

exciting next chapter in her life and will enjoy spending more time with her husband, Cliff, and their children, Jake and Samantha.

I wish my good friend Lauren Schulman the best of luck, and I congratulate her on her retirement.

THE FORT HOOD, TEXAS, NINE

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

Mr. POE of Texas. Mr. Speaker, Texas has been hammered by historic torrential rain and flooding.

As the Texas floodwaters rose, 12 soldiers from Fort Hood, Texas, were crossing Owl Creek in a 2½-ton Light Medium Tactical Vehicle when it became stuck in the Owl Creek low water crossing. Suddenly, the vehicle was swept over and sent downstream by fast-moving water. Nine American soldiers drowned in the massive flood waters. Today, we remember them, and here they are:

Staff Sergeant Miguel Colon Vazquez, 38, from New York. He had just spent four tours of duty in Iraq and Afghanistan;

Specialist Christine Armstrong, 27, of California;

PFC Brandon Banner, 22, of Florida;

PFC Zachery Fuller, 23, of Florida;

Private Isaac Deleon, 19, of Texas. He was the youngest of all of them. He had only been in the Army for 17 months;

Private Eddy Rae'Laurin Gates, 20, of North Carolina—a former homecoming queen;

Private Tysheena James, 21, of New Jersey;

West Point cadet Mitchell Winey, 21, of Indiana;

Specialist Yingming Sun, 25, of California.

These are the nine who drowned recently in the Texas floods. The soldiers were members of the 3rd Battalion, 16th Field Artillery Regiment, 2nd Armored Brigade Combat Team of the 1st Cavalry Division. These American soldiers were volunteers who swore to protect the United States. They were a cut above the rest and were ready to defend freedom at home and abroad. Their lives were ripped from this world and their families all too soon.

We are grateful for them and their families for their service and their sacrifices. These soldiers are the best of America. Our thoughts and prayers are with the soldiers and their families, who have been devastated by the floods of Texas this spring.

And that is just the way it is.

ARIEL GRACE'S LAW

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

Mr. FITZPATRICK. Mr. Speaker, 1 year ago tomorrow, Ariel Grace's life ended before it had a chance to begin—

killed by the failure of the unsafe medical device, Essure. Despite her tragic passing, there remains no legal recourse to seek justice. That is why, on the 1-year anniversary of her death, I will introduce Ariel Grace's Law in order to resolve the broken law that prevents the families of Ariel Grace and thousands of others to have their voices heard in court.

At the same time, I will offer legislation to reform the flawed FDA process that allowed another dangerous device—a laparoscopic power morcellator—to spread deadly cancer throughout the bodies of women like shrapnel. Despite case after case, no one reported the harm to the FDA—not even their own doctors. The Medical Device Guardians Act will add doctors into the list of entities that must report unsafe devices so that lifesaving action can be taken quickly when it is needed to protect others.

The institutions and regulations that are designed to protect our constituents from unsafe devices in these cases and others have failed. It is time we take action to address them.

LACASA CENTER

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

Mr. BISHOP of Michigan. Mr. Speaker, I rise to pay tribute to a charitable organization in my district, the LACASA Center. Located in Howell, Michigan, LACASA is celebrating its 35th year of empowering and supporting victims of abuse, assault, and violence.

LACASA's goal is to advocate for and to provide services to victims of violent crimes. It also works to educate the community on issues of domestic abuse, child abuse, and sexual assault. The services LACASA provides are instrumental in assisting members of our community, whether that comes in the form of shelter, meals, counseling, or education.

I have seen the amazing work that LACASA does firsthand, and I had the opportunity to tour the facility earlier this year. LACASA's President and CEO is Bobette Schrandt. She is a tireless advocate for those whom she serves and is an incredible asset to our community.

Mr. Speaker, I am honored to have the opportunity to pay tribute to such a charitable organization in my district.

Congratulations, LACASA, on your 35th anniversary, and thank you for your dedication to our great community.

SOLDIERS CLIMB TO SUMMIT OF MOUNT EVEREST

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

Mr. CARTER of Georgia. Mr. Speaker, I rise to recognize Second Lieutenant Harold Earls, Captain Elyse Ping Medvigy, and Staff Sergeant Chad Jukes, who successfully climbed to the 29,000-foot summit of Mount Everest on Tuesday, May 24, 2016.

Staff Sergeant Jukes is a veteran who lost his leg while fighting in Iraq in 2006, making the feat even more amazing; and Lieutenant Earls is a Third ID soldier who is currently stationed at Fort Benning in west Georgia.

The soldiers' goal in reaching Mount Everest is overshadowed by their ultimate goal of gaining support for veterans' and soldiers' mental health. With the trip to the summit, they raised \$109,000 to support the mental health groups Give an Hour and Stop Soldier Suicide. The climb was the debut of U.S. Expeditions and Explorations, which is a nonprofit organization founded by Lieutenant Earls. The entire trip, including a long preparation period, lasted over a year.

I congratulate these men for reaching the summit of Mount Everest, and I thank them for their service to our Nation and to servicemen's and -women's mental health.

WATER WASTING BUREAUCRACIES

(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, despite our first wet winter in California in years, misguided Federal agencies threaten to cut off the water supplies of millions of Californians.

On one hand, the National Marine Fisheries Service demands that Shasta Dam releases be drastically cut, allegedly to protect winter run salmon later on in the season. On the other hand, the Fish and Wildlife Service plans to spend as much as \$150 million in buying water to drastically increase Shasta releases to the delta, allegedly to protect delta smelt—dumping water in the middle of this year.

That is right, Mr. Speaker. Federal agencies are simultaneously demanding that more water be released from reservoirs, not for human use, and that more water be kept in the reservoirs but not for human use. Neither demand is backed by science but, rather, by whim or by hunch. The only common theme of these contradictory Federal policies is that both plans give Californians the short end of the stick.

Mr. Speaker, it is time this lunacy ends and Federal agencies start making decisions based on facts, not on the contradictory whims of unelected bureaucrats, and to protect water users, especially in the North State.

APPOINTMENT OF INDIVIDUALS TO THE COMMISSION ON EVIDENCE-BASED POLICYMAKING

The SPEAKER pro tempore. The Chair announces the Speaker's appointment, pursuant to section 3(a) of

the Evidence-Based Policymaking Commission Act of 2016 (Public Law 114-140), and the order of the House of January 6, 2015, of the following individuals on the part of the House to the Commission on Evidence-Based Policymaking:

Mr. Ron Haskins, Rockville, Maryland, Co-Chairman

Mr. Bruce Meyer, Chicago, Illinois

Mr. Robert Hahn, Hillsboro Beach, Florida

TRANSGENDER SURGERY

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

Mr. GOHMERT. Mr. Speaker, as you know, we have had some interesting discussions here on the floor in recent days about transgender as a topic and as individuals of interest. In having talked a couple of times with one man who had been through a sex change operation, what he told me was—really, the best expert in the world on the issue of transgender is the former head of psychiatry at Johns Hopkins, now a retired diplomat, but he speaks for himself.

Anyway, there was an article published back in 2014 that Dr. Paul McHugh had updated and that has been republished in the Wall Street Journal on May 13, 2016. It is entitled "Transgender Surgery Isn't the Solution: A drastic physical change doesn't address underlying psychosocial troubles."

Since there are so many people who have opined on this subject who have not dealt seriously with the issue, it seemed like it would be helpful to read from this article that was written by what one transgender explained was a great article by whom he thought was the world's leading expert on transgender issues.

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But Dr. Paul McHugh, who obviously is a brilliant man and obviously a man who cares very deeply about individuals, especially those who have transgender as an issue, says:

"The government and media alliance advancing the transgender cause has gone into overdrive in recent weeks. On May 30, a U.S. Department of Health and Human Services review board ruled that Medicare can pay for the 'reassignment' surgery sought by the transgendered—those who say that they don't identify with their biological sex. Earlier last month Defense Secretary Chuck Hagel said that he was 'open' to lifting a ban on transgender individuals serving in the military. Time magazine, seeing the trend, ran a cover story for its June 9 issue called 'The Transgender Tipping Point: America's next civil rights frontier.'

"Yet policymakers and the media are doing no favors either to the public or

the transgendered by treating their confusions as a right in need of defending rather than as a mental disorder that deserves understanding, treatment, and prevention. This intensely felt sense of being transgendered constitutes a mental disorder in two respects. The first is that the idea of sex misalignment is simply mistaken—it does not correspond with physical reality. The second is that it can lead to grim psychological outcomes."

Let me insert parenthetically here into Dr. McHugh's article, having talked to him twice in the last couple of weeks. He was aware—and he pointed out that the DSM-V, the latest Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, evolves over time in line with the new scientific training and information available. It renames, as required, as they believe is appropriate, different conditions that may be diagnosed in accepted diagnoses. In the fifth edition of the DSM, it has gone from calling transgender a mental disorder to calling it a dysphoria, a gender dysphoria.

Dysphoria basically is the opposite—it is an antonym of euphoria, and it basically means that someone is generally dissatisfied with their biological sex. And Dr. McHugh said that he thinks that "dysphoria" probably is a better word than "disorder" because it makes clearer what the situation is. It is someone who is generally not satisfied with their biological sex.

His article goes on, though, and says: "The transgendered suffer a disorder of 'assumption' like those in other disorders familiar to psychiatrists. With the transgendered, the disordered assumption is that the individual differs from what seems given in nature—namely one's maleness or femaleness. Other kinds of disordered assumptions are held by those who suffer from anorexia and bulimia nervosa, where the assumption that departs from physical reality is the belief by the dangerously thin that they are overweight."

Dr. McHugh goes on and says: "With body dysmorphic disorder, an often socially crippling condition, the individual is consumed by the assumption 'I'm ugly.' These disorders occur in subjects who have come to believe that some of their psycho-social conflicts or problems will be resolved if they can change the way that they appear to others. Such ideas work like ruling passions in their subjects' mind and tend to be accompanied by a solipsistic argument."

Dr. McHugh goes on: "For the transgendered, this argument holds that one's feeling of 'gender' is a conscious, subjective sense that, being in one's mind, cannot be questioned by others. The individual often seeks not just society's tolerance of this 'personal truth' but affirmation of it. Here rests the support for 'transgender equality,' the demands for government payment for medical and surgical treatments, and for access to all sex-based public roles and privileges."

Dr. McHugh makes really important points as he goes forward:

"With this argument, advocates for the transgendered have persuaded several states—including California, New Jersey, and Massachusetts—to pass laws barring psychiatrists, even with parental permission, from striving to restore natural gender feelings to a transgender minor. That government can intrude into parents' rights to seek help in guiding their children indicates how powerful these advocates have become."

He goes on:

"How to respond? Psychiatrists obviously must challenge the solipsistic concept that what is in the mind cannot be questioned. Disorders of consciousness, after all, represent psychiatry's domain; declaring them off-limits would eliminate the field."

We are talking about psychiatry.

Dr. McHugh says:

"Many will recall how, in the 1990s, an accusation of parental sex abuse of children was deemed unquestionable by the solipsists of the 'recovered memory' craze."

Dr. McHugh goes on and says:

"You won't hear it from those championing transgender equality, but controlled and follow-up studies reveal fundamental problems with this movement. When children who reported transgender feelings were tracked without medical or surgical treatment at both Vanderbilt University and London's Portman Clinic, 70%–80% of them spontaneously lost those feelings. Some 25% did have persisting feelings; what differentiates those individuals remains to be discerned."

As he pointed out on the air about 10 days ago, we all can recall girls we grew up with that were considered tomboys, who later grew up to be quite beautiful and quite feminine. They didn't need any liberals rushing in and forcing them to go in the boy's restroom because they identified more with what boys were doing.

But Dr. McHugh goes on in his article, and he says:

"We at Johns Hopkins University—which in the 1960s was the first American medical center to venture into 'sex-reassignment surgery'—launched a study in the 1970s comparing the outcomes of transgendered people who had the surgery with the outcomes of those who did not."

I will insert parenthetically that I remember reading that Johns Hopkins medical center had been the first hospital in the United States to begin doing sex change operations back in the '60s. I remembered reading that. I never remembered reading that they ever stopped.

But Dr. McHugh's article points out—and I am going back and reading from the article:

"Most of the surgically treated patients described themselves as 'satisfied' by the results, but their subsequent psycho-social adjustments were no better than those who didn't have