

know, whether it wishes us well or ill, that we shall pay any price, bear any burden, meet any hardship, support any friend, oppose any foe to assure the survival and the success of liberty.”

That applies to Georgia, Mr. Speaker. And that is just the way it is.

EPIDEMIC OF OVERDOSE DEATHS

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

Mr. COURTNEY. Mr. Speaker, next to me is a map of the United States which shows the sickening increase in overdose deaths in this country due to heroin and opioid use over the last decade or so.

The first map is a map from the Centers for Disease Control statistics in 2004, when roughly 7,000 Americans lost their lives to opioid overdose. Again, the red color shows the intensity of regions where deaths occurred in excess of 20 per 100,000. The blue is 10 per 100,000 or less.

□ 1015

In 2014, over 28,000 Americans lost their lives to heroin and opioid overdose deaths. As you can see, the red portions of the country are increasing at an alarming rate. We have not gotten the 2015 statistics yet from the Centers for Disease Control, but by all indication from State numbers that are coming out, this map is actually going to get worse for the 2015 numbers.

Mr. Speaker, we have an epidemic in this country which far surpasses any challenge that is presented by any natural disaster. If we had an attack on the homeland that took the number of lives that these maps represent, this Congress would be on fire in terms of trying to move resources and help to communities all across the country.

Again, it is indiscriminate. It hits rural America, it hits suburban America, it hits urban America, and it hits age groups and ethnic groups across the board.

Today we are going to be taking up some legislation, H.R. 4641 and H.R. 5046. The first bill has 2 cosponsors; the second has 10 cosponsors. The first provides for establishment of an inter-agency task force to talk about pain medication, and the second is to authorize, not appropriate, different programs for heroin and opioid reduction. They are benign bills. It would be impossible for anyone to object to them.

But to be very clear, there is not a penny in either of these measures to help law enforcement. The police and fire who are responding to these crises day in and day out back home in eastern Connecticut are burning out because of the frequency of these calls. There is not a penny in these measures for treatment beds, for detox, or for long-term care treatment. In the State of Connecticut, it takes 4 to 6 months to get treatment.

These are addicts who are at points in their lives where to talk about a 4-

to 6-month time span is to talk about an eternity. If you talk to the families who are dealing with their loved ones who are ensnared in these addictions, 4 to 6 months is really basically being told that there is no treatment available.

There is not a penny for prevention and education. If we go upstream, that is how we solve this problem in terms of better practices for opioid and heroin prescription.

It is not a coincidence that the White House last night issued a statement on this legislation, which basically points out the fact that they “do little to help the thousands of Americans struggling with addiction.”

The statement goes on to say that these alarming trends which are represented on this map “will not change by simply authorizing new grant programs, studies and reports. Congressional action is needed to fund the tools communities need to confront this epidemic and accelerate important policies like training health care providers on appropriate opioid prescribing, an essential component of this effort.”

The President submitted a budget with \$1 billion of new funding paid for offset for 2017 that would put money into those three buckets: prevention and education, law enforcement, and treatment, again, no action by the majority in terms of dealing with actual funding to help people out there desperate for help.

There is a bill also to provide emergency supplemental funding of \$600 million for this year to get that help out now. We presented it to the Rules Committee last night, and it was rejected.

If we had a hurricane or a tornado or a forest fire that was ravaging parts of this country or an attack on the homeland, this place would not hesitate about getting resources out there to help the folks that would respond to that type of a crisis; yet, somehow we have turned a blind eye to the thousands of Americans who are suffering from addiction and to the thousands of law enforcement fire and police who are responding to these calls literally as we are sitting here today.

There are hundreds of people per day who are dying because of this problem, and we, again, are providing no resources about better opioid prescription practices and getting better education, particularly to our young people, that clearly this map shows we must do if we are going to get our arms around this conflict and this problem.

Today there will be votes. There will be a lot of self-congratulatory rhetoric about the fact that we are moving on this. But, remember, there is not a penny for law enforcement, for treatment, or for prevention and education. Until we do that, we are kidding ourselves that we are going to turn this alarming, disturbing trend around.

SOUTH DADE VETERANS AFFAIRS CLINIC

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Florida (Ms. ROS-LEHTINEN) for 5 minutes.

Ms. ROS-LEHTINEN. Mr. Speaker, I rise today in strong support of the long-overdue south Dade Veterans Affairs clinic adjacent to Homestead Air Reserve Base, part of my congressional district.

Community-based outpatient clinic facilities in Homestead and Key Largo are extremely limited in the amount of services that they provide. This project, therefore, can no longer be ignored, Mr. Speaker. Currently, these local military personnel, retired servicemembers, and veterans are not getting the proper support that they have so rightfully earned.

As the wife of a Vietnam veteran and a stepmother of two marine aviators, I am passionate about safeguarding our Nation's military members and their families and fighting for the services they need in order for them to live healthy and fulfilling lives. Our military does not quit on us, Mr. Speaker, and I certainly will continue fighting for them.

It is estimated that there are more than 22,500 veterans, Active-Duty military, and recently deployed reservists eligible for VA medical services within a 20-mile radius of Homestead Air Reserve Base. Currently, those living in Homestead who require more than the limited services offered at Homestead Outpatient Clinic must travel about 70 miles roundtrip to the VA Medical Center in order to get the proper care that they desperately need. Veterans living in the Upper Keys have to travel even further, oftentimes more than 160 miles roundtrip.

This is completely unacceptable. It is a huge burden for our servicemen and -women and their families who have already sacrificed so much for us and our Nation. This new clinic would not only improve access to care for veterans in Homestead and the Upper Keys, but it would also enhance the quality of care throughout the region by reducing pressure on the Miami VA Medical Center.

Mr. Speaker, the south Dade VA clinic is a project that has a great deal of support throughout my district, including the Department of Defense personnel at Homestead Air Reserve Base and the Military Affairs Committee of the south Dade Chamber of Commerce.

I have also received thousands of constituent support cards, many of which I have here with me today. Here is a bunch, and here is a bunch. There are just thousands, Mr. Speaker.

Once again I would like to express my strong support for the long-overdue south Dade Veterans Affairs clinic adjacent to the Homestead Air Reserve Base. These local veterans have waited too long already, and they deserve nothing less than the successful completion of a new facility as soon as possible.

CONGRATULATING ISRAEL ON ITS 68TH
INDEPENDENCE DAY

Ms. ROS-LEHTINEN. Mr. Speaker, I rise today to congratulate the democratic Jewish State of Israel as it marks its Independence Day.

Though the Jewish people have historical ties to Israel that date back millennia, in just 68 years of statehood, look at all that Israel has accomplished. Israel is a world leader in education, in technology, and in innovation. It is a vibrant and open democracy with a robust economy that thrives despite the constant threats that it faces daily.

The United States can have no greater friend than Israel not only because we share the same interests, but because we also share the same values and beliefs, such as democracy and the rule of law. That is why it is imperative that our two nations sign a new memorandum of understanding to ensure that Israel has the capability and the capacity to defend herself and her citizens from all threats and be a shining example of democracy for the entire region.

Mr. Speaker, I look forward to continuing to work to strengthen the already-strong relationship between the U.S. and Israel. I congratulate the Jewish state and her citizens on its 68th Independence Day.

WAR ON DRUGS

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

Mr. BLUMENAUER. Mr. Speaker, there is a major front on the war on drugs that is only now getting the attention it deserves. We will be discussing it later today on the floor dealing with opioid addiction.

Instead of arresting or citing over 600,000 people for marijuana last year, which had zero overdose deaths and which a majority of Americans think should be legal, we should redouble our efforts to fight the abuse of opioid prescription painkillers and the epidemic of opioid deaths.

Because of reckless marketing and lax oversight, there is an overdose death every 19 minutes; 78 people a day die, 20,000 last year. This is directly related to many heroin addicts. Deaths on heroin are increasing because the addict's drug of choice when their supply of opioids is interrupted shifts to heroin.

2.1 million suffer from substance abuse and 1,000 people a day are admitted to emergency rooms for opioid related causes. We have a challenge that needs to be addressed. There is plenty of blame to go around: the drug company's marketing practices, pill mills and unscrupulous doctors whose government regulators were asleep at the switch; and the DEA, which cannot get its priorities or its story straight.

I am hopeful that today's action on the floor will be the first step. As my

friend and colleague from Connecticut pointed out, today's legislation really doesn't speak meaningfully to what we are going to have to do: prevention and treatment, which ultimately can help disrupt this cycle of abuse.

There is one simple step that I think would make a profound difference. We are introducing legislation today to deal with disposal of prescription drugs. We are issuing approximately one prescription per adult in the United States, 260 million this year.

There are tens of millions of these pills floating around and left over. And what do people do? Many of them just flush them down the toilet or leave them in the medicine cabinets.

Well, flushing them into the sewer system is not a good idea because we are slowly medicating millions of Americans who are having traces of these drugs showing up in their system from drinking water. They are expensive to remove. Leaving it in the medicine cabinet is how many people find drugs to abuse. Teenagers steal unused medicines out of medicine cabinets in homes that they visit or from family members.

We are proposing a safe drug disposal tax credit, which would offer qualified entities such as retail pharmacies, narcotics treatment programs, and long-term care facilities a tax credit to be able to deal with disposal of these prescription drugs on site.

Locating safe drug disposal and take-back programs at pharmacies and other healthcare sites will increase access to this safe medicine disposal and will remove millions of these highly dangerous drugs from the hands of people who shouldn't have them.

By all means, let's have the debate today. Let's start moving forward. A look at the broader challenges of treatment and prevention is long overdue. Hopefully, the DEA gets its priorities straight in the future.

But, in the meantime, providing a tax credit for safe disposal is a small step, which should have bipartisan support and will make a difference in every community across America to end this epidemic of prescription overdose deaths.

CONGRATULATING BROCKWAY'S
GRACE PRESTON

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

Mr. THOMPSON of Pennsylvania. Mr. Speaker, I rise to recognize the efforts of Grace Preston, a sixth grader from Pennsylvania's Fifth Congressional District.

Grace visited Washington, D.C., last week to accept the Prudential Spirit of Community Award, a ceremony at the Smithsonian Museum of Natural History. Grace was one of only two students in Pennsylvania to be honored with this award, which recognizes outstanding acts of volunteerism.

Grace has raised more than \$4,000 in the past 3 years to improve the lives of animals in her community through the sale of homemade dog treats, cat toys, and flea and tick repellent.

□ 1030

She became interested in helping animals after her family adopted a pet from a local shelter.

Through her efforts, Grace has raised enough money to enable the local Humane Society to purchase a storage shed, as well as other supplies, such as rabies gloves. She has also provided animal oxygen mask kits to a local fire department for pets that have been caught in fires; has helped pay for a shelter dog's surgery; and has collected animal food for the pets of needy families.

Grace's work is an example that students all across the Nation should look toward. I know she has made her school and her community proud.

LEADERSHIP FOR CLEAN WATER

Mr. THOMPSON of Pennsylvania. Mr. Speaker, last week was National Drinking Water Week. This designation is to highlight the importance of drinking water across our Nation and the need to reinvest in the infrastructure that brings tap water into our homes.

Quality water has been credited with vastly extending the life expectancy here in the United States by eliminating the sickness from diseases that are spread through drinking water, such as typhoid fever. While we have made great progress in improving water across our Nation, there is always more work to be done.

In Congress, since 1996, the Drinking Water State Revolving Fund has helped to fund public water systems and infrastructure projects in order to meet public health goals and to comply with Federal regulations. Last year alone, Congress provided \$2.3 billion to the EPA for local drinking water and sewer construction projects through the Clean Water and Drinking Water State Revolving Loan Funds.

Good water is not only vital for good health, but it is also essential for our State's number one industry: agriculture. The Commonwealth of Pennsylvania continues to provide substantial food, fiber, and energy for residents across our Nation. With this in mind, promoting and sustaining healthy waters and soil is essential.

As chairman of the Agriculture Subcommittee on Conservation and Forestry, with jurisdiction over Federal conservation programs that are administered by the Natural Resources Conservation Service, the U.S. Forest Service and forestry practices, we work to provide leadership and resources to promote the health of our watersheds, soils, and forests.

To help meet those needs, I was proud to work on the 2014 farm bill, which provides many positive tools for farmers and landowners. From on-farm operations to estuary management, the United States Department of Agriculture plays an important role in