

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.

□ 1930

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

the surgery. And so at Hopkins we stopped doing sex-reassignment surgery, since producing a 'satisfied' but still troubled patient seemed an inadequate reason for surgically amputating normal organs.

"It now appears that our long-ago decision was a wise one."

Well, Mr. Speaker, I never remembered reading anywhere and I don't recall articles talking about how Johns Hopkins said, look, we are having no better mental, emotional results from those who have had the surgery, so we are going to stop doing the surgery. This was Johns Hopkins; they were on the cutting edge of trying to advance gender change or sex change operations. They were doing those originally.

This forward-looking, people-caring institution at Johns Hopkins medical center decided years ago that we may be doing more harm than good and we are going to stop doing sex change surgery. So no one can accuse them of trying to make more money—because obviously they would make money from the sex change operations—and not make money from stopping the sex change operations. But apparently those in charge at Johns Hopkins took rather serious the idea that doctors should first do no harm.

He goes on and points out in his article:

"A 2011 study at the Karolinska Institute in Sweden produced the most illuminating results yet regarding the transgendered, evidence that should give advocates pause. The long-term study—up to 30 years—followed 324 people"—so they have got hundreds in their database here and are following for 30 years—"who had sex-reassignment surgery. The study revealed that beginning about 10 years after having the surgery, the transgendered began to experience increasing mental difficulties. Most shockingly, their suicide mortality rose almost 20-fold above the comparable nontransgender population. This disturbing result has as yet no explanation but probably reflects the growing sense of isolation reported by the aging transgendered after surgery. The high suicide rate certainly challenges the surgery prescription."

Now, Mr. Speaker, I know there are people on the floor that are pushing for civil rights equality for the transgender and to let them go into whatever restrooms they feel like represents the gender they are at that particular time, but the studies have shown that when someone has a general dissatisfaction with their biological sex, that doing the surgery to make them that sex gives them 20 times more likelihood of committing suicide.

□ 1945

I know there is nobody on the other side of the aisle who has been pushing this issue that wants people to commit suicide at 20 times the rate of nontransgendered people, but this is where this ultimately goes.

I don't believe our President wants people to commit suicide at 20 times the rate of nontransgendered people, yet what he is urging right now, the best studies in the world indicate will be the outcome. What this President is doing in pushing people who at one point in their lives have a general dissatisfaction, or dysphoria, with their biological sex is causing more damage for these individuals down the road than he will be around to do anything about. It is not enough to say, "I care more than you do for those who want men to go in girls dressing rooms and bathrooms" when you are doing the kind of harm that the best studies in the world are showing has been done.

Back to Dr. McHugh's article, he says: "There are subgroups of the transgendered, and for none does 'reassignment' seem apt. One group includes male prisoners like Pvt. Bradley Manning, the convicted national-security leaker who now wishes to be called Chelsea. Facing long sentences and the rigors of a men's prison, they have an obvious motive for wanting to change their sex and hence their prison. Given that they committed their crimes as males, they should be punished as such; after serving their time, they will then be free to reconsider their gender."

"Another subgroup consists of young men and women susceptible to suggestion from 'everything is normal' sex education, amplified by Internet chat groups. These are the transgender subjects most like anorexia nervosa patients: they become persuaded that seeking a drastic physical change will banish their psycho-social problems. 'Diversity' counselors in their schools, rather like cult leaders, may encourage these young people to distance themselves from their families and offer advice on rebutting arguments against having transgender surgery. Treatments here must begin with removing the young person from the suggestive environment and offering a counter-message in family therapy."

That is not me. That is what one transgendered gentleman who has had the sex change operation and knows more about transgender than any M.D. in the world, Dr. Paul McHugh. Now, Dr. McHugh, when I talked to him, said he thinks there are some others who know more, but they support his positions on what he is saying, which helped him come to these positions.

But Dr. McHugh goes on: "Then there is the subgroup of very young, often prepubescent children who notice distinct sex roles in the culture and, exploring how they fit in, begin imitating the opposite sex. Misguided doctors at medical centers including Boston's Children's Hospital have begun trying to treat this behavior by administering puberty-delaying hormones to render later sex change surgeries less onerous—even though the drugs stunt the children's growth and risk causing sterility. Given that close to 80 percent of such children would abandon their confusion and grow naturally into an adult

life if untreated, these medical interventions come close to child abuse. A better way to help these children: with devoted parenting."

This psychiatrist says: "At the heart of the problem is confusion over the nature of the transgendered. 'Sex change' is biologically impossible. People who undergo sex reassignment surgery do not change from men to women or vice versa. Rather, they become feminized men or masculinized women. Claiming that this is a civil rights matter and encouraging surgical intervention is in reality to collaborate with and promote a mental disorder"—or mental dysphoria, if you would rather.

Then I have this article from Walt Heyer. Having visited with Walt, I have eminent respect for this man who underwent a sex change operation from man to woman years ago. He is now in his seventies. This is his article published in *The Daily Signal* May 16 of this year.

He says: "President Barack Obama, the titular head of the LGBT movement, has added to the firestorm of confusion, misunderstanding, and fury surrounding the transgender bathroom debate by threatening schools with loss of Federal funding unless they allow students to join the sex-segregated restroom, locker room, and sports teams of their chosen gender, without regard to biological reality:

"I know firsthand what it is like to be a transgender person—and how misguided it is to think one can change gender through hormones and surgery."

Walt Heyer says: "His action," talking about President Obama, "comes after weeks of protest against the State of North Carolina for its so-called anti-LGBT bathroom bill."

"As someone who underwent surgery from male to female and lived as a female for 8 years before returning to living as a man, I know firsthand what it is like to be a transgender person—and how misguided it is to think one can change gender through hormones and surgery."

"And I know that the North Carolina bill and others like it are not anti-LGBT."

He says: "L is for lesbian. The bill is not anti-lesbian because lesbians have no desire to enter a stinky men's restroom. Lesbians will use the women's room without a second thought. So the law is not anti-L."

"G is for gay. Gay men have no interest in using women's bathrooms. So the law is not anti-G."

"B is for bisexual. The B in the LGBT have never been confused about their gender. Theirs is also a sexual preference only that doesn't affect choice of restroom or locker."

But he says: "The North Carolina law is not anti-T because the law clearly states that the appropriate restroom is the one that corresponds to the gender stated on the birth certificate. Therefore, a transgender person with a birth

certificate that reads ‘female’ uses the female restroom, even if the gender noted at birth was male.

“So, you see, the law is not anti-LGBT. What then is all the uproar about?”

Walt Heyer goes on, he says: “What has arisen is a new breed emerging among young people that falls outside the purview of the LGBT: the gender nonconformists.

“Gender nonconformists, who constitute a minuscule fraction of society, want to be allowed to designate a gender on a fluid basis, based on their feelings at the moment.”

Walt Heyer says: “I call this group ‘gender defiant’ because they protest against the definition of fixed gender identities of male and female. The gender defiant individuals are not like traditional transgender or transsexual persons who struggle with gender dysphoria and want hormone therapy, hormone blockers, and eventually, reassignment surgery. The gender defiant group doesn’t want to conform, comply, or identify with traditional gender norms of male and female. They want to have gender fluidity, flowing freely from one gender to another, by the hour or day, as they feel like it.”

Mr. Speaker, coming from a transgender individual who had sex change surgery, this is quite an article.

He goes on to say: “Under the cover of the LGBT, the anti-gender faction and its supporters are using the North Carolina bathroom bill to light a fuse to blow up factual gender definitions.

“He does not grasp the biological fact that genders are not fluid, but fixed: male and female.

“Obama is championing the insanity of eliminating the traditional definition of gender. He does not grasp the biological fact that genders are not fluid, but fixed: male and female.”

Here I would also like to insert parenthetically. This is not from Walt Heyer. But in talking with Dr. McHugh, who had headed up psychiatry for so many years at Johns Hopkins, who cares deeply about people who are confused over gender, he was pointing out—he brought up the MMPI and asked if I knew what that was. Well, I knew. It is the Minnesota Multiphasic Personality Index, as I recall. But it is a personality test, and as far as I know, it is the most complete testing anybody has done on personality. It has different scales in there, and as Dr. McHugh pointed out, scale 5 is masculine at one end, feminine at another end.

Based on the questions that are asked, the MMPI score gives an indication on the male-female scale as to where someone is in that scale. It has nothing to do with biological sex. Apparently, most of us may have different places on that scale at different ages, and there is nothing abnormal about that.

People are to be comforted and counseled, not have laws passed that they can’t get help from their parents, they

can’t get help from loving counselors, they can’t get help from psychiatrists.

As Dr. McHugh pointed out, when these States like California and New Jersey pass laws that some confused minor with no biological indications of a problem, so the problem is all in the mind, when you pass laws saying you can’t get counseling for what is all in the mind, as Dr. McHugh says sarcastically, you might as well outlaw all of psychiatry because what they deal with are things that have not presented normally. They have not presented a biological scientific issue.

Going back to Walt Heyer’s article, he says: “Gender nonconformists, who constitute a minuscule fraction of society, want to be allowed to designate gender on a fluid basis, based on their feelings at the moment.”

He said: “I call this group ‘gender defiant’ because they protest against the definition of fixed gender identities of male and female. The gender defiant individuals are not like traditional transgender or transsexual persons who struggle with gender dysphoria and want hormone therapy, hormone blockers, and eventually, reassignment. The gender defiant group doesn’t want to conform, comply, or identify with traditional gender norms of male and female.”

And I know I have read this, but this is so critical. He says: “Under the cover of LGBT, the anti-gender faction and its supporters are using the North Carolina bathroom bill to light a fuse to blow up factual gender definitions.”

Now, going on: “Using the power of his position,” talking about our President, “to influence the elimination of gender, overruling science, genetics, and biblical beliefs, is Obama’s display of political power.”

□ 2000

“One fact will remain, no matter how deep in the tank Obama goes for the gender nonconformists, genetics and God’s design of male and female, no matter how repugnant that is to some, cannot be changed. Biological gender remains fixed no matter how many cross-gender hormones are taken or cosmetic surgeries are performed. No law can change the genetic and biblical truth of God’s design. Using financial blackmail to achieve the elimination of gender will become Obama’s ugly legacy.”

Now that is from a guy who has had the surgery, who has had the hormones. He has been through it all. Walt Heyer has a blog. He has overcome his alcohol addiction. I asked him—I don’t think he would mind me repeating—I said that we learned from the Swedish study over 30 years, people that have had these sex change operations are 20 times more likely to commit suicide.

I said: Did those thoughts enter your mind—suicidal ideations? And he indicated that he had tried to commit suicide. I didn’t elaborate. This is a man that knows. And so is Dr. Paul McHugh.

To try to make this a new civil rights issue holds these people up for political football. Everybody knows footballs get chanced out from game to game. Some political football will be the new football in another game.

I doubt that the people in this room that have been using transgender as a football will go back like the Swedish study or the Johns Hopkins study did and see the damage that has been done. Eighty percent, if left untreated, have very, very normal lives and normal mental affect down the road—if they are left untreated. But my friends who support this want to make them a political football.

We have this article, then, from June 3. Melody Wood wrote the headline: 6 Men Who Disguised Themselves as Women to Access Bathrooms.

She reports:

“The Obama administration has unlawfully rewritten law, meddling in State and local matters, and imposing bad policy on the entire Nation.

“Americans agree that while we should be sensitive to transgender individuals, others also have rights of privacy, safety, and their own beliefs that deserve respect and should not simply be pushed aside, especially when transgender persons can be accommodated in other ways.

“The risk to the privacy and safety of women and girls is real. There have been numerous cases in recent years of men either cross-dressing or claiming to be transgender in order to access women’s bathrooms and locker rooms for inappropriate purposes.

“Here are six examples:

“In 2009, a sex offender named Richard Rendler was arrested for wearing fake breasts and a wig while loitering in a woman’s restroom in Campbell, California, shopping center. Rendler had previously been arrested on charges of child molestation and indecent exposure.

“In 2010, Berkeley police arrested Gregorio Hernandez. Hernandez had disguised himself as a woman on two separate occasions to get inside a UC Berkeley locker room. Once in the locker room, Hernandez allegedly used his cell phone to photograph women.

“In 2013, Jason Pomare was arrested for cross-dressing in order to gain access to the women’s restroom at a Macy’s department store in Palmdale, California. Pomare snuck a video camera in to secretly videotape women while they used the restroom.

“In 2014, Christopher Hambrook—who faked being a transgender person named Jessica—was jailed in Toronto, Canada. Hambrook preyed on women at two Toronto shelters, and had previously preyed on other women and girls as young as five years old to as old as 53. Hambrook’s case in particular shows the importance of protecting the privacy and safety of some of our most vulnerable citizens: the homeless and others who seek emergency shelter. And yet, the Obama administration recently proposed a rule

that would impose a 'gender identity' mandate here as well.

"In 2015, two spying instances were recorded in Virginia—one at a mall and one at a Walmart. Both instances involved a man in women's clothing who used a mirror and camera to take pictures of a mother and her 5-year-old daughter and a 53-year-old woman while they were in neighboring restroom stalls. The suspect wore a pink shirt and a long wig to present himself as a woman.

"In 2016, a man used a women's locker room at a public swimming pool in Washington State to undress in front of young girls who were changing for swim practice. When Seattle Parks and Recreation staff asked him to leave, the man claimed that 'the law has changed and I have a right to be here.' The man was apparently referring to a Washington State rule that allows individuals to use the bathroom that corresponds with their gender identity. However, the man made no attempt to present as a woman.

"As these examples illustrate, there are people who will abuse transgender policies. Although the Obama administration wants to keep its focus on bathrooms, its transgender directive goes much farther and actually requires biological male students who identify as female to be granted unfettered access to women's and girls' showers at school gyms.

"So what are women and girls to do when a biological male wearing a wig and makeup walks into an open shower next to them and they are shocked by the intrusion? According to the administration's directive, 'the desire to accommodate others' discomfort' is no reason at all to prevent transgender people from accessing the intimate facilities of their choice.

"Moreover, the directive prevents schools from requiring transgender people to have surgery, take hormones, have a medical diagnosis, or even act or dress in any particular way before having the 'right' to be treated exactly like a person of the opposite sex.

"The logical effect would be to silence women and girls who might otherwise speak out to prevent serious crimes from happening for fear that they would be accused of bigotry if they make the wrong call.

"The interests and desires of transgender persons, especially adults, shouldn't be placed over the privacy and safety of women and girls. There are ways of accommodating transgender people with private facilities without endangering and silencing women who could be hurt by policies allowing anyone unfettered access to their lockers, showers, and bathrooms."

That is from Melody Wood.

It also reminds me of back years ago when the issue of hate crimes was arising and we were going to punish people more severely based on what was in their minds, such as did they choose a person, a victim, based on their being a member of an identifiable group?

That created a problem for me as one who has sentenced felons up to and including the death penalty, because from the testimony we heard over and over, those who used to be called sociopaths under the old DSM-II became antisocial personality disorder. But they knew right from wrong. They just chose to do wrong. And they would pick victims at random. They didn't really care.

The people that testified in my court repeatedly made clear that if someone has this antisocial personality disorder, formerly sociopath, psychopath, they had less chance of being reformed and coming out of prison and shying away from wrongdoing. A lesser chance of reforming them.

Whereas the testimony indicated in different cases that if someone committed an act in the heat of passion—often it was a one-time crime that had to be punished for its own crime's sake, but that they were not likely to ever commit that crime again. There were some who committed crimes. They were not antisocial personality, but they had been brought up to hate a specific group or people, and they committed some act or crime against them.

I always made sure—it didn't matter whether they picked their victim because of sexual orientation—if they committed an assault of any kind, up to and including murder, I made sure they were punished severely for the crime they committed, because every person deserves to be protected from an assault.

So hate crimes comes in. And those who chose a person based on a hatred they were taught, there are indications there have been some great successes with confrontations between them after they were sentenced with victims or victims' families in which the person who was not an antisocial personality would weep and recant and apologize and beg for forgiveness and never have that kind of hatred again and would begin associating with people, whether they were of a different race, creed, color, or gender. They had a better chance of being rehabilitated.

Yet, the hate crime law came in. In fact, under the Federal law, if you convince a jury—just raise a reasonable doubt as a defendant—no, I didn't pick that victim because they were this, that, or the other; I just wanted to shoot somebody that day—if you raise a reasonable doubt that you may have randomly picked the victim, it is a complete defense to the Federal hate crime law. That is a messed up law.

I also gave the example that, based on so many of the hate crime laws, you could someday—and I was called crazy and all kind of names for giving this example—but the example I thought many years ago that was appropriate, based on the hate crimes legislation, is that you could have a situation where a mother and her young daughter are standing on a street corner, somebody opens their trench coat and flashes the

daughter, and the mother, out of that protective instinct they have to protect the child, hits the flasher with her purse.

The flasher—in a lot of jurisdictions, that is a minimal misdemeanor—probably would never do any jail time. He might have to pay a fine or spend 1 day in jail. But because the woman hit him because of his sexual orientation toward flashing, then she is now guilty under many hate crime laws of committing a felony and can get prison time under these misguided hate crime laws. And I warned that we would get to this point.

And then when I hear on the news some woman got mad when a guy came in dressed as a woman, scared her, and she hit him, then she gets arrested. This is what happens. This is the kind of miscarriage of justice you get when we don't base laws on facts.

And then we have this article from Rebecca Kheel. Of course, most of us have heard the headlines. We know the Department of Veterans Affairs, or the VA, has had problems. People have been dying while waiting to get the treatment they needed.

And now the VA proposes covering surgeries for transgender vets. They are not even taking care of the vets when they need help, and now they are going to take up a procedure that Johns Hopkins says does more harm than good, that the best study in the world from Sweden says they are going to be 20 times more likely to kill themselves.

Have we not lost enough veterans already? The VA wants to make them 20 times more vulnerable to suicide than they already are?

It is time to stop the nonsense. And I would submit, Mr. Speaker, having reviewed the information that Dr. Paul McHugh from Johns Hopkins provided and Walt Heyer provided and that I looked into based on their direction, one thing is imminently clear: the issue of transgender is not based on biological science, it is not based on medical science, it is not based on physical science, it is not based on chemical science. There is only one science that this whole transgender issue before the Congress is based on, and that is political science.

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

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate agree to the amendment of the House to the amendment of the Senate to the bill (H.R. 2576) "An Act to modernize the Toxic Substances Control Act, and for other purposes."

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. CURBELO of Florida (at the request of Mr. MCCARTHY) for today on