

they've demonstrated to their communities and their families and their friends their entire lives: they've worked hard and earned this right by excelling in school, by helping their neighborhoods, and by serving our Nation.

I know who you are—you are the next generation of leaders of our great Nation. On August 15, show all of America who you are. We need your example because it's vital to remember that every time we've expanded civil rights in America—every time—someone tried to stand in the way. From women's suffrage, to voting rights for African Americans, to Americans with disabilities, to marriage equality, someone will raise their voice against expanding the rights enjoyed by some Americans to all Americans. There is always someone who says these rights, these liberties, this equality, it's for me, it's not for you.

So I ask my DREAM Act-eligible friends—1 million strong—on August 15, show America who you are and remind America that freedom and equality is for all of us.

#### HONORING DEPUTY WILLIAM MAST, JR.

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from North Carolina (Ms. FOXX) for 5 minutes.

Ms. FOXX. Mr. Speaker, my heart is heavy for the family and friends of Watauga County Sheriff's Deputy William Mast, Jr., who gave his life in the line of duty on July 26.

In his 23 short years, Deputy Mast made an imprint on the communities he served and called home. He was a graduate of Watauga High School and a member of Bibleway Baptist Church. He cherished the North Carolina way of life—hunting, fishing, off-roading, and riding horses in our beautiful country.

The thoughts and prayers of thousands remain with his beloved wife, Paige, their unborn child, William, his parents, Angela Wall and William Mast, Sr., his extended family, and the entire Watauga County Sheriff's Office.

May each be comforted and find peace in the midst of this tragedy. And may we be faithful to remember that the safety we experience in our communities is maintained, in part, because people like Deputy Mast volunteered to place themselves in harm's way for our protection. For that caliber of service and sacrifice, we are grateful.

#### PRESCRIPTION DRUG ABUSE

The SPEAKER pro tempore. The Chair recognizes the gentleman from West Virginia (Mr. RAHALL) for 5 minutes.

Mr. RAHALL. Mr. Speaker, I rise today to urge legislative action on a widespread public health crisis.

I want to thank, first of all, my colleagues, especially my good neighbor and chairman of the House Appropria-

tions Committee, the gentleman from Kentucky, Mr. HAL ROGERS, Congresswoman MARY BONO MACK, and Congressmen STEVE LYNCH and BILL KEATING—whom you'll hear from in a moment—all tremendous leaders in our fight to stop this epidemic.

The CDC has confirmed what local leaders and professionals across the board have been struggling with daily: prescription drug abuse is a national epidemic—a term the CDC does not use lightly.

It is no longer a silent epidemic. It can be seen at any hour of any day on street corners and in school yards. Every day, there are new stories reporting overdoses, deaths, accidents, and tragedies of families torn apart by the vicious cycle of prescription drug abuse. And the cycle is certainly vicious.

Unlike cocaine or heroin, prescription drugs are legal and frequently prescribed by caring physicians who are led by the principle oath of "first do no harm." Yet, alarming statistics show that children and adults are blind to the harmful consequences of these drugs even as they become addicted, paying upwards of \$150 per pill to buy them on the black market.

Distressingly, my home State of West Virginia has our Nation's highest rate of drug-related deaths. In fact, between 2001 and 2008, more than 9 out of 10 of those deaths involved prescription drugs. Incredibly, drug overdoses now kill more West Virginians each year than do car accidents.

But the alarming use and deaths by prescription drugs is not just in West Virginia. As other distinguished Members will tell you, prescription drug abuse hits everyone, whether you're 9 or 90, whether you're rich or poor, living in big cities or small towns, whether you're Democrat, Independent, Republican, or whatever, anywhere in our great United States.

We know there is no one single answer, no single action, and no silver bullet in the fight against prescription drug abuse. I've met many times with law enforcement, community organizations, educators, physicians, and many other constituents, and I know that fighting back against prescription drug abuse will take the work of an entire village.

We must strengthen drug diversion, educate children and adults on prevention, work with the medical community on addiction and pain treatment, and treat and rehabilitate those affected by vicious addiction before they succumb to the death spiral.

□ 1020

I and my distinguished colleagues have put forth and supported legislation that aims to combat prescription drug abuse. We know that something more must be done from a Federal level, and that's why I've introduced H.R. 1925, the Prescription Drug Abuse Prevention and Treatment Act. This bill would implement multiple meas-

ures essential to combating prescription drug abuse, education and training, monitoring, evaluation and enforcement, and it provides a good guideline to coordinate Federal, State, and local efforts to fight this epidemic.

The bill establishes mandatory physician and consumer education and authorizes Federal funding to help our States create and maintain prescription drug monitoring programs that all States can access. It would also set up a uniform system for tracking painkiller-related deaths, helping States and law enforcement professionals manage and report data.

The West Virginia State Police, our State's attorney general, and even physicians have all consistently stressed the need for access to a prescription drug monitoring system that is shared between State lines and updated in real time.

I know my colleagues have authored and supported similar bills, like H.R. 2119, the Ryan Creedon Act, which also seeks to implement targeted physician education on prescription drug abuse and addiction, and H.R. 1065, the Pill Mill Crackdown Act, which would help further eradicate pill mills throughout our Nation. These bills address critical issues that ought to be part of this Congress' effort to craft legislation to assist our States and communities in combating prescription drug abuse.

The toll of destruction and devastation heaped upon America's families and our economy by this epidemic demands that U.S. Congress must act, and act swiftly. So I urge my colleagues to move forward and bring legislation to the floor that will enable our communities to fight back against prescription drug abuse.

Let us act with dispatch and compassion and with an acute understanding of the enormity of the challenge before us. The future of our families and children and the entire health and well-being of local communities and our Nation depend on us.

#### THE MEDICINE CABINET EPIDEMIC

The SPEAKER pro tempore. The Chair recognizes the gentleman from Kentucky (Mr. ROGERS) for 5 minutes.

Mr. ROGERS of Kentucky. Mr. Speaker, I want to begin by thanking my colleague and friend from across the Big Sandy that divides Kentucky and West Virginia and my good friend across the aisle, NICK RAHALL, for organizing these Special Orders by the Congressional Caucus on Prescription Drug Abuse. Congress, the DEA, the medical community, State partners, and particularly the Federal Drug Administration must do more to fight the medicine cabinet epidemic.

The Office of National Drug Control Policy in the White House has identified prescription drugs as our Nation's fastest growing drug problem, easily eclipsing cocaine and heroin abuse. As has been said, the national Centers for

Disease Control has said that prescription drug abuse is now a national epidemic.

In 2010, 254 million prescriptions for opioids were filled in this country. That's enough painkillers to medicate every American adult around the clock for a month.

Our military soldiers are coming back from Iraq and Afghanistan hooked on these pain pills. In the last 2 years, over 150 of our soldiers have died from overdoses.

In my home State, Kentucky's losing roughly 82 people a month to prescription drug deaths, more than car crashes. Our medicine cabinets are more dangerous than our cars.

But these statistics, of course, are just numbers. So many Americans, including members of our caucus who've taken to the House floor today, have been touched by this tragedy in some personal way. In some counties in my district, half of the children are living in a home without their parents in large part because of prescription drug abuse.

I've met single moms struggling to get through drug court and employers who can't string together a clean workforce. We've lost mothers. We've lost grandfathers, police officers, children, brothers and sisters, husbands and wives.

This epidemic does not distinguish between socioeconomic lines or gender lines or geographic lines. It's indiscriminate in its path of destruction, and it has to stop.

FDA has to be part of saying "no" to the abuse of legal drugs. FDA is the primary entity for regulating prescription drugs with its hands on the spigot. For years, I've pleaded with the FDA to take a harder look at how these painkillers are allowed to be prescribed.

Congressman FRANK WOLF of Virginia and I have implored FDA to make these painkillers available only for severe pain. Prescription painkillers such as OxyContin and Opana were originally intended to treat severe pain caused by cancer, but over the years, based in large part on marketing practices, many physicians, dentists, other health care providers began prescribing opioid painkillers for moderate-to-severe pain. A toothache or a stubbed toe has become an excuse for an Oxy prescription.

Now, OxyContin's a wonderful drug, intended for terminally ill cancer patients, people in severe pain that need a time-released capsule over 12 hours. It helped the patient and helped the caregiver. But it's also a very addictive drug and very difficult to kick once addicted. So this is really a dangerous drug when not used in the prescribed way.

This FDA-approved indication for moderate-to-severe pain can create the false assumption that opioids are a safe and effective treatment for chronic, noncancer pain. On the contrary, more than 30 leading clinicians, researchers,

and health officials recently petitioned the FDA to strike the term "moderate" from the indication for non-cancer pain, add a maximum daily dose and a maximum duration of 90 days for continuous daily use.

When we're losing 16,000 people a year to these drugs, the FDA must take this petition seriously.

Second, the FDA shortly will make a vital determination about whether to approve generic versions of the original formulation of the drug OxyContin.

In 2007, the manufacturer of this drug, Purdue Pharma, was found criminally liable for deliberately misbranding their product.

After paying an unprecedented \$630 million penalty, Purdue voluntarily removed the original formulation of OxyContin from the market—and reissued the drug with a formulation which is much more difficult to abuse.

Since this new, more "gummy" drug has come on the market, abuse of OxyContin has steadily declined—while the abuse of other painkillers, like Opana, is on the rise.

Purdue's patent on the original OxyContin formulation expires in 2013, and at least three companies have filed applications with FDA to produce generic versions.

If approved, this stands to be a disaster:

1. As previously seen, original Oxy was incredibly misused and wrought havoc. We could see a new wave of deaths if this drug is available in a cheaper, generic form.

2. This would also be a tremendous setback to companies developing abuse-resistant pain medications. If generic OxyContin is available on the market for a low price, there is no financial incentive for investment in the development of abuse-resistant drugs.

FDA must realize the wide-reaching implications of this pending decision, and I encourage the Agency and Commissioner Hamburg not to put this potent drug back on the market when there are so many alternatives already available and under development.

Mr. Speaker, this epidemic is touching people in every corner of our great nation—and for that reason, I invite all of my colleagues to join us in the fight by becoming a member of the Congressional Caucus on Prescription Drug Abuse and working with us in pressing FDA to make the right decisions.

#### VERIFYING OFFICIAL TOTALS FOR ELECTIONS ACT

The SPEAKER pro tempore. The Chair recognizes the gentleman from Georgia (Mr. JOHNSON) for 5 minutes.

Mr. JOHNSON of Georgia. Mr. Speaker, I will introduce today the Verifying Official Totals for Elections Act, also known as the VOTE Act.

Electronic voting machines are vulnerable to poor design and tampering, and there is currently no way to verify the accuracy of an electronic vote count. The VOTE Act will ensure the integrity of our voting machines system by requiring any software used in an electronic voting system for any Federal election to be deposited in the National Software Reference Library. Depositing the software in the National Software Reference Library will allow the software to be available for review in the event of an election contest or recount.

The VOTE Act is definitely needed. We are 97 days away from a crucial election and, according to a recent report, half the States have inadequate post-audit election procedures for electronic voting machines. It also found that a quarter of States have post-audit election procedures that need improvement. Further, the report found that in every national election in the past decade, computerized voting systems have failed, machines did not start or failed in the middle of voting, memory cards could not read, and votes were misstalled.

I'm sure that you all who are computer literate out there have had a computer and you were working on it and suddenly it froze up.

□ 1030

In order to unfreeze it, you had to reboot it, and in the process, you lost all of your data that you were working on; or some of you may have had the misfortune of a computer hard drive just freezing up on you and just crashing, and you had to take it somewhere and try to retrieve your data off of that hard drive, and it cost a whole lot of money. You may have even manipulated your child's computer to prevent access to a dangerous Web site; or somebody may have installed, unbeknownst to you, some software on your laptop computer that you carry around so that one can keep track of your whereabouts.

These are the kinds of things that we must be concerned about as far as our electronic voting machines—their accuracy and the fact that they can be manipulated.

There have been several e-voting inaccuracies since 2006, including prominent controversies in South Carolina, Florida, and Pennsylvania. The VOTE Act provides peace of mind. It does so by requiring that the source code, or the blueprint, of the e-voting system be stored in the National Software Reference Library, which will allow auditors to compare that code with the actual machine to determine if there has been any improper activity.

This is an urgent problem, and the VOTE Act is the solution. The right to vote is fundamental to our democratic process, and it is protected by the Constitution of the United States. The right to vote is protected by more constitutional amendments—the First, 14th, 15th, 19th, 24th, and 26th—than is any other right we enjoy as Americans. Thus, it is vital to ensure the integrity of that vote. We must do everything in our power to ensure that every American who casts a vote in the upcoming election is counted.

I thank Common Cause, Florida Voting, VerifiedVoting.org, and the North Carolina Coalition for Verified Voting for endorsing this bill.

I urge all of my colleagues to support the VOTE Act, and I invite Members from both sides of the aisle, Democrats and Republicans, to cosponsor this bill. Protecting the vote and the integrity