

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.

I want to just put up a couple of placards here to try to demonstrate the overall nature of this problem. One way to look at it is just in terms of the numbers, and the numbers are staggering.

The number of people: Right now in America, there are about 5.1 million Americans with Alzheimer's. We expect that number to grow not just because the baby boomers are moving into their older years, but also because of the growth of the population and the increasing incidence of Alzheimer's.

If you look at this chart, you can see it growing over the years so that, in about 2050, we expect to have 13,800,000 Americans with Alzheimer's. It is not just an issue with individuals who are suffering, whose lives are seriously disrupted. It is a serious issue for the financing of this Nation.

If you look at this, you can see this line of growth in the number of Americans with Alzheimer's and you can see the ever-rising cost. These are not inflated numbers. These are constant dollars over the years.

So when we reach 2050, not too many years from now, we are going to see an extraordinary expense of nearly three-quarters of a trillion dollars annually spent with the Medicare-Medicaid budget.

Now, many, many people on this floor are concerned about deficits. We all are. The deficits are driven by many issues: the ever-increasing cost of programs, new programs, increasing military expenditures, the growth of Medicare, Social Security, and the like.

Well, Alzheimer's is the single biggest budget issue within all of those programs. Under the Medicare-Medicaid programs, it is going to explode—you can see what we are looking at here—from \$153 billion in 2015 to three-quarters of a trillion, \$735 billion, in the year 2050. This will bust the budget.

Many of the deficits that we are so concerned about, in fact, that are in play today, as this House has been unable with our Republican majority to fashion a budget and all of the disruptions that that creates and then the ongoing appropriation process, which is delayed and made rather confusing as a result of not having a budget—inherent in that debate is the ever-increasing cost of Medicare and Medicaid.

Well, why is it increasing? Well, largely it is increasing because of these types of illness, such as Alzheimer's. You can see here what we are looking at, almost a \$30 billion increase in just the next 4 years—or 3 years, actually.

So no wonder we are unable to get control of our budgets and our appropriations here when we are faced with this inexorable increase in an illness that affects every family in America.

It has affected my family. My mother-in-law spent the last 3 years of her life living with my wife Patty and I in our home where we took care of her. We were fortunate enough to be able to have a day nurse come in. But then in the early morning and on through the

evening and night, my wife and I were responsible for caring for my mother-in-law.

It was a duty that we found to be very worthwhile. It was a duty that brought our family together in close relationship as we watched this illness take hold of a lovely lady, a very smart, very capable woman who became ultimately an invalid and died of this disease.

It is not unique. Millions of families across this Nation are taking care of their husband, wife, mother, father, and mother- or father-in-law as Alzheimer's creeps into their family's life.

Now, this problem can be addressed. We know there is a solution. This is not a hopeless case. Five years ago, if I were standing here, I would probably say that this is simply hopeless and we are going to be faced with these costs no matter what happens. That is not the case today, not at all, because today research is having an effect.

Let me show you what research has done on other illnesses that plague Americans and, indeed, humans around the world:

Breast cancer: Well, we have had an enormous increase in breast cancer research. We have seen a 2 percent decline in the number of deaths from breast cancer.

Similarly, we have looked at other cancers, like prostate cancer, and we have seen an 11 percent decline in the deaths from prostate cancer.

Heart disease: There is an enormous amount of money going into heart disease, less than for cancer, but, nonetheless, an enormous amount of money. We have seen a 14 percent decrease in deaths from heart disease as a result of treatments that are now available. Research money led to those treatments.

Stroke: There is a 23 percent decline in the number of deaths from strokes. Again, research money into heart disease, into diseases of the circulatory system, have resulted in very, very significant decreases in the deaths.

HIV/AIDS: Dramatic. There has been an enormous amount of money spent into research of HIV/AIDS. The result? There has been a 52 percent decrease in the deaths from HIV/AIDS.

So we know that, if we spend money on research, we will see a decline in the death rate from those illnesses.

Alzheimer's disease: In 2015, we spent just over 20 percent of the amount of money on researching Alzheimer's disease as we did on heart disease and on cancer. So don't be surprised with this chart.

There is a 71 percent increase in the death rate from Alzheimer's. There is a relationship here. There is a relationship between the investment that we make in research and the resultant increase or decrease in the disease.

In the case of cancer of nearly all kinds, we have seen a significant and, in many cases, dramatic decline in the death rate from those cancers.

In the case of heart disease, similarly, money spent on research, on

more effective treatments, and on drug treatments has resulted in a very significant decrease in strokes and other heart disease issues.

HIV/AIDS is the most dramatic where, again, research is leading to better lives, longer lives, less death and less cost.

Alzheimer's? No. No. In 2015, we spent just over \$500 million.

Is there a lesson for us here? You bet there is. Here is the lesson: You invest up front. You invest up front with research.

I want to thank the President. I want to thank the Members of Congress and the Senate, who, in this current year's appropriation, 2016, have added another \$300 million to the Alzheimer's research program.

Let me put another chart up here. Alzheimer's spending, research versus treatment: In 2015, Medicare and Medicaid will spend over 261 times as much on treatment as the NIH will spend on research toward a cure.

So, in 2015, a year ago, we spent \$153 billion on treating—this is Medicare and Medicaid, not private insurance, not money out of individual pockets—we spent \$153 billion of your Federal tax money on caring for Alzheimer's. That was 261 times the amount of money spent on research.

□ 2045

Now, let's see, let's be accurate here because we did have an increase, as I just said. We have actually spent \$936 million in 2016 on Alzheimer's research. So this 261 times is significantly less now. But we are not at the goal. We are not at the goal that we want to have in place for the treatment and the care of Alzheimer's.

The goal of the Alzheimer's Association is to raise the amount of research money to the level of about \$1.5 billion. It is anticipated—and I will explain why this is a sound anticipation—it is anticipated that if we were to be able to spend that amount of money in 2017, keeping in mind that we are now just under a billion dollars for research, but if we bring it up another \$500 million to \$1.5 billion, if we were to do that, it is anticipated that by 2025—that is just 9 years from now—we would see a dramatic change in the incidence of Alzheimer's.

Many people would not be suffering from it, and those who do would see the onset of Alzheimer's pushed back into their later years so that they would be able to live a better, more sound, mentally sound life and more productive life and, for the taxpayers of this Nation, a significantly reduced amount of Federal support through Medicare and Medicaid.

How much does it amount to?

So if we spent that \$936 million this year and in the next year ramp it up another 200 and in the following year another \$300 million so that we get to the goal of \$1.5 billion of research in the years between now and 2020, we would see a dramatic reduction and a

dramatic improvement in the lives of Americans, much better lives.

If this were available to my mother-in-law, perhaps she would have been able to live another 2, 3, 5 years without the onset of Alzheimer's. And what would that mean to the quality of her life as well as to her family's?

So let's assume that the research pushes back the onset of Alzheimer's by 5 years, so that in 2025 what would we see?

Well, for Medicare and Medicaid, we would see in the years 2025 to 2030 a 121-billion-dollar reduction in the cost to Medicare and Medicaid to your taxpayer dollars, and from 2025 to 2030—that is 10 years of the new treatments being in place—we would see a half-trillion-dollar reduction in the cost of Medicare and Medicaid.

Now, this isn't pie in the sky. This isn't just wishful, hopeful thinking and a prayer and a song. This is a real possibility. Those of you who have been reading the press or listening to the television news programs over the last year, you will note a significant change from hopelessness to hope. Yes, hope. There is real hope that we will be able to attack this debilitating dementia Alzheimer's, that we will be able to delay the onset and quite possibly stop it, to cure it.

Now, that may be off into the future, but we are now gaining an understanding because of the research that is being done on Alzheimer's and much of the research that was discussed earlier in the discussion of mental health programs and research that is going on by the United States military as they attack the problem of post-traumatic stress and brain damage from the men and women who have served in the recent wars.

All of that research is coming together with an understanding of how the human brain works, what the elements are that cause the damage of mental health, schizophrenia, and post-traumatic stress, as well as brain damage, perhaps for the football players in the NFL and beyond.

So here is what we are going to do. We are going to fight this year to increase this funding from beyond \$236 million to just over \$1 billion. We know it is a tough budget year. We know that the Republicans have been unable to even come to grips to put together a budget, let alone increase the appropriations.

But where could money be better spent than on research that is actually moving forward toward an understanding of what Alzheimer's is and how the brain is attacked, how we can stall—not yet reverse, but stall the onset of the damage that occurs as a result of Alzheimer's.

We have seen it. You have seen the stories. We know that drug treatments that were once thought to be ineffective, treatments that were done in the mid-1990s didn't work, or so they thought. Then some statisticians looked at those results of those drug

trials and noticed something really important. They noticed that while the overall program didn't seem to work, they noticed that there was a subset of patients who were being treated by that drug, and they noticed that that subset was the early onset of Alzheimer's, and what they noticed was that that drug seemed to push back, seemed to hold steady that onset of Alzheimer's. Whoa, it was a eureka moment that maybe using drugs of that type applied early in the process would result in the delay, the arresting of the Alzheimer's onset.

That is what we are talking about here. If we are able to invest this money in research, we can see the probability that there are a series of drugs that do have an effect on the onset of Alzheimer's and seem to delay that onset.

Each year that goes by, what is the effect for the individual, for the family of the individual?

It means their life will be better. It means that the kind of stress, strain, and financial cost that is put on a family with Alzheimer's will be arrested. It will be delayed. Not 1 year, maybe 2 years, maybe 3, maybe 5 years. And the cost is enormous.

As I said before, if we are able to do this increased research over the next 3, 4, 5 years, working on those series of drugs that now seem to have an effect, we will be able in the years 2025 to 2030 to save you, the taxpayers, and us, the appropriators of your tax money, over \$120 billion in the years 2025 to the year 2030. In 5 years beyond that, that 10-year period, a half trillion dollars.

So if you are worried about the deficit—and we all are—if you are worried about how we are going to put together a 5-year budget, which is what we do, then look at this investment. If you are worried about the effect of Alzheimer's in your family or on yourself, there are 435 of us in this House and another 100 over in the Senate. Listen, one-third of us are likely to die of Alzheimer's in the years ahead. So if you don't care about the family, you don't care about Americans, care about yourself. One-third of us are destined. If you happen to be a female, the odds are even greater.

So what is this all about?

Well, we are somehow grappling with the budget, the 5-year budget. We can't seem to get it together. Enormous chaos on the side of my Republican colleagues about how to do it. The appropriation process is underway and totally stalled out until at least May 15.

There is a solution. A small investment, a very small investment, and then we can look at the long-term deficit. Then we can be in a position to improve the lives of Americans.

Oh, by the way, the money is available. The money is available. In the budget and in the appropriations we are putting together, we are ramping up so that over the next 20 years, 25 years, we are going to spend a trillion dollars—a trillion dollars—on a brand-

new nuclear arms race. We are going to rebuild all of our nuclear bombs. We are going to develop new airplanes to deliver those bombs, new satellites, new rockets, new cruise missiles, new submarines. A trillion dollars.

Well, I have got a better place to spend some of that money. I have got a better place to spend it, where the lives of Americans will be significantly improved, where the stress on families throughout this nation will be less, where the budgets of this country will not be busted, where this curve, where this curve will be flattened, where we will not in the year 2050 spend over a trillion dollars a year, a trillion dollars a year caring for people who have Alzheimer's. Three-quarters of that money is your tax money.

You can go back here, 2020, and start spending a couple of hundred million dollars, a couple of hundred million dollars on research, on promising treatments for Alzheimer's, and then beginning in 2025, watch this curve begin to flatten out.

Now, for me and for many of us in this room, we are not going to be out here in 2025, but our children and grandchildren will be, and they will be caring for us unless we begin to make these investments now in research.

So in the next couple of weeks, the men and women in purple will be here in Washington, D.C., as they do every spring, advocating for Alzheimer's research, for the caregivers, and for the families, and we ought to be paying attention.

The money is in the budget somewhere. All we need to do is to find it, move it from a few nuclear weapons over to research, delay the expenditure of a new ballistic missile or intercontinental ballistic missile, and spend it on something that affects every American every day of this year and every day of the years in the future, and that is Alzheimer's.

It is a good investment. It is an investment in the quality of life. It is an investment in our effort to reduce the deficit, and it is an investment in America's future.

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

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. DEFAZIO (at the request of Ms. PELOSI) for today on account of personal business in district.

ADJOURNMENT

Mr. GARAMENDI. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 8 o'clock and 59 minutes p.m.), under its previous order, the House adjourned until tomorrow, Wednesday, April 13, 2016, at 10 a.m. for morning-hour debate.