

However, there is hope with new medical advancement that could increase the lifespan and improve the quality of life for those living with Duchenne. A new drug was used in a medical trial where every participant was able to walk for 4 years after starting the treatment, and on top of that, there were no negative side effects. However, the FDA has yet to approve this new drug, even with such promising results.

Mr. Speaker, Duchenne muscular dystrophy is an awful condition that more or less guarantees a short life for those who live with it. Medical advancement is giving hope to those patients for a longer and a better life, but bureaucratic redtape is preventing those folks from accessing it. It is time for the FDA to remove those roadblocks and to move forward for a new, possible, life-improving treatment.

#### SALEM TOWNSHIP FIRST RESPONDERS

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

Mr. ROTHFUS. Mr. Speaker, on April 29, a natural gas pipeline exploded in Salem Township, Westmoreland County, Pennsylvania, immediately destroying one home, injuring a resident, and forcing the evacuation of a dozen other homes.

I rise to thank the first responders who selflessly and swiftly arrived on the scene:

Forbes Road Volunteer Fire Department Chief Bob Rosatti led incident command during the crisis, and he is to be commended for the tremendous job he did. In addition to Chief Rosatti's department, the following volunteer fire departments also responded: Slickville, White Valley, Export, Crabtree, Greensburg, Delmont, Hannastown, Grandview, New Alexandria, Jeannette, Harrison City, Washington Township, Saltsburg, Tunnelton, and Sardis.

These departments were joined by seven other local, county, and State agencies. The firefighters, police, and emergency teams who choose these selfless and courageous professions make our communities safer, better places to live, and for this, we should all be grateful.

#### THE IRAN DEAL

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

Mr. DeSANTIS. Mr. Speaker, Ben Rhodes from the administration said that the Iran deal would be the ObamaCare of the administration's second term. When I heard that, I thought, "Sheesh," because a lot of us don't think highly of ObamaCare. We don't think it has worked out well. We didn't think the Iran deal was going to

work out well. But now that actually has a deeper meaning.

ObamaCare was sold to the American people on a set of deceptions: if you like your plan, you can keep it; if you like your doctor, you can keep him; you are going to pay \$2,500 less per family for health insurance. Now, it turns out, so was the Iran deal.

They concocted a narrative—a false narrative—that, with the election of Rouhani, a moderate who really wanted to have an opening, this was a once-in-a-generation opportunity for America to seize this day and strike a deal with Iran—even though they are the world's leading state sponsor of terrorism—and bring peace to the world.

That was all false. This started before Rouhani was elected. He is not a moderate. This was a deal made in conjunction with Iran's hard-liners; and as we are seeing now with how they are behaving, it is benefitting Iran's hard-liners.

ObamaCare we can fix. It will be tough. But we may not be able to recover if Iran gets a nuclear weapon.

#### NATIONAL NURSES WEEK

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

Mr. GUINTA. Mr. Speaker, I rise to recognize National Nurses Week, a time to celebrate the contribution of over 3 million registered nurses around our country. They are our friends and neighbors who care for our loved ones and treat us when we are sick.

A nurse is usually the first person we talk to at the doctor's office, even first thing in the morning. A nurse may be the first person we meet in life. Increasingly, as the American population ages, nurses are filling larger roles.

In New Hampshire, especially rural regions, we need them more than ever. At job fairs I hosted in Manchester and Laconia, healthcare employers are scouring the State for help. I cosponsored the Home Health Care Planning Improvement Act to allow nurse practitioners to visit more patients at home.

Nurses are on the front lines of the heroin epidemic in the Granite State and around the country. Some are Members of Congress, putting their kindness, compassion, and understanding to work in government. During National Nurses Week, please thank a nurse for his or her contributions.

□ 1915

#### PUBLIC LAND ACCESS BY THE GO ACT

(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, the current process to obtain outfitter and

guide permits for hiking, hunting, and fishing exhibitions on our public lands for recreation events is too expensive and very complicated. Guides and outfitters should not have to navigate arbitrary rules, inconsistent practices, and unresponsive Federal agencies.

As a result, I have introduced the Guides and Outfitters Act, known as the GO Act, H.R. 5129, which will renew the authorization for these recreation permits while eliminating burdensome red tape.

This measure will also cap permit fees, ensure that fees are charged only for activities on the actual public lands, not on private lands, provides categorical exclusions for previously studied uses to reduce delays, and allows online applications.

The GO Act is consistent with my commitment to increasing public access to the public lands, making Federal agencies more responsive to the communities in which they operate and removing unnecessary bureaucratic red tape that keeps people off of their lands.

#### NATION'S OPIOID EPIDEMIC

The SPEAKER pro tempore (Mr. YOUNG of Iowa). Under the Speaker's announced policy of January 6, 2015, the gentlewoman from Massachusetts (Ms. CLARK) is recognized for 60 minutes as the designee of the minority leader.

#### GENERAL LEAVE

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

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

There was no objection.

Ms. CLARK of Massachusetts. Mr. Speaker, I would like to thank my colleagues for joining us this evening for this critically important discussion.

I thank the chairs of the bipartisan task force on the opioid epidemic for their leadership and tenacity in pushing reforms. I thank Congresswoman KUSTER and Congressman GUINTA.

This week the House will debate solutions to our Nation's opioid crisis. If there has ever been a time to put away partisan differences and ideological rhetoric, it is now. I am proud of the work of the task force in supporting bipartisan bills to help stem the tide of this epidemic.

This is a public health crisis that reaches into every community. It is an equal opportunity killer, without regard for age, gender, race, or economic background. It does not care if you are a Democrat or a Republican.

In Massachusetts, just last year we lost nearly 1,400 lives to this opioid crisis. Half of all of the deaths in Massachusetts of opioid overdoses involve heroin, but prescription opioid overdoses are also surging. Between

2013 and 2014, they increased by over 90 percent. In my State more than others, the epidemic is claiming the lives of our young people ages 25 to 34.

Too many parents are trying to save their child from opioid addiction's deadly grip, and they are counting on us for help. That is why we are here this evening—to do everything we can to save lives.

At the center of this debate are the families at home who speak out and bravely share their stories so no other parent has to endure the pain of losing their child.

Tonight I am thinking of Debbie Deagle, who I met in October during a town hall in Revere, Massachusetts. In front of a large audience she told the story of Stephen, her only child, who she lost to opioid addiction. In her words, she was inconsolable and it was difficult to make it through each day. She was also angry because not a month had gone by in the last 15 years she hadn't heard of somebody overdosing, but nobody wanted to talk about it and everybody was too ashamed.

Debbie talked about the shame her son felt. She described him as brilliant, her miracle child. She raised him as a single mother and, while it was hard, his beautiful life was a gift she cherished.

He was smart, witty, a songwriter, and a musician. He had a bright future. He had graduated with honors from St. John's Prep and went to Northeastern University, where he became a computer science major, which was his gift.

It was four impacted wisdom teeth his freshman year of college and the opioids that he took for pain that started him on his road to addiction. When his substance abuse disorder derailed Stephen's life, Debbie started reading blogs where people commented: They are only junkies. They should just cull the herd. That is what got her angry. She thought: These aren't animals. These are children.

On their own, Debbie and her son battled addiction, insurance companies, and the courts. In the end, it was a battle they lost. On January 8, 2015, Stephen Deagle passed away after his excruciating struggle with opioids, and his mother lived her worst nightmare saying goodbye to her only son.

When we asked Debbie if we could share her story, her request was simple: Please get Congress to do something. We deserve real solutions now.

So my request to this Congress is to listen to Debbie and the pleas of too many other moms like her. This crisis is an urgent calling for Congress to act and save lives.

This week we will have the opportunity to pass legislation that will give critical tools to address this crisis. Ultimately, however, we must also provide the financial resources to our State and local partners to change the course of this epidemic.

I thank you for all the work that is being done.

I yield to the gentleman from New Hampshire (Mr. GUINTA).

Mr. GUINTA. Mr. Speaker, I thank Congresswoman CLARK for yielding, and I extend my gratitude to her for joining me tonight in this Special Order.

I am also grateful for the opportunity to join bipartisan members—Republican and Democrat—from around the country to talk about heroin abuse, an increasingly deadly public health crisis.

Last year I joined with my colleague from New Hampshire, Congresswoman KUSTER, to create The Bipartisan Task Force to Combat the Heroin Epidemic. We strive to fight the tragedy of opioid addiction and fatal overdose from around the Nation.

Since its creation last October, our task force has grown to 80 members. Our growth and impact is a testament to the depth of the crisis and the focus of the Members of this body.

In my home State of New Hampshire, abuse and overdose claimed the lives of 430 people in 2015. To put that number in perspective, that is 1 out of every 3,000 residents died of an overdose last year. The CDC reports that, nationally, overdose deaths have tripled over the last 10 years.

I am proud of the work we have done so far to combat this epidemic. But as many struggling families and ailing communities know, there is much more work to be done.

A few weeks ago the Bipartisan Task Force to Combat the Heroin Epidemic proposed a legislative agenda. Our bills would assist law enforcement, treatment providers, and recovery personnel in their battle against the epidemic.

During this Heroin and Opioid Awareness Week, we will see our legislation come to the floor for a vote. I am pleased that my colleagues have tirelessly worked to protect our loved ones from this epidemic, and I am proud to cosponsor many bills coming to the floor this week, including the House response to the Comprehensive Addiction and Recovery Act.

To address the comprehensive nature of this epidemic, we must provide a comprehensive legislative package to bolster the efforts of those helping our communities.

I have filed several amendments to this package for this week. They will increase grants for medication-assisted treatments and long-term recovery.

I also have filed legislation that would reauthorize recovery court programs for 3 years, and I am grateful that my bill, the Good Samaritan Assessment Act of 2016, passed by suspension in the House earlier today. I hope this provision will be included in the conference report.

Very simply, these provisions are absolutely crucial to aiding those in need. My colleagues and I have committed to seeing the House of Representatives pass the strongest and most comprehensive plan possible.

I believe we will do our due diligence to pass this plan, go to conference with

the Senate, and put a bill on the President's desk before June.

Our plan is urgently needed. Nearly 129 people die every day from an opioid overdose. In my district and around the country, I hear from families and friends who know someone coping with substance use disorder.

We will only make a dent in this great challenge by listening to its victims. We need to hear fathers like Doug Griffin of Newton in New Hampshire's First District. His daughter, Courtney, fell victim to heroin abuse at just 20 years old.

Doug remembers Courtney as a bright, lively girl with a great sense of humor and a deep passion for life. She played music. She loved s'mores. Courtney told Doug she planned to become a marine and serve her country.

But 3 years later she was lost on the streets, in and out of rehab facilities. Prescription pills, fentanyl, and street heroin ensnared Courtney into a fatal web of addiction. She lost the will to live.

Because Courtney's pain was so great and because she had so few options for treatment, Doug says he and his family hid the truth from the outside world. To help others, they are speaking out now, just as this body is this evening.

Doug is courageously telling everyone he knows about the warning signs of heroin abuse and the deficiencies in our public response. Millions of Americans share Courtney's story and Doug's anguish. It is only by speaking out and sharing grief that we will remove the stigma preventing far too many from seeking help.

Tonight it is about telling the truth. It is about finding the solutions we need and why we need them. It is about putting political disagreements aside and cooperating for the common good, for the common good not just of our constituents, but our country.

As the House considers this vital legislation, I encourage my colleagues to listen to their constituents, hear their stories, share their struggles, and help them fight back. We could win this public emergency, and it starts this week with the comprehensive CARA legislation.

I thank my colleagues from both sides of the aisle for working so judiciously and in a manner that I think puts people ahead of anything else that this body is doing. I commend my colleagues, and I am honored to work with them on this legislation.

Mr. Speaker, I thank the congresswoman from the Commonwealth of Massachusetts just to the south of my district.

Ms. CLARK of Massachusetts. Mr. Speaker, I thank Mr. GUINTA.

Mr. Speaker, I yield to the gentleman from Connecticut (Mr. COURTNEY).

Mr. COURTNEY. Mr. Speaker, I thank Congresswoman CLARK for organizing this really important discussion here this evening.

The scope of the problem in terms of what is facing our Nation is pretty astonishing when you look at the statistics from the Centers for Disease Control.

In 2004, 7,000 Americans lost their lives to heroin overdoses. Fast-forward 10 years and that number is now over 27,000. Again, the statistics land in suburban America, rural America, and urban America.

But at the end of the day, behind every one of those numbers is a story of a human being and a family. That is why this discussion is so important tonight.

Next to me I have a chart showing the face of Justice Kelly, who is a 21-year-old from Tolland, Connecticut. Tolland, Connecticut, is the quintessential small-town New England community. It is about 5 miles from where I live. Her mother, Jennifer, moved there hoping that this was going to be a great community to raise her child, and she went through the public school system.

Battling depression, she fell victim to heroin addiction and for the last number of years has been battling this with methadone treatment in and out of facilities and programs.

Last summer she really finally went to her family and just begged them to get access to a long-term rehab program. Unfortunately, the waiting lists were months. The facilities in Connecticut, like so many other parts of the country, were full.

In August of 2015, when she again was in a predicament where she lost her asthma medication, the combination of suffering from asthma and a heroin overdose resulted in her being rushed to the hospital with an overdose condition.

The good news is that the folks at the emergency room were able to save her life. But as her mother said, "As we pulled into the parking lot of the ER, I knew at that moment I was losing her. All I remember from that moment on was being more scared than I have been in my entire life. I saw a whole team of people come outside and try and save my baby's life. I stood there helpless and alone. All I could do was look to God."

She now is in a permanent vegetative state, as the photograph next to me indicates, and there really are no signs of improvement.

Her mother went on to say, "They saved my daughter's life that day, but it's been a very hard journey. Justice's injury is so severe that the likelihood Justice will ever recover is very slim. More than likely, I will have to make the decision to bring my baby home with hospice."

This story shows that this problem extends far beyond even the fatalities. It also is going to leave people with chronic life-changing conditions, like this beautiful young girl from Tolland, Connecticut.

□ 1930

Mr. Speaker, this issue is now coming to the floor this week with a num-

ber of measures authorizing different changes and approaches to this program.

I want to, again, emphasize the fact that I come from the State with the highest per capita income, but even in Connecticut, people cannot find access to treatment beds. That is why at some point we have to bring this discussion to a higher level and realize that we need to get resources out to the communities so that law enforcement can at the front lines deal with this issue in emergency situations, so that we have treatment options for families like the Kelly family in Tolland, Connecticut, and so that we go upstream in terms of prevention and education so as to get to the root causes of the pathways to heroin and opioid addiction. This is going to require an all-hands-on-deck approach.

Yes, let's support the legislation that is coming forward this week, let's make smart policy changes, and let's authorize different programs. At the end of the day, we need to put our money where our mouth is in that we need to treat this like it is a natural disaster. As a Nation, we would instantly respond to a hurricane that is taking human lives at a clip much slower, in fact, than what is happening with the heroin opioid crisis.

Let's move forward with the \$600 million request for emergency supplemental funding, which is before the Appropriations Committee, so that we will not just talk about solving this problem but, again, put the resources out there so that the police, the addiction counselors, the treatment folks, and all of the families who are out there who are desperate for help will know that our country is going to treat this as the true crisis that it is and will know we will get the resources all across the country.

Again, I thank Representative CLARK for organizing this discussion. Jennifer Kelly, Justice's mother, thanks the gentlewoman for letting us have an opportunity to tell the story about her daughter.

As a Nation, let's move forward with all of the resources and good ideas because that is the only way we are ever going to come to terms with this problem and solve it.

Ms. CLARK of Massachusetts. Please extend our thanks to Jennifer's family for sharing that story, and I thank the gentleman for his advocacy.

Mr. Speaker, I yield to the gentleman from New York (Mr. KATKO).

Mr. KATKO. I thank the gentleman.

Mr. Speaker, during my 15 years as a Federal prosecutor in Syracuse, New York, I witnessed firsthand on a daily basis the devastating impacts of drug use, in general, and of heroin, in particular, and the terrible impacts it had on the well-being of our children, on the lives of those directly involved, and on the safety of our community. Tragically, the devastating impact of heroin and other opioids has gotten much worse in recent years.

As a Federal prosecutor, I have seen every possible drug known to man on the streets. I have never seen anything that has had the devastating effects that heroin has had on our communities. Literally, fatal incidents are happening on a regular basis.

One of my top priorities during my time in Washington has been to facilitate a community dialogue on this public health epidemic to discuss ways of treating and preventing addiction. At every forum, at every town hall, at every business I visit, at every hospital I visit, I hear from my constituents of the devastation this epidemic is inflicting on our communities. I hear tragic stories about friends or family members succumbing to heroin addiction. I hear from medical workers and first responders about the strain this epidemic is placing on their resources. I hear stories of pain and loss, and I want to share a few of those with you to illustrate what I am talking about.

During the course of the six town halls I have conducted or have participated in throughout my district over the last several months, we have routinely heard of the stories of victims. In particular, families have told of the loved ones they have lost. One individual really caught my attention. They all caught my attention, but this one was pretty devastating.

Morgan Axe was a beautiful young woman and a great athlete—just a great kid overall—who battled addiction with heroin for several years. At 24 years old, she became pregnant and she stopped taking heroin completely in order to protect her baby. She stopped taking any drugs that would have helped her with her cravings, and she was doing great. At the fifth month—at 5 months of being clean—a boyfriend thought it would be a good idea to give her a dose of heroin. We have the telephone records to show it. She took that heroin and she died, as did her baby.

Her mother had to come to that forum and talk about this. I applaud her for the openness with which she talked about it, for the pain that she shared with us, and for the lessons that can be learned from this. It can happen to anybody. It is not an inner city drug. When we were growing up, we used to think of heroin users as individuals who would be under a bridge somewhere or in an alley, but that is not the way it is. It affects those in the suburbs, the wealthy, the poor, and everyone in between.

I have one other quick story. When I was renting my congressional office, the individual who was showing me the office had a sad look in his eye. He began to tell me the story about his daughter, who was the Final Four MVP for the NCAA Junior College Lacrosse the year before. She died of a heroin overdose because she got into heroin after that championship.

It is an epidemic with enormous consequences, and it is getting worse. The epidemic of addiction is claiming the

lives from every age, class, and race, like I mentioned. I know that society doesn't like to talk about drugs, addiction, and overdose, but this is a problem that we can no longer ignore, and it is one that we must absolutely, positively, address. The scourge must be stopped.

I am absolutely proud to be part of the House action that is being taken this week on several measures that will help to fight against this growing opioid epidemic and through the passage of my drug kingpin bill earlier today. Much remains to be done, and I hope that Congress will build on the actions this week and will continue to work on efforts in a bipartisan manner so we can fight back and save people from addiction.

Ms. CLARK of Massachusetts. I thank the gentleman for sharing Morgan's story with us.

Mr. Speaker, I yield to the gentleman from the western part of the Commonwealth, Mr. NEAL.

(Mr. NEAL asked and was given permission to revise and extend his remarks.)

Mr. NEAL. I thank Congresswomen CLARK and ANN KUSTER and Congressman FRANK GUINTA for the good work that they have done in calling attention this evening to this crisis that now threatens to overwhelm rehabilitation centers across the country. What I want to specifically cite in my comments for the next few minutes is a very human story. Her name is Bethany, and she wrote to me on January 13 of this year.

Dear Congressman NEAL:

I am writing to you regarding the heroin prescription pill crisis our State and Nation is currently entrenched in. I am a physician assistant who graduated from Wake Forest Baptist Medical School in their Physician Assistants program in 2003. I have worked in various outpatient clinics, as well as at Bay State Medical Center in Springfield, Massachusetts, and at the Cooley Dickinson emergency room operations in Northampton, Massachusetts. I have treated overdose patients, have been alongside physicians who have pronounced patients deceased from an overdose, as well as having referred patients to crisis support teams, outpatient treatment, and rehabs.

After all of this, I never expected that I would become addicted to prescription painkillers after a series of surgeries and illness. I suffered in silence, alone in fear, shame, and guilt. I was a functioning professional who referred my addicted patients to various resources, but when I tried to reach out for help, I hit roadblocks.

For instance, the emergency room I worked in was outsourced so that when I went to the emergency room director on two separate occasions to ask to go to the Employee Assistance Program, I was told that those resources were only available to hospital employees. I tried outpatient therapy and 12-step programs, but I kept sliding backwards.

After years of struggling, I couldn't keep silent any longer. I confessed my addiction to a coworker. I felt that, finally, help would come. Instead, I was fired for cause and without benefits. The fear that had kept me silent for all of those years was now my reality. My husband was a stay-at-home dad.

And now how could we support our three children?

I felt like my life was falling apart. Little did I know that what I was doing was actually falling into place. With family support, I found a rehab program for 6 months where I could go with two young children. I saw my oldest on the weekends.

After graduating rehab, I interviewed and signed up with the Massachusetts professional reporting system. For 5 years, I have called in daily. I am subjected to at least 15 random drug tests a year. I go to 2 to 4 hours of recovery meetings every week and attend a professionals in recovery meeting weekly. It was in the professionals meetings that I finally found a sense of belonging. It was the vital piece of the puzzle that had been lacking as I searched for recovery but kept backsliding.

She writes in this letter to me of her strong faith and how it helped to get her through this very difficult time in her life, but she also points out that the system is broken, that the emergency room funding for reaching individuals is inadequate, that pain management is inadequate, that pain scales, treatments are inadequate.

She writes:

I found myself overtreating pain at times because I was taught that we could get sanctioned from not treating pain. I felt obligated to treat someone's subjective pain without objective findings or reason.

She writes of all of the challenges that she faced, all having started because of surgeries and illnesses that she had that required medication that, in fact, in the end, she could not successfully escape.

She testified in a forum that I held. She was courageous enough to get up and talk about the problems that she had.

Do you know what?

She is doing better.

So we call attention to those tonight who might find a path forward from the grim reality of heroin that sells on the streets of Springfield and Hartford for \$3 a bag. This was an individual who had a normal working relationship with colleagues. This was an individual who went to work faithfully, had a professional designation, and found herself caught up in the opioid crisis because of the prescriptions that had been given to her early on.

I know of the maintenance plan that is being proposed and of the suggestions that are being offered for more physicians to secure training and how opioids might be extended to those who need them, but I would implore this Congress to act favorably upon that proposal and that legislation.

We all regularly go to caucus meetings, we go to a host of get-togethers, at which we always attempt to upgrade our skills. There is nothing that will upgrade your skills like the coarseness of a campaign—I can tell you that—but we all find that professional opportunity to challenge ourselves to do better in this institution.

That should not be unlike those who are outside of the institution. Where you regularly require courses for attorneys, CPAs, and others, why not for

physicians so they may receive the training that today would be readily available with the assistance of this Congress, hopefully after the vigorous activity that we will take this week?

I close as I opened. I thank Congresswoman CLARK for her leadership, Congresswoman KUSTER for her leadership, and Congressman GUINTA for his leadership on this issue. I am telling you, across western and central Massachusetts, this is devastating families. There is an opportunity here for the Congress to respond.

Ms. CLARK of Massachusetts. I thank Mr. NEAL for the critical story that Bethany shared with him and that the gentleman shared with us. We know how devastating this crisis has been in western and central Massachusetts, and we thank the gentleman for all of his leadership on it.

Mr. Speaker, I yield to the gentleman from New York (Ms. STEFANIK).

Ms. STEFANIK. I thank Ms. CLARK.

Mr. Speaker, first, I want to take a moment to thank my colleagues Mr. GUINTA, Ms. KUSTER, and Ms. CLARK for their work and tireless efforts to combat the heroin epidemic that is sweeping across our Nation.

Over the last 15 years, heroin-related deaths have quadrupled, leaving families and communities across this country shattered. This crisis has been felt acutely in my district where the region is a major pipeline for illicit drug trafficking.

Last November, law enforcement in Washington County, New York, made 11 arrests in one morning of individuals who were illegally selling heroin, cocaine, and prescription drugs. In New York's North Country, I have seen and heard from those in recovery and from those still struggling that heroin addiction and prescription drug abuse is a lifelong challenge. In my district, heroin addiction tragedies have caused parents to bury their children and have left spouses widowed and young children parentless.

These drugs reach out and impact even the strongest members of our communities. Addiction is a disease that does not discriminate. The support offered by treatment centers like St. Joseph's Addiction Treatment & Recovery Center in Saranac Lake is critical to those who suffer from this disease. Several veterans whom I had the opportunity to visit with at St. Joseph's have seen the harsh reality of war and are now fighting battles at home—one against heroin and opioid addiction and another against posttraumatic stress disorder.

Heroin abuse touches our communities, our homes, and our families in ways that have grave effects on everyday people and everyday lives. As heroin use has increased, police departments across this Nation have seen a rapid rise in related crimes, such as sex trafficking, domestic disputes, larceny, burglary, and prostitution—all tied to heroin use.

This week, I am honored to stand with my colleagues from both sides of

the aisle to advance legislative solutions to this widespread and insidious crisis. As a member of Representatives GUINTA's and KUSTER's bipartisan task force to combat heroin abuse and assist law enforcement efforts, we have worked tirelessly to find solutions. The legislation we present this week provides critical tools to medical personnel and law enforcement for stemming the flow of drugs and enhancing treatment options and availability.

These are real problems that need to be addressed through innovation, cooperation, and thoughtful action. I am confident that we can secure a better heroin-free future for our Nation. These efforts are not the end of the House's work on this issue. We will continue to seek solutions to this crisis that has touched families across my district and across our Nation.

□ 1945

On behalf of the families, communities, and veterans in New York's 21st Congressional District and across the country, I urge my colleagues to join those of us here tonight as we work to eliminate the heroin epidemic facing this country.

Ms. CLARK of Massachusetts. Mr. Speaker, I thank Ms. STEFANIK for telling us of the work of St. Joseph's and highlighting the importance of the impact of this crisis on veterans.

I yield to the gentlewoman from Ohio (Ms. KAPTUR).

Ms. KAPTUR. Mr. Speaker, I first thank my colleagues, Congresswoman CLARK for leading this effort, Congressman GUINTA, as well as Congresswoman ANN KUSTER, who have worked tirelessly to move the heroin task force agenda forward. I applaud their persevering efforts and House leadership's acknowledgement of the danger and devastation the heroin and opioid epidemic has caused across our great Nation.

This serious situation impacts every county in the 9th District of Ohio, stretching across all of northern Ohio. We have been impacted more heavily due to the major Ohio turnpike, I-80/I-90, and easy transport networks that link to international smuggling access points.

The largest of our district's five counties, Cuyahoga County, recently declared a public health emergency because of record rates of overdoses. The county lost a staggering 181 citizens in the first 4 months of 2016, a rate of overdose death that, if continued, would more than double the 2015 numbers for that county.

Mayors across our district report to me the dramatic increase in emergency calls connected to the epidemic. For northern Ohio, spikes in opioid overdoses are outpacing the ability of local hospitals and rehabilitation facilities to respond effectively.

This week's legislative activity is imperative to communities across America. I encourage our colleagues in leadership to work expeditiously to conference the legislation. Send it to the President with funding immediately. People's lives and local com-

munity stability and safety are waiting for our action.

Tonight I would like to share the stories of three young adults—two named Matt and one named Tracy—who have been victimized by the heroin and opioid epidemic.

The first is Matt who was 29 from Toledo, Ohio, who never thought he would become a drug addict. He never knew anything about drugs. He never even smoked cigarettes as a youth. He had a great upbringing and a good home with an amazingly loving family. He went to private schools from kindergarten through high school, then to college at a Division I university on a full athletic scholarship for baseball after graduating with a 4.0 GPA.

So what happened, you ask?

He tore his rotator cuff as a sophomore in college and was given a prescription for 90 percent Percocet. It only took about a week before he became physically dependent and totally reliant. Percocet became the gateway portal to self-annihilation.

To sum up, his next year, Percocet pills got expensive, and he dropped out of college. And one day, not being able to find any pills because of the price and lack of availability, he was offered heroin, which was cheaper and stronger. And from that day on, he was hooked and injected heroin for 9 years.

Matt transformed into a shell of who he used to be, a shell of who he wanted to be and who he always imagined to become. Matt lost everything and everyone in his life because of heroin. After 13 arrests in four different states, he is now a convicted felon. He overdosed and died, having been kept alive for 5 days by machines in ICU.

How could this have happened to such a promising young man?

Heroin and opioid abuse sees no boundaries. It is death masquerading as medicine.

In Toledo, there are only 16 federally funded detox beds for an estimated 10,000 opiate addicts. We simply have to have legislation that allows for more detox facilities. There are programs like Team Recovery that have made a difference in the lives of individuals like Tracy, whose story I will place in the RECORD.

Let me just say that if there are families out there who need assistance, one can call 1-800-662-4357 for advice and direction. That is an addiction hotline, 1-800-662-HELP. The life you save may be your own or that of a relative, friend, or loved one.

Mr. Speaker, I want to first thank my colleagues FRANK GUINTA and ANN KUSTER who have worked tirelessly to move the Heroin Task Force agenda forward. I applaud their persevering efforts and House Leadership's acknowledgment of the danger and devastation the heroin and opioid epidemic has caused across this great nation.

This serious situation impacts every county in our 9th Ohio district that stretches across all of northern Ohio. We have been impacted more heavily due to the major Ohio Turnpike, I-80-90, and easy transport networks that link to international smuggling access points.

The largest of our district's five counties, Cuyahoga County, recently declared a public

health emergency because of record rates of overdoses. The County lost a staggering 181 citizens in the first four months of 2016, a rate of overdose deaths that if continued, would more than double 2015 numbers for the County.

Mayors across our district report to me the dramatic increase in emergency calls connected to the epidemic. For Northern Ohio, spikes in opioid overdoses are outpacing the ability of local hospitals and rehabilitation facilities to respond effectively. This week's legislative activity is imperative to communities across America. I encourage our colleagues and leadership to work expeditiously to conference the legislation. Send it to the President, with funding, immediately.

People lives and local community stability are waiting for our action.

Tonight, I want to share the stories of three young adults—two named Matt—and one named Tracy. Individuals from our district who have been victimized by the heroin and opioid epidemic.

The first is Matt, who was 29, from Toledo, Ohio. He never thought he would become a drug addict. He never knew anything about drugs, not even wanting to smoke cigarettes as a youth. He had a great upbringing in a good home, with an amazingly loving family. He went to private schools from kindergarten through high school, then to college at a Division 1 university on a full athletic scholarship for baseball after graduating with a 4.0 GPA. So what happened, you ask?

He tore his rotator cuff as a sophomore in college and was given a prescription for 90 Percocet. It only took about a week before he became physically dependent and totally reliant. Percocet became the gateway portal to self-annihilation.

To sum up—his next year, Percocet pills got expensive and he dropped out of college. One day, not being able to find any pills because of the price and lack of availability, he was offered heroin, which was cheaper and stronger. From that day on he was hooked, and injected heroin for 9 years.

Matt transformed into a shell of who he used to be, a shell of who he wanted to be—and who he always imagined to become. He lost everything—and everyone—in his life because of heroin.

After thirteen arrests in four different states, he is now a convicted felon. He overdosed and died, having been kept alive for 5 days by machines in ICU. How could this have happened to such a promising young man? Heroin and opioid abuse sees no boundaries. It is death masquerading as medicine.

In Toledo, there are only sixteen federally funded detox beds for an estimated 10,000 opiate addicts. Another young man also named Matt was one of the lucky ones who was able to secure a detox bed through Ohio's Drug Abuse Response Team, or DART program. Today, it has been almost eight months since he was able to secure the bed, which has changed his course completely.

In detox, along with three friends, all of which remain sober, Matt started Team Recovery, an advocacy group for addicts that makes recovery available and achievable. Team Recovery strives to change the stigma attached to addiction and make people realize addicts are not bad people. They are people who need medical help.

Team Recovery speaks to Ohio students between 6th grade and college-age, about

drugs and alcohol, and offers assistance to family members and friends of those who need healing and support. They hope to eventually spread their efforts across the nation.

Today, Matt has turned his life around and reconnected with family and friends. He speaks daily with police, judges, coroners, doctors, treatment providers, police & fire chiefs, all in an effort to collaborate in this fight against opiates. His message is positive and clear. Recovery is possible, and it is beautiful.

Working alongside Matt at Team Recovery is Tracy, 39 years old, who point blank told me that she is a recovering addict. Tracy started smoking marijuana when she was 15, to numb the pain from past sexual abuse, not otherwise knowing how to cope in a healthy way. She moved from Toledo, to Chillicothe, Ohio in 2001, where she met a man who introduced her to opioid pills and cocaine. At age 24, she started using cocaine and it wasn't long before she used it every day.

Eventually, she started to smoke it and even inject.

For 6 years her addiction was so bad she lost everything: jobs, friends, family, everything she owned, even her dignity and morals. She was alone fighting the worst battle of her life.

In 2007, she was caught with possession of cocaine, after reoffending shortly after, she was sent to prison. Rather than give Tracy any chance to seek treatment, she was sent to prison for 5 years.

In prison, she realized there were just as many drugs in prison as on the street. Being there did not help. She needed treatment, not a prison sentence. It is nearly impossible to find a treatment facility because there are so few available.

From the age of 15 until May 4, 2007, Tracy abused drugs. What drove her to sobriety? She was so tired of losing everything, living couch to couch, doing illegal things to get drugs and having her dignity and morals stripped away because she was chasing a high. She was ready for a change, to take back the life she lost during her addiction.

Today, her life has changed dramatically. A week ago, on May 4th, she celebrated 9 years of sobriety. Now, she uses her experience of moving past addiction to help others. She is in college, studying psychology to become a substance abuse counselor. She started a job at a recovery house as a resident advisor and is also an active member of Team Recovery.

The legislative action the House will address this week will provide much needed correction to our justice and health systems—which have not adapted fast enough to this crisis.

I wish to emphasize a few lessons Team Recovery highlighted to me. These are the recommendations of individuals who understand the plight of heroin and opioid addiction better than most:

1. There needs to be more funding for detox beds. They should not be limited to 16 beds per facility.

2. Medicaid should not cap facilities to 16 detox beds.

3. Prevention, education, and awareness are paramount! The innovative approach of Team Recovery's school presentations allows students to better relate, impacting their understanding and behavior.

4. Better monitoring of prescription prescribing and over-prescribing is needed. Creating stricter limitations on prescription counts is highly necessary.

5. Suboxone and Methadone (opioids) are not the solution to an opiate epidemic for everyone, but cannot be ruled out as an option for some.

6. Vivitrol is a key resource and should be utilized more.

7. Recovery is possible but detox and treatment are paramount. Jail without addiction treatment fails those who need help.

8. Opioids impact the way the brain functions. Recovery can take months, if not years, if it is to be effective.

Finally, if anyone listening is facing this terrible monster of addiction, or you know a friend or loved one who is, call 1-800-662-HELP.

That's 1-800-662-4357 for advice and direction.

The life you save may be your own, or that of a relative, friend or loved one.

Ms. CLARK of Massachusetts. Mr. Speaker, I thank Ms. KAPTUR for putting a face to this addiction with the moving stories of Matt and Tracy.

I yield to the gentleman from Ohio (Mr. CHABOT).

Mr. CHABOT. Mr. Speaker, I thank Ms. CLARK and Mr. GUINTA for their hard work in making this Special Order happen tonight and in moving forward on this very, very important issue.

Mr. Speaker, opioid use is an epidemic in this country, and unfortunately the problem is only getting worse.

I want to also commend Senator ROB PORTMAN for his leadership in introducing and passing in the other body CARA, legislation to combat opioids, especially heroin. I would expect that whatever we pass here in the House—and we are considering a number of bills—will ultimately be reconciled with the Senate and Mr. PORTMAN's bill over in the Senate. This will help many struggling Americans.

I talked to a member of a city council in one of the smaller communities in my district back in—I represent the greater Cincinnati area—in Lorain County. It happened to be North Bend.

According to the last census, there are only 857 people who live in the entire village, so it is pretty small. But the first councilperson that I talked to talked about the heroin problem they are having in this community. This is a very small community, kind of a normal, middle class area. There are great people, families, hardworking people. Yet, heroin is becoming a scourge in this community.

William Henry Harrison, one of our earlier presidents—he has his monument and was buried—is from this community. It is just amazing to me to think that if it is hitting a small community like this, it is hitting virtually everywhere.

Simply put, we must find workable solutions to this epidemic. High income, low income, urban, suburban, rural, it really doesn't matter. This epidemic is impacting communities all across this country.

In fact, in my home State of Ohio, 13 out of 16 congressional districts are

designated as high intensity drug trafficking areas by the Office of National Drug Control Policy. Back in 2014, just a little over a year ago, we had a staggering 2,744 heroin deaths in our State alone. Obviously, States all over the country are having this problem as well.

Mr. Speaker, in searching for an answer to this problem—I happened to be the dean of the Republicans in Ohio—we had a briefing with the head of the Office of National Drug Control Policy, Michael Botticelli. We actually learned an awful lot about what is happening in our State and nationally.

Basically what we learned is that there are two fronts. It is reducing the supply and it is eliminating the demand. Supply reduction is a complex issue. Since much of the heroin is coming across the Mexican border, obviously, increased border security is important. Treatment is absolutely important.

The Drug Enforcement Agency often has take-back days where people can drop off old prescriptions to licensed agents for disposal. What we have seen are that an awful lot of especially young people who are getting hooked on heroin start out with prescription drugs, and oftentimes it is something that they got from a family member in their own home.

Despite additional control mechanisms, if there is one thing we have learned over the years, it is almost impossible to completely cut off the supply of any particular drug. So we must also eliminate the demand.

We need to focus on drug treatment and prevention programs. For example, in Cincinnati, we have something called the Talbert House, which is one of many nonprofits that help folks in southwest Ohio and northern Kentucky to combat substance abuse. So there are many, many programs that we already have. We need to have more.

I want to, again, commend the fact that this is happening in a bipartisan manner. We have a lot of Members in the House, both Republicans and Democrats, who have come together and have a lot of good plans. They have talked with the folks in their districts. I commend my colleagues for working on this together in a bipartisan manner.

Let's reconcile what we pass here with the Senate, let's get this passed into law, and let's move this forward on this very, very critical issue.

I thank the gentlewoman from Massachusetts for pulling this Special Order together this evening.

Ms. CLARK of Massachusetts. Mr. Speaker, I thank the gentleman from Ohio for reminding us that even rural America has not been spared this epidemic.

I yield to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. Mr. Speaker, this is an emotional night for me. I thank the gentlewoman from Massachusetts (Ms. CLARK) for guiding us. I

also thank Representatives GUINTA and KUSTER. I am so moved by the fact that we are here on a bipartisan statement.

As I spoke to Ms. KUSTER and indicated, as a ranking member of the Subcommittee on Crime, Terrorism, Homeland Security, and Investigations count me in, as she began to expand the tragic window of the impact of drug addiction, particularly opioids. Let me speak very quickly because I have a lot to say.

This is an epidemic that has gone beyond reason. Between 2000 and 2014, almost half a million people died from drug overdoses. In 2014 alone, more than 47,000 people died of drug overdoses. The largest percentage of overdose deaths in 2014 were attributed to opioids like prescription painkillers, methadone, morphine, and heroin.

Today in the Rules Committee, we made it clear that we want to work with doctors and law enforcement. We also said that we understand the use of painkillers during end of life. We understand that, so we are not here to condemn. We are here to help.

I am so glad that the Judiciary Committee will have on the floor this Comprehensive Addiction and Recovery Act that responds to this crisis. It is a treatment bill where we will bring together law enforcement and substance abuse treatment persons.

This emergency is compounded due to the perilous connection between prescription painkillers and heroin. Approximately three out of four new heroin users report that their use began with their abuse of prescription drugs.

Not only were 11 million people at risk of overdosing due to their abuse of prescription painkillers, 11 million people were also at risk of becoming addicted to heroin with its attendant risks.

We have heard the stories, and let me share some with you very quickly. I read one on the plane as I came up. It was a very painful story. A woman was detained in a fatal car wreck. In that car was her little 2-year-old and a little 7-year-old. She was on hydrocodone. She sideswiped two cars and then killed a person on a motorcycle. That person's family does not have them anymore. This woman will be subjected possibly to life imprisonment. Those children will not have a mother.

What about the situation in Ohio?

We don't know what the circumstances were, but eight persons of a family were killed execution style. Drugs were behind it.

What about this mother who supplied hydrocodone and alcohol to her son and his date on prom night?

There is an epidemic that we must confront. There are those who would do wrong, but those who are addicted.

This is evidenced by a study, "How the Heroin Epidemic Differs in Communities of Color." It is important, as I stand here and look at the suburban and rural areas, that we, again, remember how it has doubled among African Americans, Latinos, and Native Ameri-

cans and that we look to the kind of resources that would include all.

In conclusion, let me share these numbers with you that I think are so very important. They are startling. The increase in overdose by rates: 267 percent by the White population from 2010 to 2014. 213 percent by African Americans from 2010 to 2014. 137 percent by Hispanic. And Native Americans, 236 percent. Not one person can be counted out that needs to be included in our work here on the floor of the House.

I am glad that we are making this statement today and next week because now America knows the Congress is speaking, the bully pulpit will be heard, and I hope we can save lives.

I am pleased to join my colleagues of the Bipartisan Task Force to Combat the Heroin Epidemic to speak on this important issue impacting all Americans.

I want to thank Congressman FRANK GUINTA (R-NH) for his leadership in elevating this issue to a national forum that has drawn unprecedented attention and concern.

We must take action because today a leading killer of Americans is drug overdose.

Between 2000 and 2014, almost half a million people died from drug overdoses.

Many of these deaths were preventable.

In 2014 alone, more than 47,000 people died of drug overdoses.

The largest percentage of overdose deaths in 2014 was attributed to opioids—like prescription painkillers, methadone, morphine, and heroin.

Specifically, 28,647 people overdosed and died because of an opioid in 2014.

We are experiencing an emergency that impacts citizens in every state, city, and town in this country—that is prescription painkiller and opioid abuse.

This emergency is compounded due to the perilous connection between prescription painkillers and heroin.

Prescription painkiller abuse is the strongest risk factor for future heroin use.

Approximately three out of four new heroin users report that their use began with their abuse of prescription painkillers.

Heroin use becomes appealing to those addicted to prescription painkillers because it is cheaper and easier to obtain.

Due to its potency, heroin use tends to lead to addiction.

Heroin addiction is often deadly, leading to overdose or other chronic diseases.

The rate at which the occurrence of heroin overdose deaths increased is cause for alarm.

In the four years between 2010 and 2014, heroin overdoses more than tripled.

More than 10,500 people died from heroin overdoses in 2014.

In 2013, more than 8,200 people died from heroin overdoses.

In that same year, 11 million people admitted to improper use of prescription painkillers.

Not only were 11 million people at risk of overdosing due to their abuse of prescription painkillers, 11 million people were also at high risk of becoming addicted to heroin—with its attendant risks and dangers.

This current crisis requires an immediate and comprehensive response and the bill before us today is one element of a broader strategy.

I am proud to say that I have worked with my colleagues on the Judiciary Committee and with members of the Heroin Task Force to introduce and cosponsor legislation that help combat this deadly epidemic.

Legislation Supported by Jackson Lee

#### 1. Bipartisan Comprehensive Legislation:

H.R. 953—Comprehensive Addiction and Recovery Act of 2015; Representative SENBRENNER, F. JAMES, Jr. [R-WI-5] (Introduced 2/12/15); 124 Cosponsors (84 Dems—including S.J.L., 40 Reps); \*No Sentencing Enhancements or Penalties.

H.R. 3719—"Stop the Overdose Problem Already Becoming a Universal Substance Epidemic Act of 2015" or the "STOP ABUSE Act of 2015"; Representative GUINTA, FRANK C. [R-NH-1] (Introduced 10/08/2015); 8 Cosponsors (4 Dems, 4 Reps); \*No Sentencing Enhancements or Penalties.

H.R. 4697—Prevent Drug Addiction Act of 2016; Representative ESTY, ELIZABETH H. [D-CT-5] (Introduced 03/03/2016); 2 Cosponsors (Reps); \*No Sentencing Enhancements or Penalties.

#### 2. Legislation to Improve Pain Management Practices:

H.R. 4499—the "Promoting Responsible Opioid Prescribing Act of 2016" and as the "PROP Act of 2016"; Representative MOONEY, ALEXANDER X. [R-WV-2] (Introduced 02/09/2016); 31 Cosponsors (18 Rep, 13 Dem); \*No Sentencing Enhancements or Penalties.

H.R. 2805—Heroin and Prescription Opioid Abuse Prevention, Education, and Enforcement Act of 2015; Representative BROOKS, SUSAN W. [R-IN-5] (Introduced 06/17/2015); 41 Cosponsors (23 Reps, 18 Dems); \*No Sentencing Enhancements or Penalties.

H.R. 1821—Opioid Overdose Reduction Act of 2015; Representative NEAL, RICHARD E. [D-MA-1] (Introduced 04/15/2015); 6 Cosponsors (4 Reps, 2 Dems); \*No Sentencing Enhancements or Penalties.

H.R. 2335—Stop Tampering of Prescription Pills Act of 2015; Representative KEATING, WILLIAM R. [D-MA-9] (Introduced 05/14/2015); 9 Cosponsors (5 Dems, 4 Reps); \*No Sentencing Enhancements or Penalties.

H.R. 4599—Reducing Unused Medications Act of 2016; Representative CLARK, KATHERINE M. [D-MA-5] (Introduced 02/24/2016); 14 Cosponsors (10 Dems, 4 Reps); \*No Sentencing Enhancements or Penalties.

H.R. 4063—Jason Simcakoski PROMISE Act; Representative BILIRAKIS, GUS M. [R-FL-12] (Introduced 11/18/2015); 30 Cosponsors (17 Reps, 13 Dems); \*No Sentencing Enhancements or Penalties.

#### 3. Legislation to Improve Treatment:

H.R. 2536—"Recovery Enhancement for Addiction Treatment Act" or the "TREAT Act"; Representative HIGGINS, BRIAN [D-NY-26] (Introduced 05/21/2015); 25 Cosponsors (18 Dems—including S.J.L., 7 Reps); \*No Sentencing Enhancements or Penalties.

H.R. 4076—The Reforming and Expanding Access to Treatment Act or the "TREAT Act"; Representative TURNER, MICHAEL R. [R-OH-10] (Introduced 11/18/2015); 6 Cosponsors (all Dems); \*No Sentencing Enhancements or Penalties.

H.R. 3865—Cradle Act; Representative JENKINS, EVAN H. [R-WV-3] (Introduced 10/29/2015); 38 Cosponsors (30 Reps, 8 Dems—including S.J.L.); \*No Sentencing Enhancements or Penalties.

H.R. 4586—Lali's Law; Representative DOLD, ROBERT J. [R-IL-10] (Introduced 02/23/2016); 3 Cosponsors (2 Dems, 1 Rep); \*No Sentencing Enhancements or Penalties.

H.R. 2872—Opioid Addiction Treatment Modernization Act; Representative BUCSHON, LARRY [R-IN-8] (Introduced 06/24/2015); 5 Cosponsors (4 Reps, 1 Dem); \*No Sentencing Enhancements or Penalties.

#### Sentencing Reform Legislation:

H.R. 3713—Sentencing Reform Act of 2015; Representative GOODLATTE, BOB [R-VA-6] (Introduced 10/08/2015); 65 Cosponsors (48 Dems—including SJL original, 17 Reps)

We must make our best efforts to prevent individuals from moving from painkillers to heroin by making treatment for addicts more accessible by encouraging the use of evidence-based programs, such as medication-assisted treatment.

Life-saving overdose reversal drugs, like naloxone, are most valuable in the hands of trained individuals who regularly come in contact with individuals who are prone to drug overdoses.

It is important that we support these measures that will increase the use and availability of naloxone and other overdose reversal drugs to first responders.

Addiction is a disease that affects the brain and eventually changes the behavior of addicts, causing them to experience mental health issues and encounter legal problems.

Treatment is the most reasonable and effective approach to diverting these individuals away from homelessness and prison.

[From WETA FRONTLINE, Feb. 23, 2016]

#### HOW THE HEROIN EPIDEMIC DIFFERS IN COMMUNITIES OF COLOR (By Sarah Childress)

Most of the media attention in the current nationwide heroin epidemic has focused on the uptick in overdose deaths among suburban, white, middle-class users—many of whom turned to the drug after experimenting with prescription painkillers.

And it's among whites where the most dramatic effect has been seen—a rise of more than 260 percent in the last five years, according to the Centers for Disease Control.

But the epidemic has also been seeping into communities of color, where heroin overdose death rates have more than doubled among African Americans, Latinos and Native Americans, but gone largely overlooked by the media.

People develop addictions for a variety of reasons, which makes it difficult to gather concrete data on what's happening in each community, said Dr. Wilson Compton, deputy director at the National Institute of Health's National Institute on Drug Abuse. "To a certain extent, these are hidden behaviors, and we only notice people at the end of their lives sometimes," he said. "So we don't always know all of the pathways that lead to this."

FRONTLINE spoke to experts and community outreach workers around the country to try to understand the differences. While some have followed a similar trajectory as the white community, a closer look at the epidemic in some communities of color reveals a different story.

And outreach workers in several cities say that while funds and attention have been directed to aid white opioid and heroin users in the suburbs, they are still struggling to get the resources they need to support minorities who are dealing with the same addiction.

"Our job is to help those services really make it deep into the community," said Jacqueline Robarge, founder and director of Baltimore-based Power Inside, which serves drug users who are mainly African-American women. "And if they aren't going to arrive, we want to have an accounting that these people have been suffering for decades. It really is disingenuous if the resources are only going to be directed at the suburbs and the counties where, basically, the white folks are getting high."

□ 2000

Ms. CLARK of Massachusetts. Mr. Speaker, I thank Ms. JACKSON LEE for her advocacy and leadership and always championing our communities of color who have also been devastated by this crisis.

I yield to the gentleman from Pennsylvania (Mr. ROTHFUS).

Mr. ROTHFUS. Mr. Speaker, I thank the gentlewoman for yielding and thank her and Mr. GUINTA for this very important evening where we are talking about a plague on our country.

I am pleased to stand here today to join my colleagues from both sides of the aisle in resolve to find real solutions for the heroin and opioid epidemic hitting our communities and our Nation. Our Bipartisan Task Force to Combat the Heroin Epidemic is actively bringing together law enforcement, treatment, and recovery experts to share critical information that has been helping us to better understand the issue.

This House is working on crafting better laws that will help law enforcement tackle this problem so that treatment and recovery professionals can effectively offer lifesaving treatments to those currently suffering from addiction.

Our words must be followed by action. We are working with all levels of government, from the Federal down to the local level, as well as the private sector and nonprofits to fix this problem.

For example, I introduced the Co-Prescribing Saves Lives Act with my Democratic colleague, Congressman BILL KEATING, which would encourage physicians to co-prescribe naloxone alongside opioid prescriptions and make naloxone more widely available in Federal health settings. Naloxone is a safe and effective antidote to opioid-related overdoses, including heroin and fentanyl, and is used as a critical tool in preventing fatal opioid overdose, having reversed more than 26,000 overdoses between 1996 and 2014.

I have cosponsored and supported several other bills, such as the ones we are working on this week, to advance stronger, up-to-date solutions to this brutal epidemic.

But it is the human side of the story that motivates us. Every district has their stories, and I commend the families that are speaking out so that others don't experience the pain and loss that they have.

Vonda Probst from Friedens, Pennsylvania, lost her son Jared Carter to a

heroin overdose 2 years ago. Jared enjoyed motorcycle riding, four wheeling, fixing old cars, and being outdoors. He would have turned 30 last summer. There are far too many stories like Jared's in Pennsylvania and throughout the Nation, stories about lives full of potential and value that are cut short by drug abuse.

Chad Schilling was another individual from my district whose family has spoken out. Chad died last month at the age of 32. He was the third member of his high school's 2001 football team. "It can happen to anybody," Jeff Schilling, Chad's dad, said. "I don't care if you're poor, you're homeless, you're wealthy, it can happen to you. So get help."

And then there is Tony Swalligan. As stated in an editorial in Johnstown's Tribune-Democrat, Kathi, Tony's mother, wants others to know that she is both grieving and angry that heroin claimed Tony, her baby, the youngest of 10, who was just 23 years old.

She said: "As a woman of faith, I'm taking this to God and asking him to damn heroin. That's how I feel: Damn heroin."

"You only have to come over to the funeral home," Tony's mother said, "to know there's absolutely nothing fun about heroin. And it's not just themselves they're killing. They're doing this to their whole family. You think, 'Ooo, I want to get high.' But you're killing your whole family."

His mother said: "What part of 'heroin is highly addictive' don't our young people understand? Do they all think they're 6 feet tall and bulletproof?"

It is these stories that are all too often, but we must, we can find effective solutions to the opioid epidemic for these families. I am confident, by working together, we can turn the tide and save lives. I thank, again, my colleagues for organizing this very important hour.

Ms. CLARK of Massachusetts. Mr. Speaker, I thank Congressman ROTHFUS for sharing the stories of Jared, Chad, and Tony and really putting a face and a name to this epidemic.

I now yield to the gentlewoman from Maine (Ms. PINGREE).

Ms. PINGREE. Mr. Speaker, I want to thank my colleagues very much for organizing this Special Order and for the bipartisan approach to dealing with such a challenging issue.

I would like to rise today to share some of the stories, as my colleagues have, about my constituents whose lives have been impacted by addiction.

We are now so well aware that addiction to prescription opioids is on the rise nationwide. In my home State of Maine, that trend has also been accompanied by a drastic increase in the use of heroin and other illicit drugs. Sadly, now heroin and other drugs provide a cheaper, more readily available alternative to diverted prescription medicines. The unpredictable formulations of these drugs, which can vary drastically in toxicity, have made Maine's



epidemic of addiction particularly deadly.

In cities, small towns, and rural areas across the State, people are dying each week. Everyone knows someone—a family member, a friend, a neighbor—who has overdosed. No one is immune. People from every background, income level, and generation are at risk.

One of the individuals we have tragically lost was a brother of a staff member of mine. His name was David McCarthy, and his struggle with addiction was captured in a feature this summer in *The Washington Post*, entitled, “And Then He Decided Not to Be.” David, who had been sober for several months, relapsed on the evening before he left home to return to his winter job at a ski resort.

His family came forward to speak openly and honestly about his death because they believe, as I do, that removing the stigma and silence around addiction is an essential part of treating it as the serious illness that it is.

One of the most poignant aspects of this family’s experience is that the day after David’s death, his brother Michael overdosed on the same batch of heroin. In Michael’s case, however, he was found while he was still alive, and the same paramedics who responded to David’s death happened to have a physician with them who administered an overdose reversal drug to revive him, so he survived. With his family’s support, he has now entered a long-term treatment program. Access to those resources, like readily available Narcan and quality treatment opportunities, quite literally saves lives.

I am deeply frustrated and disappointed that my colleagues here in Congress have been unable to come together to provide funding to address this epidemic. I am very glad to see the House working on legislation this week related to opioid abuse, but the reality is, without funds appropriated to support the new programs created, many of these bills are nothing more than political rhetoric.

I am afraid that some lawmakers would prefer to have people suffering from addiction continue to turn to our already overburdened emergency rooms for care, to continue asking them to enter treatment, only to be turned away because they can’t pay, or asking those people who are addicted to continue struggling to recover while also dealing with homelessness, food insecurity, and a range of other challenges. That is just unacceptable.

Every victim of this epidemic represents an incredible loss, not only to the people who love them, but to all of us, in the form of missed potential.

This summer I had the pleasure of meeting Chris Poulos, a University of Maine law graduate who was working to get his security clearance for a fellowship at the White House Office of National Drug Control Policy. The process was especially difficult for him because he is a convicted felon who was

arrested for drug possession during a period of addiction to opioids and other drugs; but now Chris is devoting his considerable talent and intellect to helping others—not despite, but because of his own recovery. The State of Maine and our country are better off because he could access treatment when he needed it.

Our constituents need treatment, and they need it now. States can’t face the epidemic alone, and they shouldn’t have to. The difference Federal funding can make became clear to me recently when I visited Crossroads, a recovery center in my district. Through a Federal grant, they established a treatment program for pregnant and parenting women which allows them to remain unified with their children while working on their recovery.

One participant, Helen, came to the program while pregnant with her fourth child. The caring staff at Crossroads worked with her to ensure that she was able to bond with her baby after his birth and help facilitate her transition to a long-term sober housing program. I am proud that Federal funding played a part in her recovery. I firmly believe that helping Helen to get clean is a great investment in her, in her children, and in our society.

During my visit to Crossroads, though, I heard about the many people who struggle to access affordable treatment or find themselves left without any support when they have completed it. They, too, need us urgently.

Congress needs to come together and appropriate emergency funds to combat the epidemic of opioid abuse in our country. Clearly, it is a matter of life and death.

Ms. CLARK of Massachusetts. Mr. Speaker, I thank the gentlewoman from Maine. I thank her for sharing the personal story of David and Michael. I know that, in my extended office family, we grieve and remember and will continue to work for change for Kyle and Emmett, who we have lost in the past year as well. We will remember all the names that were mentioned in this first hour of Stephen, Jennifer, Morgan, Bethany, Matt, Tracy, Jared, Chad, Tony, David, and Michael.

I thank my colleague from New Hampshire again for his work on this bipartisan task force.

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

**REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 4641, ESTABLISHING PAIN MANAGEMENT BEST PRACTICES INTER-AGENCY TASK FORCE, AND PROVIDING FOR CONSIDERATION OF H.R. 5046, COMPREHENSIVE OPIOID ABUSE REDUCTION ACT OF 2016**

Mr. STIVERS (during the Special Order of Ms. CLARK of Massachusetts), from the Committee on Rules, submitted a privileged report (Rept. No. 114-551) on the resolution (H. Res. 720)

providing for consideration of the bill (H.R. 4641) to provide for the establishment of an inter-agency task force to review, modify, and update best practices for pain management and prescribing pain medication, and for other purposes, and providing for consideration of the bill (H.R. 5046) to amend the Omnibus Crime Control and Safe Streets Act of 1968 to authorize the Attorney General to make grants to assist State and local governments in addressing the national epidemic of opioid abuse, and for other purposes, which was referred to the House Calendar and ordered to be printed.

**COMBATING THE HEROIN AND OPIOID EPIDEMIC**

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

**GENERAL LEAVE**

Mr. GUINTA. Mr. Speaker, I ask unanimous consent that Members have 5 legislative days to revise and extend their remarks in the RECORD.

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

There was no objection.

Mr. GUINTA. Mr. Speaker, I want to thank my colleague, the gentlewoman from Massachusetts (Ms. CLARK), who is doing great work in this area. New England is particularly stressed with an opioid epidemic, as are many other States around the country, but her work is important because we share a cross-State border. We need to continue to work together on this particular issue.

I yield to the gentleman from Illinois (Mr. DOLD), a leader on the heroin and opioid epidemic and bringing legislation to the floor.

Mr. DOLD. Mr. Speaker, I want to thank my good friend for yielding. I want to thank Representative GUINTA for his leadership with the Bipartisan Task Force to Combat the Heroin Epidemic. I also want to thank Representative KUSTER and Representative CLARK for their leadership on this issue.

Mr. Speaker, between 2001 and 2014, there was a threefold increase in prescription drug overdoses. What was amazing is that during that same period of time there was a sixfold increase in heroin overdoses in the United States. This is truly an epidemic. Today every 19 minutes, someone dies from a heroin overdose.

In Chicago’s collar counties, we lose one individual every 3 days. In Cook County, it is more than one a day. As the co-chair of the Illinois Suburban Anti-Heroin Task Force, I have seen the unimaginable suffering that heroin has brought into families in our community. Naloxone, however, has proven to be hugely successful as a lifesaving