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House of Representatives

The House met at 10 a.m. and was called to order by the Speaker pro tempore (Mr. DUNCAN of Tennessee).

DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
July 24, 2014.

I hereby appoint the Honorable JOHN J. DUNCAN, Jr. to act as Speaker pro tempore on this day.

JOHN A. BOEHNER,
Speaker of the House of Representatives.

MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 7, 2014, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties, with each party limited to 1 hour and each Member other than the majority and minority leaders and the minority whip limited to 5 minutes, but in no event shall debate continue beyond 11:50 a.m.

AFGHAN SPECIAL IMMIGRANT VISAS

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

Mr. BLUMENAUER. Mr. Speaker, I rise this morning to urge—indeed, to plead—with my colleagues to cosponsor bipartisan legislation that Representative KINZINGER and I will be introducing this afternoon, which would authorize 1,000 additional special immigrant visas to allow the United States to bring our Afghan allies to safety here in America. Earlier this week,

Senators MCCAIN and SHAHEEN introduced identical legislation in the other body.

The need for this bill is urgent. Indeed, Congress should have acted yesterday. That is because the State Department has confirmed now that they have completely run out of the visas we authorized in December. In a way, that is good news.

Remember how in previous years the State and other agencies never remotely came close to using the visas that were authorized, which consigned these poor souls to the seventh circle of bureaucratic hell. Processing was so slow and abysmal that only 32 of our Afghan allies received a visa in 2012. People were left in limbo—or worse—while the Taliban hunted them down, kidnapped their siblings, murdered their parents—capturing them, torturing, beheading them.

But the administration responded to the demand from Congress for significant reform in the program, and the agency has aggressively attacked the visa-eligible backlog. Despite the processing—on average, 400 visas each month since January—years of a failed system means that, today, there remains an astonishing 6,340 brave men and women waiting in limbo.

If Congress does not act before we adjourn for the August recess, it means we will be slamming the door to safety for hundreds of our Afghan allies and their families. With each day that passes, these are people whose lives and those of their families are left to the tender mercies of the Taliban—seeking revenge.

Mr. Speaker, Representative KINZINGER and I have a nonpartisan, fully paid-for bill—House leadership willing—that could pass on the floor in the blink of an eye. All we have to do—what we must do—is choose to make it a priority. Remember, we have done this before. Reforms that enabled the program to work passed as an amend-

ment to the National Defense Authorization Act on this floor by, I found, an inspiring 420–3 margin. Passing this bill is not only the right thing to do for these poor souls, it is in our own national security interest.

As Secretary Kerry pointed out in urging Congress to grant more visas, “The way a country winds down a war in a faraway place and stands by those who risk their own safety to help us in the fight sends a powerful message to the world that is not soon forgotten.”

Whether or not you supported the wars in Iraq or Afghanistan, what matters now is where we stand in keeping our commitments. This bill, authorizing an additional 1,000 visas for the balance of this current fiscal year, is a Band-Aid—but a critical one. We are going to have to act again in the coming months to deal with fiscal year 2015, starting in October.

For too long, it was the State and other agencies that failed to make this the priority it needed to be. Now that they have upped the attention, the focus, the resources, and the commitment, let’s not let Congress be the obstacle. Innocent lives are at stake. American honor is on the line.

I urge my colleagues to do everything they can in the coming days to bring this bill to the floor. It is our duty to save the lives of those who risked so much to help us when we needed them.

HELPING FAMILIES IN MENTAL HEALTH CRISIS ACT

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

Mr. MURPHY of Pennsylvania. Mr. Speaker, this week, the largest ever study of schizophrenia reported that the condition is tied to more than 100 genes.

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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This discovery shows more evidence that schizophrenia is a clinical condition just like other medical conditions. Severe schizophrenia, therefore, must be treated with a medical approach, using evidence-based therapies that work.

We know 50 percent of persons with schizophrenia suffer from a neurological impairment that makes them incapable of understanding that they are ill. This lack of awareness, termed “anosognosia,” is the leading cause of noncompliance with psychiatric treatment. This neurological problem helps to explain why 40 percent of Americans with a serious mental illness do not receive treatment, and it explains how our system fails to help those most in need.

Anosognosia occurs most frequently when schizophrenia or a bipolar disorder affects portions of the frontal lobe, resulting in impaired executive function. The patients are neurologically unable to comprehend that their delusions or hallucinations are not real. This is different than denial; this is a change in the wiring of the brain. These individuals don't recognize they are ill. When they don't meet the 200-year-old definition of being in imminent danger to harm themselves or others, their friends and families are powerless to help them. Uninformed observers wrongly believe that, because the patients can look at them and talk to them, they must be fully functional and aware, but they are not.

Much like if they had Alzheimer's disease or were in a coma, these individuals with schizophrenia can't voluntarily request treatment on their own. We would never deny care to a stroke victim or to a senior with Alzheimer's simply because he or she couldn't articulate her need for treatment. Yet, in cases of serious brain disorders, we allow millions to suffer because of the chaotic patchwork of State and Federal laws that says we can't even act when we know we must.

Further, when a patient is discharged from a hospital with anything from a minor cut to a heart transplant, there must be a written treatment plan, and that plan is readily shared with family members who will assist with followup, but not so with serious mental illness. Again, we would not do this to someone with Alzheimer's. We would not say, “I can't treat your grandmother until she is well enough to tell me to treat her, but I can't tell you about her treatment until she gives you permission.”

These mentally ill men and women who are in need of medical attention end up sitting in jails, sleeping behind dumpsters, or being sedated and chained to hospital gurneys in emergency rooms. They cycle in and out of prison, the ER, and shelters. That is a lifestyle we have relegated 3.6 million Americans to. We deny people the right to treatment. We deny them the right to get better. How cruel is that?

As a result, 1 million Americans last year attempted suicide, and 40,000 people died from suicide. There are 300,000 homeless, 500,000 in jail, and 700,000 in other prisons. The mentally ill are also more likely to be robbed, physically assaulted, raped, and sexually assaulted. So, while several States and counties have taken bold action to help those who have been cast aside by our current system, the Federal Government sits, oblivious to the problem, and, in some cases, actually creates barriers to treatment for those who need help the most.

Serious mental illness is more detrimental to your long-term health than being a heavy smoker, and it increases your risk for diabetes, heart disease, and cancer. It reduces your life span by some 25 years. There is also a financial toll. A study conducted by Duke University determined that assisted outpatient treatment saves taxpayers \$50,000 per patient. It also increases medication compliance and decreases incarceration, hospitalization, and homelessness.

The problem is that four States still prohibit the use of this medical model, and most county health systems haven't implemented it; and studies have shown that each time individuals with mental illnesses experience a break from reality, their brains actually suffer from permanent injury. All of this is happening at a time when we know more about the brain than we ever have.

We tell families that Federal laws prohibit you from knowing why your loved one is in a mental health crisis, and doctors tell the family, “Your son is only a little dangerous right now, but please bring him back when he becomes truly violent, and then he can be treated.” How absurd. Can you imagine if we told someone with diabetes, “Your blood sugar is too low, but we are going to wait until you are in a diabetic shock before we give you insulin”? The doctor would be fired, and the hospital would be sued. We would ensure that it never happens again. Yet, for families in a mental health crisis, this scenario plays out every single day, and not a word is spoken about it. The reason is that people don't understand the neurological basis of mental illness.

What we need to do is have a Congress that is able to confront its own denial and change the laws that need to be changed. We can fix the mental health system but not if Congress does not act. We must pass H.R. 3717, the Helping Families in Mental Health Crisis Act, because ignoring this problem will not make it go away, and where there is no help, there is no hope at all.

IDEAL FASTENER CORPORATION

The SPEAKER pro tempore. The Chair recognizes the gentleman from North Carolina (Mr. BUTTERFIELD) for 5 minutes.

Mr. BUTTERFIELD. Mr. Speaker, I rise to congratulate a company in my

district called the IDEAL Fastener Corporation.

Recently, they announced a \$5.7 million expansion of their facility in Oxford, North Carolina. This expansion will create 155 jobs by the year 2019, and it is welcome news for Granville County, which is an important part of my congressional district. Now, Mr. Speaker, 155 jobs in some communities across our great country may be relatively small, but in this rural community, this is a big deal.

IDEAL Fastener Corporation was established in 1936 by Elie Gut, and it has been a strong member of the Oxford community since moving its corporate headquarters there in 1966. IDEAL Fastener Corporation is still family owned and is operated by Ralph and Mary Gut and their three children—Jeff, Steven, and Michelle.

Since bringing their world headquarters to Oxford, IDEAL Fastener Corporation has grown to become the second largest zipper manufacturer in the entire world with production and sales facilities in over 20 countries. They are in the process now of launching three new products and are making major capital investments that will benefit their employees and the North Carolina economy.

Mr. Speaker, on Monday of this week, July 21, I marked my 10th anniversary here in the House of Representatives; and if there is one thing that I have come to recognize and appreciate, it is that small businesses and small industries are what drive our economy. Companies like IDEAL Fastener Corporation are the lifeblood of our economy.

I congratulate IDEAL Fastener and the Gut family on this tremendous, tremendous announcement. I wish them nothing but continued success in the future.

OBAMA ECONOMY

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

Mr. WILLIAMS. Mr. Speaker, before President Obama leaves for his 2-week-long vacation at Martha's Vineyard, he has a lot of work to do.

Contrary to what he said in Austin, Texas, this month, Americans are not better off than when he took office in 2009. In fact, his policies are hurting families and businesses everywhere.

He should focus on what House Republicans are doing and cooperate by getting his party leaders in the Senate to act on more than 40 bills to get our economy moving, get people back to work, and roll back his administration's harmful policies like Dodd-Frank and ObamaCare—the major force behind the transition to part-time America.

Under President Obama, the average unemployment rate tops 8 percent; we have got 47 million people on food stamps; 48 million people between the ages of 18 and 64—the very heart of our