

cancer. Dr. Thomas advocated for earlier mammography screenings for female veterans that were exposed to toxic exposure.

The bipartisan and bicameral SERVICE Act will give female veterans access to more screenings to stay ahead of this terrible disease. Today, as a 24-year Army veteran, I am proudly voting in support of this bill to protect and save the lives of our female veterans.

I urge all of my colleagues to join me in voting in favor of S. 2102, the Dr. Kate Hendricks Thomas SERVICE Act. I look forward to a strong bipartisan vote today and sending this bill to the President to become law.

Mr. TAKANO. Mr. Speaker, I have no further speakers, and I am prepared to close.

Mr. Speaker, I reserve the balance of my time.

Mr. BOST. Mr. Speaker, as we have noticed today, this bill and other bills deal specifically with the promise we have made, I have made, and I know that Chairman TAKANO as well has made, to try to make things better for our women veterans. We also had the bills that dealt with the sexual trauma. These are issues that are vitally important. I appreciate what we have worked on today. We want to make sure that we provide for those needs.

Mr. Speaker, I encourage my colleagues to support this piece of legislation along with all the others that we have moved today, and I yield back the balance of my time.

Mr. TAKANO. Mr. Speaker, I ask my colleagues to join me in passing this important piece of legislation, the Dr. Kate Hendricks Thomas SERVICE Act.

I urge all of my colleagues to support this bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. TAKANO) that the House suspend the rules and pass the bill, H.R. 2102.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROSENDALE. Mr. Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

□ 1345

TRAUMATIC BRAIN INJURY AND POST-TRAUMATIC STRESS DISORDER LAW ENFORCEMENT TRAINING ACT

Mr. COHEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2992), to direct the Attorney General to develop crisis intervention training tools for use by first responders related to interacting with persons

who have a traumatic brain injury, another form of acquired brain injury, or post-traumatic stress disorder, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2992

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Traumatic Brain Injury and Post-Traumatic Stress Disorder Law Enforcement Training Act” or the “TBI and PTSD Law Enforcement Training Act”.

SEC. 2. FINDINGS.

Congress finds the following:

(1) According to the Centers for Disease Control and Prevention, there were approximately 2.9 million traumatic brain injury-related emergency department visits, hospitalizations, and deaths in the United States in 2014.

(2) Effects of traumatic brain injury (TBI) can be short-term or long-term, and include impaired thinking or memory, movement, vision or hearing, or emotional functioning, such as personality changes or depression.

(3) Currently, between 3.2 million and 5.3 million persons are living with a TBI-related disability in the United States.

(4) About 7 or 8 percent of Americans will experience post-traumatic stress disorder (PTSD) at some point in their lives, and about 8 million adults have PTSD during the course of a given year.

(5) TBI and PTSD have been recognized as the signature injuries of the Wars in Iraq and Afghanistan.

(6) According to the Department of Defense, 383,000 men and women deployed to Iraq and Afghanistan sustained a brain injury while in the line of duty between 2000 and 2018.

(7) Approximately 13.5 percent of Operations Iraqi Freedom and Enduring Freedom veterans screen positive for PTSD, according to the Department of Veteran Affairs.

(8) About 12 percent of Gulf War Veterans have PTSD in a given year while about 30 percent of Vietnam Veterans have had PTSD in their lifetime.

(9) Physical signs of TBI can include motor impairment, dizziness or poor balance, slurred speech, impaired depth perception, or impaired verbal memory, while physical signs of PTSD can include agitation, irritability, hostility, hypervigilance, self-destructive behavior, fear, severe anxiety, or mistrust.

(10) Physical signs of TBI and PTSD often overlap with physical signs of alcohol or drug impairment, which complicate a first responder's ability to quickly and effectively identify an individual's condition.

SEC. 3. CREATION OF A TBI AND PTSD TRAINING FOR FIRST RESPONDERS.

Part HH of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. 10651 et seq.) is amended—

(1) in section 2991—

(A) in subsection (h)(1)(A), by inserting before the period at the end the following: “, including the training developed under section 2993”; and

(B) in subsection (o), by amending paragraph (1) to read as follows:

“(1) IN GENERAL.—There is authorized to be appropriated to the Department of Justice to carry out this section \$54,000,000 for each of fiscal years 2023 through 2027.”; and

(2) by inserting after section 2992 the following new section:

“SEC. 2993. CREATION OF A TBI AND PTSD TRAINING FOR FIRST RESPONDERS.

“(a) IN GENERAL.—Not later than one year after the date of the enactment of this section, the Attorney General, acting through the Director of the Bureau of Justice Assistance, in consultation with the Director of the Centers for Disease Control and Prevention and the Assistant Secretary for Mental Health and Substance Use, shall solicit best practices regarding techniques to interact with persons who have a traumatic brain injury, an acquired brain injury, or post-traumatic stress disorder from first responder, brain injury, veteran, and mental health organizations, health care and mental health providers, hospital emergency departments, and other relevant stakeholders, and shall develop crisis intervention training tools for use by first responders (as such term is defined in section 3025) that provide—

“(1) information on the conditions and symptoms of a traumatic brain injury, an acquired brain injury, and post-traumatic stress disorder;

“(2) techniques to interact with persons who have a traumatic brain injury, an acquired brain injury, or post-traumatic stress disorder; and

“(3) information on how to recognize persons who have a traumatic brain injury, an acquired brain injury, or post-traumatic stress disorder.

“(b) USE OF TRAINING TOOLS AT LAW ENFORCEMENT MENTAL HEALTH LEARNING SITES.—The Attorney General shall ensure that not less than one Law Enforcement Mental Health Learning Site designated by the Director of the Bureau of Justice Assistance uses the training tools developed under subsection (a).

“(c) POLICE MENTAL HEALTH COLLABORATION TOOLKIT.—The Attorney General shall make the training tools developed under subsection (a) available as part of the Police-Mental Health Collaboration Toolkit provided by the Bureau of Justice Assistance.”.

SEC. 4. STUDY ON FIRST RESPONDERS WITH TBI.

Not later than 24 months after the date of the enactment of this Act, the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention and the Director of the National Institutes of Health and in consultation with the Secretary of Defense and the Secretary of Veterans Affairs, shall conduct a study and submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor and Pensions of the Senate a report on the prevalence and incidence of concussion among first responders (as such term is defined in section 3025 of the Omnibus Crime Control and Safe Street Act of 1968 (34 U.S.C. 10705)). The report shall include data on the incidence of concussion among first responders and recommendations for resources for first responders who have experienced traumatic brain injury.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Tennessee (Mr. COHEN) and the gentleman from Oregon (Mr. BENTZ) each will control 20 minutes.

The Chair recognizes the gentleman from Tennessee.

GENERAL LEAVE

Mr. COHEN. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 2992.

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

There was no objection.

Mr. COHEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, H.R. 2992, the TBI and PTSD Law Enforcement Training Act, is bipartisan legislation that would require the Department of Justice to develop crisis intervention training tools for law enforcement training agencies so that they can better equip officers to respond to individuals with traumatic brain injuries and post-traumatic stress disorder.

This is important for the training of law enforcement officials. When I was out of law school, my first job as attorney for the police in Memphis, and for 3½ years I taught the police in the training academy. This was not part of our training, and it should have been. It was before we got woke, and now that we are woke, we should stay woke, and teach officers about this problem and have them be able to identify it.

According to the Centers for Disease Control and Prevention, between 3.2 million and 5.3 million people live with a traumatic brain injury-related disability in the United States, and approximately 7 percent of Americans will experience such a disorder at some point in their lives. These illnesses are especially common among veterans and servicemembers.

Despite the prevalence of TBI and PTSD, many law enforcement officers, and other first responders, are still not adequately trained on how to identify these symptoms. Since many symptoms of traumatic brain injury or post-traumatic stress disorder, such as confusion, impaired thinking, or irritability, can be mistaken for intoxication and aggression. Law enforcement can misinterpret the behavior of some people exhibiting those symptoms and deadly consequences could follow for first responders and the people they encounter.

This legislation would help ensure that officers are trained to identify those symptoms in order to respond appropriately to crisis calls and to divert individuals toward mental healthcare and treatment and away from the criminal justice system.

Through the Bureau of Justice Assistance, agencies have access to training and resources from the Police Mental Health Collaboration toolkit. H.R. 2992 would enhance the existing program to include crisis intervention training on recognizing the signs of these illnesses and responding to the individuals in crisis.

It requires the CDC to also study occurrences of concussion and TBI among law enforcement officers and first responders; many of whom suffer from this, and they need to be given treatment, if they are.

Mr. Speaker, I thank Representative PASCRELL, who is the leader of the Law Enforcement Caucus and a strong voice for law enforcement. I also thank Mr. BACON and Mrs. DEMINGS, a law enforcement chief, I believe, and Mr. RUTHERFORD, a sheriff, for their dedica-

tion to law enforcement, first responders, and the citizens they serve.

This important bipartisan legislation is broadly supported by numerous law enforcement and mental health organizations and would help protect the lives of first responders and the people they encounter.

Mr. Speaker, I urge all my colleagues to support this bill, and I reserve the balance of my time.

Mr. BENTZ. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, today our law enforcement officers are under immense pressure as they face more and more criminal activity with fewer and fewer resources.

Often, officers are called on to respond to high-stress situations involving people who are an extreme emotional or altered mental states.

This bill will help law enforcement to better understand and interact with individuals experiencing traumatic brain injuries or post-traumatic stress disorder.

While traumatic brain injuries affect people of all ages and backgrounds, data suggests that there is a higher prevalence among certain groups, including veterans, the homeless, and those who have been incarceration. These groups are also more likely to have encounters with law enforcement.

Studies have shown that it is often difficult for law enforcement officers to differentiate between those suffering from brain injuries or PTSD, and those who are intoxicated by alcohol or drugs.

For example, common signs of intoxication, such as slurred speech, outbursts of anger, slow response times, and forgetfulness can also be signs of traumatic brain injury. Training officers to recognize the differences between traumatic brain injury or PTSD and intoxication can lead to more favorable outcomes for the officers and the individuals they encounter.

This bill will require the Bureau of Justice Assistance within the Justice Department to develop training that will inform officers on what type of treatment and resources the individual may need.

For individuals suffering from traumatic brain injury, medical referrals may be the most appropriate. This training will promote the safety of our men and women in uniform and improve public safety in our communities.

Mr. Speaker, in closing, it is important to note that seeing this body support law enforcement, rather than to condemn it, is a welcome, if only brief, departure from how Democrats have treated our police forces over the past 2 years.

Mr. Speaker, I reserve the balance of my time.

Mr. COHEN. Mr. Speaker, I yield 5 minutes to the honorable, distinguished, and learned gentleman from New Jersey (Mr. PASCRELL).

Mr. PASCRELL. Mr. Speaker, this pandemic has been a grave hardship for

our first responders. Men and women in blue have risked their lives every day. Last year was the deadliest ever for law enforcement.

During National Police Week, we honor these heroes who have made the ultimate sacrifice. They protect us, and we must have their backs. Period.

I have been co-chair of the Congressional Law Enforcement Caucus for many moons. I know our cops must have the training, the resources, and the personnel they need to keep our communities safe.

This bipartisan Traumatic Brain Injury and Post-Traumatic Stress Disorder Law Enforcement Training Act is a vital step. It will provide crises intervention training grants. These Federal funds will help officers handle different interactions with those suffering from TBI and post-traumatic stress disorder.

I founded the Congressional Brain Injury Task Force in 2001, along with Dr. Greenwood. He was a Republican; I am a Democrat. He was from Pennsylvania. He did an outstanding job and continues to do it in this area, which is so misunderstood, Mr. Speaker. We didn't get to it until late into Iraq and Afghanistan with our veterans and with our soldiers on the front lines. Of course, it was major injury in both of those wars—post-traumatic stress disorder and TBI, traumatic brain injury.

So forward 20 years, we worked to draw attention to the struggle of millions of Americans living with long-term disabilities caused by traumatic brain injury. Now, of course, we take good care of our vets. Can you imagine, we went to war, and we had no money in the budget. We had no programs to help those who were most injured in the two wars that we got into. We were not prepared, and we suffered tremendous amounts of injuries because of it.

Mr. Speaker, I thank Chairman NADLER and Chairman PALLONE and their dedicated staff for their diligent work to bring the TBI and PTSD, Post-Traumatic Stress Disorder Law Enforcement Training Act to the floor. I also thank Representatives DEMINGS, RUTHERFORD, and BACON for co-leading this bipartisan effort.

Finally, I thank our law enforcement and TBI community stakeholders who helped us craft and advance this important policy. These past couple of years have been difficult for our communities and especially so for our men and women in uniform.

Mr. Speaker, the House stands with them during Police Week and after 2022. I am honored to present this legislation.

Mr. BENTZ. Mr. Speaker, I have no further speakers, and I am prepared to close.

Mr. Speaker, I urge my colleagues to support this bill, and I yield back the balance of my time.

Mr. COHEN. Mr. Speaker, in closing, I ask everybody to support this important legislation for law enforcement and for mental health. Vote "aye". No roll call.

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

Ms. JACKSON LEE. Mr. Speaker, I rise in support of H.R. 2992, the bipartisan TBI and PTSD Law Enforcement Training Act, that would require the Bureau of Justice Assistance to develop training for law enforcement officers on how best to respond to crisis calls involving individuals suffering from the effects of traumatic brain injuries and posttraumatic stress disorder.

According to the Centers for Disease Control and Prevention (CDC), there were approximately 2.9 million TBI-related emergency department visits, hospitalizations, and deaths in the United States in 2014 and TBI's were identified in 25 percent of all injury-related deaths in 2017.

More than 430,000 U.S. service members were diagnosed with a TBI between the year 2000 and 2020.

With the prevalence of TBI and PTSD among the general population, and particularly among military service members, there is a need to increase training for law enforcement officers to recognize the unique challenges of TBI and PTSD and more effectively respond to crisis calls.

TBI and PTSD can have a significant impact on an individual's ability to make decisions, control impulses, or think clearly.

Many of the symptoms of TBI and PTSD, such as confusion, inability to follow directions, and impaired thinking or memory, can be misinterpreted or mistaken for intoxication.

And individuals who suffer from TBI or PTSD may also appear agitated or exhibit impaired emotional functioning, which can be misunderstood as aggression.

These impairments can impede proper communication and cause interactions between law enforcement and civilians to escalate, posing potential safety risks to both parties—when officers are not trained to recognize the signs and symptoms.

Many officer-involved encounters could have led to better outcomes if the officers involved had known: 1) how to recognize that these individuals were in crisis and suffering from the effects of traumatic events; 2) the best forms of interaction with them; and 3) how to maximize officer and subject safety.

H.R. 2992 would require DOJ, through the Bureau of Justice Assistance, to solicit best practices related to recognizing and responding to individuals with TBI and PTSD and to develop Crisis Intervention Training tools for law enforcement agencies to better respond to these potentially catastrophic encounters.

This legislation would incorporate TBI and PTSD training—once developed—into the existing Police Mental Health Collaboration toolkit, a proven, no-cost online resource for law enforcement agencies, made available by the Bureau of Justice Assistance.

It would further require the Centers for Disease Control and Prevention to study and understand the prevalence of concussions and Traumatic Brain Injury, specifically, among law enforcement officers and first responders.

Recognizing that Crisis Intervention Training programs have yielded significant benefits for law enforcement agencies, including limiting the need for higher levels of police intervention, reducing officer injuries, and redirecting people in crisis away from the criminal justice system and toward mental health services, this legislation would provide additional re-

sources and support for agencies working to improve public safety and ensure that individuals in their communities receive the care they need.

This legislation would also build upon existing best practices to provide officers, through Law Enforcement Mental Health Learning Sites, additional tools they need to continue to protect the communities they serve and save lives.

I commend Representatives BILL PASCRELL, DON BACON, JOHN RUTHERFORD, and our colleague, Representative VAL DEMINGS for introducing this critical, bipartisan legislation and urge my colleagues to join me in support of this bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Tennessee (Mr. COHEN) that the House suspend the rules and pass the bill, H.R. 2992, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROSENDALE. Mr. Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

CONDEMNING RISING ANTISEMITISM

Mr. COHEN. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1125), condemning rising antisemitism, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1125

Whereas the Jewish-American experience is a story of faith, fortitude, and progress and is connected to key tenets of American identity;

Whereas generations of Jewish people have come to this Nation fleeing oppression, discrimination, and persecution in search of a better life for themselves and their children;

Whereas these Jewish Americans have created lives for themselves and their families and played indispensable roles in our Nation's civic and community life, making invaluable contributions to our Nation through their leadership and achievements;

Whereas, on August 21, 1790, President George Washington sent a letter to the Hebrew Congregation of Newport, Rhode Island, expressing that the newly formed United States would be a Nation that “gives to bigotry no sanction, to persecution no assistance” and that the Jewish people should “dwell in this land [and] continue to merit and enjoy the good will of the other inhabitants . . . and there shall be none to make him afraid.”;

Whereas we should acknowledge and celebrate the crucial contributions that Jewish Americans have made to our collective struggle for a more just and fair society, leading movements for justice and equality, and working to ensure opportunities for all;

Whereas alongside this narrative of achievement and opportunity, there is also a history, far older than the Nation itself, of

racism, bigotry, and other forms of prejudice manifesting in the scourge of antisemitism; Whereas antisemitism is an insidious form of prejudice stretching back millennia that attacks the humanity of the Jewish people and has led to violence, destruction of lives and communities, and genocide;

Whereas conspiracy theories that Jews are uniquely evil and influential has led to mass killings of Jews throughout time, including the poisonous Nazi ideology that resulted in the murder of 6,000,000 Jews, including 1,500,000 Jewish children, and millions of other victims of the Nazis in Europe;

Whereas over the course of the past decade, Holocaust distortion and denial has grown in intensity;

Whereas a 2020 survey of all 50 States in the United States on Holocaust knowledge among Millennials and Gen Z conducted by the Conference on Jewish Material Claims Against Germany (Claims Conference), found a clear lack of awareness of key historical facts; 63 percent of respondents did not know that 6,000,000 Jews were murdered during the Holocaust and 36 percent thought that “two million or fewer Jews” were killed;

Whereas there is a documented and dangerous rise of antisemitism globally and in the United States, where Jews are increasingly affected by the grotesque spread of misinformation and lies including blame for the spread of COVID-19, false claims including the control of the media and the financial system, accusations of dual loyalty, and a multitude of negative stereotypes;

Whereas the American Jewish Committee (AJC)'s 2021 State of Antisemitism in America report, a survey of American Jews and the general public's perceptions of antisemitism, revealed 24 percent of American Jews have been personally targeted by antisemitism in the past 12 months, 4 in 10 American Jews changed their behavior at least once out of fear of antisemitism, 90 percent believe antisemitism is a problem in the United States, and 82 percent feel it has increased in the past 5 years;

Whereas, according to the Federal Bureau of Investigation, Jews were the target of 55 percent of all religiously motivated hate crimes in 2020, despite accounting for no more than 2 percent of the United States population;

Whereas the Anti-Defamation League (ADL)'s 2021 Audit of Antisemitic Incidents in the United States recorded 2,717 acts of assault, vandalism, and harassment this past year alone, an average of more than 7 incidents per day; a 34-percent increase from 2020 and the highest year on record since ADL began tracking antisemitic incidents in 1979;

Whereas 525 antisemitic incidents took place at Jewish institutions, an increase of 61 percent from data collected in 2020;

Whereas antisemitic assaults increased by 167 percent in 2021 compared to the previous year and assaults in 2021 were 138 percent higher than the rolling 5-year average of antisemitic assaults;

Whereas there was a substantial surge of antisemitic incidents in the United States in May 2021, 387 incidents were reported, a 141 percent increase in reports of antisemitic incidents compared to May 2020; Jewish individuals were violently attacked in major cities including New York and Los Angeles;

Whereas the use of antisemitic language, conspiracy theories, and hatred has increased on multiple social media platforms—from Facebook and Instagram to Twitter and TikTok, among others—including tropes about Jewish control and messages praising Hitler and demonizing all Jews;

Whereas a recent example of the violent antisemitism took place on Saturday, January 15, 2022, when, during religious services at Congregation Beth Israel, a terrorist held