

Labor, Commerce, and Industry; Judiciary; and Medical, Military, and Municipal Affairs committees. He was also a proud member of the South Carolina Legislative Black Caucus and was elected by his peers to serve as Chairman.

A man of faith, Representative Mack was a longtime member and leader of the historic Old Bethel United Methodist Church in downtown Charleston. He was beloved by his family, and together with his wife Sheryl Ann they had 3 sons—David IV, Brandon, and Daniel.

Mr. Speaker, I ask that you and our colleagues join me in recognizing the life and legacy of Representative David Mack III. The entire Charleston community and the state of South Carolina is grateful for his lifetime of public service. He leaves a rich legacy that will continue to touch generations of South Carolinians for years to come.

DEPARTMENT OF DEFENSE
APPROPRIATIONS ACT, 2024

SPEECH OF

HON. SHEILA JACKSON LEE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 27, 2023

Ms. JACKSON LEE. Mr. Chair, I rise in support of the Jackson Lee Amendment No. 90 to H.R. 4365—the Department of Defense Appropriations Act, 2024.

I want to thank my colleagues on the Rules Committee for making this amendment in order.

The Jackson Lee Amendment No. 90 is an important and potentially life-saving amendment in an unfortunate and distracting appropriations bill.

Namely, the Jackson Lee Amendment No. 90 seeks to allocate \$10 million to fund Triple Negative Breast Cancer Research (“TNBC”).

I must offer my appreciation to both the military and the Biden administration for making research into breast cancer a priority, but there is still work to be done.

Breast cancer accounts for 12.5 percent of all new annual cancer cases worldwide, making it the most common cancer in the world.

This issue is extremely important, especially for the brave men and women in the military, who are up to 20-40 percent more likely to develop breast cancer.

There are few people in this country whose lives have not been touched by breast cancer.

Yet, there are persistent disparities in breast cancer incidence and death rates:

Breast cancer is the leading cause of cancer-related death in the United States for Black and Hispanic women.

Black women are more likely to die from breast cancer than women of any other racial or ethnic group.

Experts believe that it's partially because about 1 in 5 Black women is diagnosed with triple-negative breast cancer, more than any other racial or ethnic group.

Compared with non-Hispanic white women, Black women are less likely to receive guideline adherent care and have an approximate 2-fold higher mortality incidence, resulting in a disproportionately higher risk of death from Triple Negative Breast Cancer.

Triple Negative Breast Cancer (“TNBC”) is one of many forms of breast cancer and accounts for about 15–30 percent of all diagnosed invasive breast cancer cases in the United States.

Due to its aggressive behavior, TNBC grows quickly and is more likely to have spread at the time it is found and is more likely to come back after treatment than other types of breast cancer.

TNBC cells do not contain (are “negative for”) three key receptors that medicines typically target in other types of breast cancers; therefore, there are limited treatment options that can be used to treat the cancer.

Patients with an early diagnosis can often be treated with chemotherapy, radiation, and surgery; however, the limited therapies available specifically addressing the management of TNBC has made treating this disease a challenge for clinicians.

Recent innovation in targeted therapies have fueled advances in the fight against TNBC.

Advances in breast cancer screening and treatment over the last few decades have reduced the overall breast cancer mortality rate, yet the disproportionate impact of TNBC on racial and ethnic minority communities raises considerations about the underlying determinants driving the disparities.

It is necessary to promote TNBC education, raise awareness about the disease-related disparities, and tackle inequities within the health care delivery such as inadequate access to screening, diagnostic testing, and care, to improve early detection and survival.

The Jackson Lee Amendment No. 90 would allow for more research so we can one day hopefully learn a way to reduce the number of military personnel affected by breast cancer.

We all know, by the way, that breast cancer can affect both men and women.

The bad news is breast cancer has been just about as brutal on women in the military as combat.

Let me say that sentence again. Breast cancer has been just about as brutal on women in the military as combat.

More than 800 women have been wounded in Iraq and Afghanistan, according to the Army Times; 874 military women were diagnosed with breast cancer just between 2000 and 2011. And according to that same study, more are suspected. It grows.

The good news is that we have been working on it, and I want to add my appreciation to the military. This amendment, however, will allow for the additional research needed.

As new young women come into the United States military, as women stay longer in the United States military, as women get older in the United States military, as women ascend to leadership roles in the United States military, these dollars provide research.

Not only is breast cancer striking relatively young military women at an alarming rate, but male service members, veterans and their dependents are at risk as well.

With a younger and generally healthier population, those in the military tend to have a lower risk for most cancers than civilians—including significantly lower colorectal, lung and cervical—but breast cancer is a different story.

Military people in general, and in some cases very specifically, are at a significantly

greater risk for contracting breast cancer, says Dr. Richard Clapp, a top cancer expert at Boston University who works at the Centers for Disease Control and Prevention on military breast cancer issues. He says life in the military can mean exposure to a witch's brew of risk factors directly linked to greater chances of getting breast cancer.

So, my friends, I am asking that we do the right thing.

We are on the right track, we are on the right rail, we are on the right road.

But with the expansion of women in the military, I can assure you, for long life, a vital service that these men and women give, it is extremely important to move forward with this amendment.

Researchers have pointed to a higher use of oral contraception in the military than in the general population, and oral contraception has long been linked to breast cancer among women—an alarming factor that would ensure that this particular amendment would be a positive step forward.

Despite significant advancements in prevention, diagnoses and treatment, more progress can and must be made, not only to reduce the fatality rate of breast cancer, but also to research methods of prevention and ways to drastically reduce risk factors.

To this end, I have over the years been successful in winning passage of several Jackson Lee Amendments to the National Defense Appropriations Act in prior years to improve breast cancer research across the United States.

I am here today seeking support for the same amendment to provide increased funding for the Defense Health Program's research and development by \$10 million. These funds would specifically address the issue of breast cancer in the United States military.

Several initiatives I have designed in the past have aided active-duty servicemen and women along with veterans, such as enforcing accurate reporting of maternity mortality rates among the Armed Forces, addressing physical and mental health concerns, and securing authorization for Post-Traumatic Stress Disorder as well as Triple Negative Breast Cancer research funding.

Additionally, I have introduced H.R. Bo, the Triple-Negative Breast Cancer Research and Education Act of 2013, which focuses on expanding, intensifying, and coordinating programs for the conduct and support of research on triplenegative breast cancer, a type of breast cancer that is difficult to detect but disproportionately impacts African American and Hispanic women.

I am very proud of the work that I and Congress have done to address the health concerns of active duty and veteran servicemen and women, but there are still improvements to be made.

As a breast cancer survivor myself, I understand the toll which this destructive disease takes on patients and their family members.

Support and encouragement are invaluable resources to those battling

cancer, and spreading awareness of one of the most pressing health concerns can help minimize the burden on those currently fighting.

The men and women who are on the front lines or have already completed their valiant service to this country have many pressing issues and challenges they already must face; breast cancer should not be one of them.

Our service members fight and sacrifice for our freedoms.

Now, as lawmakers, we should be working to ensure to protect their lives and freedoms—not trying to take their rights away.

While the negatives of this defense appropriations bill disappointedly outweigh my positive amendment, I urge my colleagues to vote in favor of the Jackson Lee Amendment No. 90—notwithstanding my strong opposition and encouragement to vote down the underlying bill.

CELEBRATING 100 YEARS OF THE MODESTO IRRIGATION DISTRICT

HON. JOHN S. DUARTE

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 28, 2023

Mr. DUARTE. Mr. Speaker, I rise today because the Modesto Irrigation District is celebrating 100 years of supplying clean, reliable power to our communities. Since the construction of the Don Pedro Dam and the coinciding establishment of the Don Pedro Powerhouse, Modesto Irrigation District has been providing the City of Modesto and the surrounding areas with power that has brought innovation, growth, and development to the region.

In 1919, a bill was introduced to provide for the development of power by irrigation districts. Governor William D. Stephens signed the bill into law May 21, 1919. Three days before the bill was to become effective, construction of the Don Pedro Dam and Powerhouse began.

On October 27, 1921, the first concrete was poured at the dam. With construction of both the Don Pedro Dam and Powerhouse underway, the decision was made for the plants to generate and distribute their own power. In 1923, Modesto Irrigation District raised its first power pole. It took determined, fearless people with incredible foresight to accomplish such an achievement despite the presence of a powerful and already established, competitive private utility.

Throughout the years, the successes of the retail distribution of power out of Modesto Irrigation District continued. In 1950, there was a net energy profit of \$1 million-a-year as shown

by the electrical department, and energy consumption increased 10 percent per year in the post-war years.

Due to being publicly owned and locally controlled, the Modesto Irrigation District could provide the people of Modesto and the surrounding area with lower energy rates than private utilities. These lower rates helped grow Modesto and the surrounding region in both the residential and industrial fields at a rapid rate.

Today, 100 years since the introduction of retail power in the region, Modesto Irrigation District serves an area of 560 square miles with electricity. This electricity is transmitted over 1,800 miles of power lines throughout their service area. The District relies on a diverse, balanced power resource mix to meet customers' needs. Embracing the latest technology and sustainable practices, Modesto Irrigation District continues to be a leader in the public power industry.

Through the courageous determination of their founders, Modesto Irrigation District evolved into a robust and self-reliant community-owned utility. On behalf of the people of California's 1311, Congressional District, I want to extend my heartfelt congratulations to Modesto Irrigation District for 100 years of service and offer my sincerest wishes to their future.

RECOGNIZING SUICIDE PREVENTION MONTH

HON. DONALD S. BEYER, JR.

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 28, 2023

Mr. BEYER. Mr. Speaker, I rise today to recognize Suicide Prevention Month. We know our country is in the midst of a severe mental health crisis, and people are struggling. After declines in the suicide rate from 2019 to 2020, the rates increased almost percent in 2021. Provisional data from the CDC shows that the rate is continuing to rise, up 2.6 percent from 2021 to 2022. According to this data, which is not yet final, we lost about 49,450 people to suicide in 2022.

This is a dire situation, but we have tools to help save lives and the opportunity to transform how we as a nation respond to suicide, mental health, and substance use crises. I am grateful to my colleagues for supporting the 988 Suicide & Crisis Lifeline. Formerly the National Suicide Prevention Lifeline, the 988 Lifeline has helped connect millions of individuals across the country with support and resources in their darkest hours. Since its transition to the 988-dialing code from the longer, 10-digit

hotline in July of 2022, the Lifeline has received almost 5 million contacts (through calls, chats, and texts). Vibrant Emotional Health, the administrator of the Lifeline, estimates that this number could reach 9 million in the next fiscal year (FY24).

We must ensure that anyone in crisis—regardless of the time of day, or where they are—has someone to talk to, someone to respond, and a safe place to go. Continued federal investment is critical for the 988 Lifeline to sustain the crisis care continuum and build out the call centers, as well as mobile crisis response teams and crisis stabilization facilities.

Suicide does not discriminate and impacts all communities, with some populations being at increased risk. For example, between 2018 and 2021, increases in age-adjusted suicide rates were highest amongst Native Americans (26 percent), with Blacks (19.2 percent) and Hispanics (6.8 percent) also experiences significant increases. Other disproportionately impacted populations include Veterans, people living in rural areas, LGBTQ people, middle-aged and older adults, tribal populations, and youth.

Vibrant estimates that about 80 percent of chat and text contacts are initiated by youth and young adults. We must meet children and adolescents where they are and ensure that chat and text capacity is strong enough to meet this great demand. To address mental health challenges among our youth, I will be reintroducing the Peer-to-Peer Suicide Prevention Act, which would help young people support their mental health by establishing a competitive grant program for middle and high schools to facilitate student-led suicide prevention programs.

A study from Pew Charitable Trusts earlier this year revealed that only about 13 percent of adults in the US are aware of the 988 Suicide & Crisis Lifeline. The 988 Lifeline represents a chance to change how our country supports those in crisis; it cannot reach its potential if most people are unaware of its existence, and of its numerous resources and supports it can offer them when they need them most. A coordinated, national suicide prevention public awareness campaign is necessary to educate people across the country of what 988 has to offer. That's why I will be reintroducing the Campaign to Prevent Suicide Act to support culturally competent advertisements across the lifespan.

Suicide prevention has long been an important issue to me. I encourage all of my colleagues to join me this month in raising awareness and supporting legislation that promotes mental health and suicide prevention to help save lives.