want those treatments again, except, when she writes ''This doesn't happen much anymore, thank God,'' she is wrong. We should never allow again to bring back our asylums with its horrendous treatment.

But we have gone from a time of 550,000 psychiatric hospital beds in this country in the 1950s to less than 48,000 now. In the 1950s, the population of the United States was 150 million. Now it exceeds 316 million.

There are about 10 million people with severe mental illness, and 40 percent of them—4 million or so—don't have any treatment. And what happens to them is they go to jail.

When we closed these asylums, people didn't all of a sudden get better. Some got better because of medication. But we traded that psychiatric hospital bed for the prison cell. We traded that psychiatric hospital bed for the emergency room gurney when a person is given a five-point tie-down and sedation.

We traded that psychiatric hospital bed for the streets and subway grates for the homeless, and we traded that psych bed for the county morgue where many of them die as paupers waiting to be claimed.

Lori Welander writes: ''I suffer from major depression and had to do 10 days in jail. While there, they refused to give me my antidepressant medications. This seems to be the norm in my county's jail. It is pretty sad. This man needs people who care about humanity, not to be treated like this.''

Rhoda Robinson Brown writes: ''How about when our addicts beg the judges for treatment and get put into prison for years? Most think at least when they are in prison they won't be able to use drugs. Ask any addict that has been in county prison how easy it is to still get drugs. You will have people say they don't want their tax money paying for an addict's treatment. Don't they realize it costs more to keep them

in prison for years? Our justice system is so broken.''

□ 2000

Indeed, a study done in Arkansas for their legislature found that it cost 20 times more to put a person with mental illness in jail than in an outpatient treatment—20 times more.

Listen to this one. Sylvia Blanchard writes:

As the mother of a bipolar son, my heart goes out to his family because there is no hurt that hurts as much as watching someone you love have this happen in their own life. My son passed away 3 years ago, and I still ache. I have a child who is in the same situation. He needs mental help, then he needs to get treatment to deal with issues in his life that he ignores and uses drugs to hide from it. In and out of jail almost each week. Nothing a parent can do when it's an adult child. So sad for our system. All States need to look at what Ohio Governor did with his State to turn mental health and drug abuse around.

Heidi Meyer writes:

This all stems from a bigger problem in that there are too few beds in mental health facilities for children. There is nowhere to get help for them when they're young and it just leads to messed up adults.

This is a problem caused by the Federal Government. I told you that we have too few psychiatric beds. One of the biggest culprits of that is Medicaid. For people who are low-income between the ages of 22 and 64, if you have a psychiatric problem—I can't make this nonsense up, it is true—a person cannot go to a private psychiatric hospital with more than 16 beds.

So where do they go?

They put them in an emergency room, they put them in a general hospital psych bed, thinking they are going to save money.

But here is what happens. If a person is in a psychiatric hospital bed, it costs about $500 a day. If they go to an emergency room, it could be $3,000 or $4,000 a day. If they go to a general hospital psych unit, it could be $1,000, $1,200, $1,400 a day.

The State of Missouri actually did a study on this and found it saved 40 percent of Medicaid dollars by allowing people to go where the care is to a psychiatric hospital to understand that medications can work.

I yield to the gentleman from Georgia (Mr. CARTER) on this issue of medications to elaborate on this. BUDDY CARTER from the First District of Georgia, from Savannah, Georgia, knows well what medications can do when properly prescribed and properly followed to help treat someone.

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, as the gentleman has stated, this is a serious problem. This is a problem that I have dealt with as a professional pharmacist for many years. I have dealt with it in my retail setting in my pharmacies, as well as a consultant pharmacist in a long-term care facility in skilled nursing homes. I have seen the advances that we have made in medicine over the years. I have seen us go from only having the original antipsychotics, Haldol, which was always accompanied by a prescription for Cogentin to mask the side effects that the Haldol was going to have. I have seen the evolution of the atypical antipsychotics, which, while they do have some side effects themselves, are nowhere near the side effects that the original antipsychotics had.

I do thank the gentleman for bringing this important issue to light, and I do have a few comments that I would like to make.

First of all, medication plays a major role in the treatment for many mental illnesses. With the growing burden of mental disorders worldwide, pharmacists are ideally positioned to play a greater role in supporting people with a mental illness. There is a growing amount of evidence to show that pharmacist-delivered services in mental health care help address the barriers that are hurdles for the broader mental healthcare team.

Pharmacists have three roles they can play in helping our country address the mental health crisis.

First, pharmacists can play a major role in the multi-disciplinary teams addressing health care and can support early detection of mental illness. With more pharmacists coming out of school with greater clinical experience, pharmacists can work in new roles, such as in case conferencing or collaborative drug therapy management.

These new roles would also benefit from increased pharmacist involvement, such as the early detection of mental health conditions, development of healthcare plans, and follow-up of people with mental health problems.

Secondly, pharmacists can play a role in supporting quality use of medicines and medication review, strategies to improve medication adherence and antipsychotic polypharmacy, and shared decision making.

Pharmacists would have a large impact regarding medication review services and other pharmacist-led interventions designed to reduce inappropriate use of psychotropic medicines and improve medication adherence.

Finally, pharmacists can help address barriers surrounding the implementation of mental health pharmacy services with a focus on organizational culture and mental health stigma.

Over the years, the relation between the pharmacist and the physician has become more collaborative and cooperative. With this new relationship, pharmacists can work with physicians to develop strategies to change the attitudes and stigma surrounding mental health.

As my colleague from Pennsylvania, Representative MURPHY, continues to fight for this cause, I hope he will consider me and the profession of pharmacy as a friend and collaborator so we can fight to end the mental health crisis in this country.

Again, I want to thank the gentleman for yielding me this time and for bringing this most important subject to light.

Mr. MURPHY of Pennsylvania. Mr. Speaker, I thank the gentleman for his comments and his dedication to this issue.

Mr. Speaker, I yield to the gentleman from Oregon (Mr. BLUMENAUER), who has been absolutely steadfast in his compassion and caring for this. Also, it shows a bipartisan nature of our legislation. He has been instrumental in helping me understand other aspects of this. We made a number of modifications to this bill and will continue to work on these issues together, so I thank my friend.

Mr. BLUMENAUER. Mr. Speaker, I thank Mr. MURPHY. I appreciate his courtesy in permitting me to speak with him this evening.

The Sun is setting on our Nation's Capitol. Many of our colleagues have returned to Washington, D.C. They are at dinner, they are with their families, they are meeting with their constituents. I appreciate his being here on the floor this evening to highlight a critical area that he has been so committed to and has worked on so hard because it is something that each and every American needs to address and needs to focus on because we are all in this together.

I will say that earlier in my career as a child State legislator, I was part of the deinstitutionalization movement. It made a lot of sense. As my friend has said, we have had over a half million institutional beds. Some of the conditions were not what they should have been. Some of the treatment certainly is nothing that we would accept today.

The notion of allowing people to be helped in a deinstitutionalized setting made sense for a lot of people. It is sad to say we didn't do a good job of implementing it. The institutionalization worked if we were there supporting the people who were deinstitutionalized with medication, with counseling, and with housing. And sadly, when we hit some choppy waters economically in my community and others around the country who followed what was in theory a good model, we found that there were too many people out on their own.

Sadly, today, we can see evidence of the failure to do deinstitutionalization right on the streets of virtually every community large and small from coast to coast.

I appreciate his efforts to help refocus the Federal partnership. Certainly there is a role for State and local government, there is a role for the private sector, and there is a role for individuals and families. The Federal Government provides resources, provides a framework, provides a legal setting, and we need to make sure that the Federal framework reflects the lessons we have learned and the realities today.

I have been pleased that he has been so patient with me and others who

have carried to him some of the questions and concerns that we have picked up from people in our communities who care about it. He has tackled an area that is complex, it is controversial, and there is room for give and take. I feel in the hours and hours that we have talked about this exchanging information, I have seen that he has done just that. He has drilled down, he has listened, he has incorporated, he has asked more questions, and I appreciate that because I think he is establishing a framework here with a number of our colleagues on a bipartisan basis that will enable this Congress to be able to make real progress that is long overdue.

In my community, we are going to open a facility in September. We call it the Unity Center. It is a collaboration between four major hospitals to have a place where we can take people with mental problems out of emergency rooms where they can't be appropriately treated and where it is costly. All we can do is stabilize them, and then turn them back out on the street until their condition deteriorates where they pose a problem to themselves and others.

As he has referenced, too much of our mental health service in this country is to be found behind bars. That is not the appropriate setting. It is not cost effective and it is not humane.

We are making a small step in our community where these institutions have come together and have established a memorandum of understanding. They realize they are still going to lose money, but they are not going to lose as much. They are going to be able to give better care to a population that is very much in need.

I am hopeful, Mr. Speaker, that we will be able to, as a result of the work that he is doing with this legislation and others who he is working with, that we will be able to focus that Federal partnership yet this year, to be able to have more assistance to our communities to make sure that the Federal programs are tailored to the needs of today and the experience that we have acquired.

I am hopeful that we will be able to develop more tools for one of the most important ingredients in this equation, and that is the families who are too often prevented because of the regulatory framework we have. Some of this is understandable, but it shouldn't be a barrier for families who, in some cases, are the only people who really know the individual, who care about them, and who are equipped to be a vital partner with the mental health system.

I look forward to further progress. I look forward to bringing back to you more information from Portland, Oregon, where we are going to have another round table discussion with concerned individuals in government, in the medical profession, and advocacy groups to make sure that the input from my community is completely reflected in this.

Let me just say how much I appreciate his time and his effort, being a partner with him in this. I am looking forward to seeing the result before the final gavel comes down on this Congress.

Mr. MURPHY of Pennsylvania. Mr. Speaker, I thank the gentleman from Oregon, and truly my friend.

I think when people look at Congress and wonder if people can work on issues in a bipartisan way, I am sure if someone looked at our voting record on other issues, we would probably be a bit different. That is okay. What still stands is that we are able to come together with a common issue.

I have no idea if this man is Republican, Democrat, registered to vote, nor should that matter to us. I have never asked a patient in my 40 years of practicing. I know he is the same way, too. We do this because compassion dictates. Sometimes we are our brother's keeper, and we need to do the right things.

□ 2015

I do value your input on this bill. We have made a number of modifications. I know that, in committee, Democrats have offered several amendments which I want to incorporate and which look at specific funding for a number of things. We need more psychiatrists and psychologists. We just have to have them. We have to put money into that. We need more programs in there. We need to bolster community mental health services. We need to make sure that there is oversight over what States are doing with those dollars in order to make sure they are putting dollars into effective programs and not into frivolous ones. That is one of the roles Congress has is to be the watchdog over that.

I am proud to say, in front of the Nation, that you have been awesome in this, and I want to continue to work with you. We will solve this will issue.

Mr. BLUMENAUER. If the gentleman would yield, I just want to say that one of the areas that is most contentious deals with when people, like the gentleman that you have pictured behind you, are going to be compelled to have treatment. You have been open to being able to refine the protections to make sure—and this is something that varies across the country—that under the auspices of your bill that we have appropriate safeguards to make sure that the rights of the individual are respected but that we acknowledge the fact that, in some cases, the right for people to self-destruct is illusory.

Mr. MURPHY of Pennsylvania. Exactly.

Mr. BLUMENAUER. It is dangerous to them; it is dangerous to society; and it is heartbreaking for their families.

I have appreciated our conversations on that, going back and forth, and what you have tried to do to be able to make sure that the balance is struck. I am confident, before we are through, that we can make sure that the other areas that require that give-and-take can, in fact, be met. I would like to thank you for allowing me to speak on behalf of it, and I look forward to the next steps.

Mr. MURPHY of Pennsylvania. I thank the gentleman.

Mr. Speaker, what the gentleman is referring to is also something called assisted outpatient treatment. That is a program whereby 45 States and the District of Columbia—maybe 46 States now—have this. When people have a history of incarcerations, of arrests, of violence and when they are not in treatment, a judge protects their rights and may review their cases in terms of saying they can be put in inpatient care. If the judge says they do not meet the standard of imminent danger of harming themselves or someone else, assisted outpatient treatment is what may be warranted for them, which means the judge simply says: You are going to stay and continue to take your medication. You will continue to see your therapist and work on this.

That being the case, when New York State did this, it found a reduction in incarcerations and homelessness by some 70 percent. It was pretty dramatic. It found satisfaction by over 80 percent, and it found costs go down by 50 percent.

It is something on which we in Congress need to continue to work. We did pass legislation, which puts the appropriations of $15 million to help States do that, but we have a long way to go. It is a long way to go based upon what I said. I think it is 1,820,000 people so far who have commented. They have seen this on my Facebook page and have commented on it. I want to read some more comments—some heartbreaking lessons—people are making.

One is by the name of Kari Butler, who wrote on my Facebook page:

> They are falling through the cracks. Easier to just put them in jail with high bail. They do make medication for people like him, my nephews, which is to say one is in jail now since November—no release until August—mostly because he didn't follow up like he was supposed to. The prosecutor did a mental evaluation on him to see if he could withstand court, and he concluded he could; but something is not right here. He has assaulted officers and has been tased three times and has not been affected. Five police officers, it took, to get him into the back of a car. They tased him in Walmart—once in front of the whole store.

On it goes. There are many people with mental illness out there.

This person writes:

> I don't believe public servants have been trained properly to treat mental illness. I don't know what to do to help people who get the help they need to be productive.

One might say one of the aspects of our bill is to provide training for police officers—what is called emergency treatment for them. When police officers have been trained in that, we have actually seen—and the police officers like this, too—that they can quickly identify, if this is a mentally ill person

in crisis, what they can do to deescalate the situation and prevent it from becoming harmful or deadly.

Here is another point that has been written by Amethyst Lees:

First off, the health system is horrible, and I worked inside a mental institution and saw firsthand what it is like. Depending on where I was, the people were not getting their needs met or were being ignored. I even saw an incident where a man was waiting for 15 minutes for two staff members to stop talking about football just to ask for some ice. He never got his ice because he lashed out for being ignored, and, of course, he was restrained in a chair for an hour for getting angry.

Marianne Kernan writes with regard to Cody Miller:

Talk to him. Our mental health system is shameful. I know, as I work daily with this population, many times, their treatment is inhumane. Some with dementia or Alzheimer's wouldn't be treated this way if they had a break with reality. It is a sad commentary on our lack of knowledge of dealing with serious mental illness.

Here are some more stories.

Angie Geyser writes:

My 13-year-old daughter, Morgan, was in police custody for 19 months before she finally received treatment for her schizophrenia. We had to pursue a civil commitment to make it happen. Now she is back in juvenile detention where she has no access to the outdoors and is not allowed to have physical contact with her family. The treatment of the seriously mentally ill by the criminal justice system is appallingly inhumane.

Frede Trenkle writes:

Two weeks ago, a stranger that I have been married to for 13 years came into my home, sprayed me with pepper spray, took a knife out in front of my two kids, and threatened to cut his throat. The police took him away and put him in a mental health hold. I chose not to press charges and just requested that he get help. This was his second hospital stay in a month. The hold was supposed to be for 7 days. Four days later, he got out, and I am sure because he had a plane ticket out of the State. He convinced someone out there that I was the threat. He denied ever having a knife. He manipulated the system. I received abusive texts before I changed my phone number and he sent terrible emails. I only wish he could get the help he desperately needs wherever he is, but because of the unchecked mental illness, I now have two beautiful girls, without their father, and both needing their own mental health counseling. How do we help our system on all ends?

Another woman writes:

If you want people like this young man to get help, we all need to be okay with paying more taxes and closing privatized prisons. The prison system has become the dumping ground for the pervasive mentally ill.

Another one writes:

My uncle has schizophrenia. He disappears for months at a time. I worry constantly about him being hurt by law enforcement. He was living 50 miles away, in the woods, on his father's property, in a camper, and was threatened with a gun by a neighbor because he was walking in the fields, talking to things only he can see. The cops were called, and they showed up with weapons drawn. Then they took him away and locked him up for a month. He is only 32, but the police assumed he was on drugs. He was having a psychotic episode. There is not enough education in the judicial system about mental illness, and innocent people are being killed through the ignorance.

Another woman writes:

My question is this: As the mom, where should we direct the young people with schizophrenia? Hospital care is effective, but it seems to be temporary: 6 months in and 2 years out; repeat. Has anyone found or used or heard of any successful treatment going on at treatment facilities?

The answer is yes. Actually, one of the programs in H.R. 2646, the Helping Families in Mental Health Crisis Act, is for something called RAISE, Recovery After an Initial Schizophrenia Episode. We have learned that, since schizophrenia and bipolar illness and severe mental illnesses are emerging in adolescent and young adult years, if one gets to someone early, with a low dose of medication, with proper evidence-based treatment, the prognosis is much, much better; but when we don't treat someone, every time someone has what the lay public calls a nervous breakdown or a psychotic break—a crisis—we have to understand that, over time, these lead to neurological damage. These are not harmless episodes. This is not just someone who gets upset. This is a real psychiatric disorder that comes from the brain and leads to problems, and that is why we see these problems grow.

Here is someone who doesn't quite understand the problem. A woman by the name of Julie writes:

I am very much against the families of mentally ill patients having the power to put their loved ones away against a patient's will. Let the doctors determine if the patient has a problem, not the family. Often, the family just doesn't want to deal with the illness, so they want the person to go away.

Someone by the name of Robin Duffey writes:

Julie, you don't know what you're talking about. There are more of us that do care, but because of the mental health laws, we are unable to make decisions for very sick family members. People with schizophrenia don't realize they are sick. They think their hallucinations are real, along with the commanding voices they hear. So how can such an ill person make a logical decision to get the help they need? The answer is: they can't. The doctors have to follow the laws that are in place, which is they cannot recommend committing a person unless they are an immediate threat or danger to someone or themselves. Yes, Julie. There are some families that don't want to be bothered, but I was not one of them. I highly recommend you to do research on the subject before you spout your ideas. Read the Federal and State laws.

Indeed, that is what we are trying to do with H.R. 2646.

There are a couple of thousand more comments on my Facebook page, Mr. Speaker, and I certainly ask people to go and read them. They are heartbreaking. They are horrifying. They are tragic. They are true. They go on and on because our Nation refuses to acknowledge this.

Until we pass this bill and start making changes—we can predict it—in the time that I have been speaking here, there have been several more suicides; there have been more homicides; there have been more mentally ill people whom we have abandoned; there have been people who have had chronic illnesses and who have died, because the people with serious mental illness, for multiple reasons, tend to die 10 to 25 years sooner than the rest of the population because of the fact that 75 percent of those with mental illness have at least one chronic illness, 50 percent have at least two chronic illnesses, and a third have at least three chronic illnesses. I mean things like heart disease, lung disease, infectious disease, diabetes. They get sick and they, oftentimes, are not treated. Many times, they don't seek treatment. We let them go in this slow-motion death spiral and ignore them.

We have closed the hospitals. We have put them in prisons. If they are out of control and if the police bring them to the emergency room and if there are no beds available, they tie them down to the gurney, where they may wait for days—or weeks, in some cases—where they are, perhaps, given some sedative—a chemical straightjacket, if you will—to calm them down. That is not treatment. That is abusive. That is our Nation that is doing it, and Congress is culpable in this because we refuse to act.

Once again, there will be a tragedy somewhere. I shudder to think—and I hope it is not anybody here who is injured—that, somewhere out in America today, this is going to happen. Once again, we will gather for a moment of silence; the gavel will come down; and we will go back to our regular order of business. It is sad and it disgusts me, but that is what we face: all of this closing of hospitals and not opening up community mental health; Medicaid's saying you can't see two doctors in the same day; Medicaid's saying you can't go to a hospital with more than 16 beds; HHS' saying we can't tell parents anything, so they are left in the dark; the Substance Abuse and Mental Health Services Administration, which funds programs that teach people to make collages, to do interpretive dances, to get off their medication, to make masks and other things that have nothing to do with serious mental illness.

We need to change the system, and that is what H.R. 2646 does. It takes that office of SAMHSA and changes it so that the director of it is the Assistant Secretary of Mental Health and Substance Abuse. That person needs to be a doctor or a psychiatrist who is trained, either an M.D. or an osteopath or a psychologist, but someone who understands the field and not just someone who is saying: Well, let's just do these other ''feel good'' programs.

The city of New York just did this, too, where the mayor put up hundreds of millions of dollars for programs that were, supposedly, for the mentally ill. They weren't for the mentally ill at all. They were programs like parks and bike trails and ''feel good'' programs to

help people with sadness, not to deal with depression and serious mental illness.

How long can we continue to fool ourselves?

As for this whole idea that says ''leave it up to them if they want to choose; don't provide them the help; make it the most difficult for those people who have the most difficulty,'' all of this, Mr. Speaker, is more commentary and evidence of the grand experiment of stopping all treatment under the misguided, self-centered, and projected belief that all people who are mentally ill are fully capable of deciding their own fate and direction, regardless of their deficits and disease, and that they have the right to self-decay and self-destruction, which overrides their right to be healthy. The most fundamental, dangerous, and destructive hidden undercurrent of prejudice is the low expectation that your disability is as good as it gets.

□ 2030

The shift to consider changes in how we treat severe mental illness is the pendulum that needs to swing the other way. The grand experiment has failed in closing down all the institutions and care and stopping all treatment and not allowing community mental health.

It is a principle that operated under the misguided, self-centered belief that people are always fully capable of deciding their own fate, regardless of their deficits and disease, and the right to self-decay and self-destruction overrides this right to health.

In so doing, we have come to comfortably advocate our responsibility to action and live under this perverse redefinition that the most compassionate compassion is to do nothing at all.

It further bolstered the most evil of prejudices that the person with disabilities deserves no more than what they are. Under that approach, no dreams, no aspirations, no goals to be better can even exist.

Indeed, to help a person heal is a head-on collision with the bigoted belief that the severely mentally ill have no right to be better than what they are and we have no obligation to help them.

This is the corrupt evil of the hands-off approach in the antitreatment model, and that perversion of thought is embedded in the glorification that to live a life of deterioration and paranoia and filth and squalor and emotional torment trumps a healed brain and the true chance to choose a better life.

This is the movement of hatred and stigma toward the mentally ill disguised as the right to let them be sick. That hatred may be embedded in our own anger, our own resentment, and one's own past experiences projected as blame or misattribution of the lives of others or maybe our own fear and loathing of the mentally ill. Either way, the outcome is tragically the same.

So we can have more moments of silence or we can have times of action. I hope the Energy and Commerce Committee picks this up.

I hope that more Members of Congress will sign on as cosponsors of H.R. 2646, the Helping Families of Mental Health Crisis Act. The day that bill signs into law, it will begin to save lives. It will begin to make a difference in people's lives.

Of all the other things we do down the road here for images or to push polling—I can tell you this, that the polling on this bill is in 70s and 80s. As politicians, we think, wow, if something polls at 55 percent, vote for it.

My concern is: Will America wake up and look toward Congress here and say: When we had a chance to do something to save lives, did we act, or are we once again just caught up in moments of silence?

Thomas Jefferson said something along the lines of: ''Indeed I tremble for my country when I reflect that God is just and His justice cannot sleep forever.''

We are in that same position now. We can either have the courage to stand up, take action, and help the mentally ill or we can sit in silence. I hope this Chamber soon takes up H.R. 2646, the Helping Families in Mental Health Crisis Act.

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

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise in support of H.R. 2646, the Helping Families in Mental Health Crisis Act. Thank you to Congressman TIM MURPHY for hosting this important special order to discuss our country's current mental health system.

For more than two years now, I have worked with Congressman MURPHY on H.R. 2646, a bipartisan piece of legislation that has garnered support from patients, caregivers, psychiatrists, psychologists, law enforcement, and even editorial boards. As two of the few mental health providers serving in Congress, our bill reflects not only what we have learned in our own careers, but feedback from stakeholders, families, organizations, other members of Congress, and addresses many of the policies that we can change now to help patients struggling with severe mental illness and substance use disorders.

An amended version of H.R. 2646 passed the Energy and Commerce Subcommittee on Health in November of 2015. Since then, there has been no action. I have continued to talk with members of my community about mental health issues and they demand action.

It is now April of 2016 and we must move forward on the issue of mental health. The American people expect, deserve, and demand it. H.R. 2646 takes a strong step forward in mental health reform. As days pass with no action, people are denied beds, denied care, and are floating through the pervasive cycle of mental illness without attention. Everyone deserves care. I truly hope that my colleagues will work with me to pass this bill for the sake of those who truly matter.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 3340, FINANCIAL STABILITY OVERSIGHT COUNCIL REFORM ACT, AND PROVIDING FOR CONSIDERATION OF H.R. 3791, RAISING CONSOLIDATED ASSETS THRESHOLD UNDER SMALL BANK HOLDING COMPANY POLICY STATEMENT

Mr. STIVERS (during the Special Order of Mr. MURPHY of Pennsylvania), from the Committee on Rules, submitted a privileged report (Rept. No. 114–489) on the resolution (H. Res. 671) providing for consideration of the bill (H.R. 3340) to place the Financial Stability Oversight Council and the Office of Financial Research under the regular appropriations process, to provide for certain quarterly reporting and public notice and comment requirements for the Office of Financial Research, and for other purposes, and providing for consideration of the bill (H.R. 3791) to raise the consolidated assets threshold under the small bank holding company policy statement, and for other purposes, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 2666, NO RATE REGULATION OF BROADBAND INTERNET ACCESS ACT

Mr. STIVERS (during the Special Order of Mr. MURPHY of Pennsylvania), from the Committee on Rules, submitted a privileged report (Rept. No. 114–490) on the resolution (H. Res. 672) providing for consideration of the bill (H.R. 2666) to prohibit the Federal Communications Commission from regulating the rates charged for broadband Internet access service, which was referred to the House Calendar and ordered to be printed.

DEMENTIA AND ALZHEIMER'S

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

Mr. GARAMENDI. Mr. Speaker, my colleague just finished a very good recitation of the problems of mental health. I am going to pick up another piece of this issue which has to do with dementia and Alzheimer's, which I believe the gentleman spoke to very briefly during his presentation.

I thank him for his concern and for the work that he has been doing these many years on this profoundly important issue of brain health.

My role tonight will be kind of working off the previous presentation and taking it just a little bit in a slightly different direction, and it has to do with dementia and Alzheimer's, which is obviously a rather important issue.