

in front of all decent folks they protect and serve, and their families.

I thank them for joining us today.

To America, I would say, if you know any folks that serve in law enforcement, right now is a good time to thank them. Our police officers, firefighters, EMS, and their families dedicate their lives so that we may be safe. Recognizing the commitment and sacrifice they voluntarily make is something we all can and we should do. Words may only accomplish so much, but they do mean something. Convey it to those around you as you see them, that you recognize their sacrifice, and that they are not alone and not forgotten.

I will start by thanking Caitlin Hoosock and her children—Nikki, Gabe, Sam—who I have thoroughly enjoyed getting to know today. I thank them for joining us. Once again, I humbly speak, for everyone here and for everyone watching, that you are not alone.

Mr. Speaker, I have concluded this Special Order, I have no further speakers, and I yield back the balance of my time.

#### SHINING A LIGHT ON MENTAL HEALTH EMERGENCIES AND SUICIDES AMONG BLACK YOUTH

The SPEAKER pro tempore. Under the Speaker's announced policy of January 9, 2023, the gentleman from Illinois (Mr. JACKSON) is recognized for 60 minutes as the designee of the minority leader.

##### GENERAL LEAVE

Mr. JACKSON of Illinois. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include any extraneous material on the subject of this Special Order hour.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Illinois?

There was no objection.

Mr. JACKSON of Illinois. Mr. Speaker, I, too, acknowledge the tremendous loss that those families have incurred, and I thank them for their service.

Mr. Speaker, it is with great honor that I rise today to co-anchor this Congressional Black Caucus Special Order hour, along with my distinguished colleague, Representative SHEILA CHERFILUS-McCORMICK.

For the next 60 minutes, members of the Congressional Black Caucus have an opportunity to speak directly to the American people on the topic of mental health, an issue of great importance to the Congressional Black Caucus, the Congress and the constituents we represent, and all of America.

Mr. Speaker, it is now my privilege to yield to the gentlewoman from New Jersey, the honorable Congresswoman WATSON COLEMAN.

Mrs. WATSON COLEMAN. Mr. Speaker, I thank my colleague from Illinois for yielding and organizing this

Special Order hour on what I think is a very important topic.

Five years ago, I founded and chaired the CBC's Emergency Task Force on Black Youth Suicide and Mental Health.

Mental health emergencies and suicides among young Black youth have been on the rise, but this troubling trend had gone mostly unnoticed outside of the mental health field. Steadily and quietly, our children were dying, succumbing to depression, anxiety, and loneliness.

So I and several of my colleagues, who will speak here tonight, came together to get to the bottom of this problem. We brought in experts, including psychologists, psychiatrists, social workers, teachers, school administrators, and students to help us paint a picture of this problem.

The picture was grim.

Between 2007 and 2020, a Black child died by suicide every 3 days. The suicide rate among Black youth ages 10 to 17 increased by a staggering 144 percent. Among young children ages 5 to 12, Black youth were twice as likely to die by suicide, and the suicide rate for teenage girls increased by almost 7 percent each year.

These findings would make anyone sick to their stomach.

It inspired the task force members to write the Pursuing Equity in Mental Health Act, which would surge funding to the National Institutes of Health and the National Institute on Minority Health and Health Disparities, and to develop an outreach and education plan to reduce the stigma associated with mental health conditions and substance abuse.

Flash forward 5 years and the devastating impact of COVID has brought this crisis to everyone's attention. The social isolation, the constant fear of getting sick, and watching loved ones die have taken an unparalleled toll on all of us.

Our Nation suffered a collective trauma made up of millions of individual crises.

However, the pandemic fell especially heavily on Black women. The expectation of Black women to be pillars of their families and communities, combined with the greater likelihood of being essential workers increased the vulnerability to both physical and mental health problems.

As a result, 50 percent of Black women experienced elevated levels of depression and 20 percent reported experiencing severe psychological distress. While other groups rebounded steadily after the pandemic, unemployment among Black women stayed high, even increasing at times when overall unemployment was falling. This persistent unemployment created additional stress on already struggling communities.

It is our responsibility to ensure that overburdened communities, especially in impoverished urban and rural areas of the country, have access to mental health care.

Since the task force was convened, we have addressed bits and pieces of this issue like improving and simplifying the process of accessing the suicide crisis hotline by calling 988, but so much more work needs to be done.

Our children have been given neither the tools to maintain their health nor the care that they need to cope.

It does not have to be this way. Children who have access to help can thrive. They have shown an ability to bounce back and become strong, happy, and resilient; to be active and productive in their communities. We have the capacity to create the conditions in which all of our children have a shot at happy, fulfilling lives.

No matter your race, your background, or your gender, each one of us wants—no, indeed, we pray—for our children to grow up healthy. We must have and we need our Black women to be mentally and physically equipped to provide that growth that is so necessary.

When we see them struggle, we struggle. When they are in pain, we feel that pain deeply. We know this to be true; Democrats, Republicans, and Independents, it doesn't matter what your party affiliation is.

Yet here we are. Fifty-two months after the introduction of the Pursuing Equity in Mental Health Act and 7 months after the introduction of the Youth Mental Health Research Act, bipartisan bills to get our children the care they so desperately need, and we still can't come together.

Look around the country. People are fed up with this Congress, the least productive Congress in decades. Surely, we can come together for the sake of our children. I implore my colleagues to take this situation seriously, to put aside our differences, and to show our children that we care and get them the help that they need.

Mr. JACKSON of Illinois. Mr. Speaker, I thank the Honorable BONNIE WATSON COLEMAN, Congresswoman from the great State of New Jersey in the 12th District, for her remarks.

Mr. Speaker, it is now my privilege to yield to the gentleman from the great State of Nevada, the honorable chairman of the Congressional Black Caucus, STEVEN HORSFORD of the Fourth Congressional District.

Mr. HORSFORD. Mr. Speaker, good evening. I thank JONATHAN JACKSON for co-anchoring this important discussion on tonight's Special Order hour for the Congressional Black Caucus and to Representative SHEILA CHERFILUS-McCORMICK for her tremendous leadership on all of our Special Order hours.

Mr. Speaker, I rise today with my colleagues of the Congressional Black Caucus to recognize the month of May as Mental Health Awareness Month.

I thank Congresswoman BONNIE WATSON COLEMAN for her tremendous leadership on this very important issue, as well as each of our members for their work in addressing mental health, specifically in the Black community.

Today, it is estimated that one out of every five American adults experiences mental health illnesses each year.

In the United States, 21 percent of Black Americans reported having a mental illness, however, just 39 percent received mental health services.

In recent years, the suicide rate among Black youth has been found to be increasing faster than any other racial or ethnic group.

According to the Centers for Disease Control and Prevention, suicide is now the third leading cause of death for Black male adolescents and young adults in our country.

Over the last 30 years, we have seen a 160 percent rise in the suicide rate for young Black men. The statistics regarding mental health in the Black community are alarming, yet it has received very little attention from this Congress.

So it is time for us to address mental health and, in fact, to focus on mental wellness, the same as in any other health issue. It is time to remove the stigma that too often surrounds mental health, especially for members of our community who are less likely to receive mental health care services to begin with.

□ 2045

This means addressing the systemic economic barriers our community faces to mental health care services, the lack of culturally competent care, and the root causes of declining mental health, including racism and implicit biases in daily life, high poverty rates, disparate economic participation, and low access to quality psychological and psychiatric services.

It also means addressing the lack of diversity in our healthcare system. Often, when Black patients seek mental health services, they prefer a same-race healthcare professional, who are vastly underrepresented in this space.

As legislators, we have a responsibility to the communities that we serve to find solutions to longstanding disparities that negatively impact our communities and to ensure that no one gets left out or left behind.

As we can see, the research is clear, and the crisis before us is urgent. There are solutions. My colleague, Representative WATSON COLEMAN, discussed just two that are bipartisan and have the support of Members on both sides.

I know that there are efforts to pass bills in days when the majority wants them to, and we are asking you to make mental health the priority, especially in this month.

In order to remedy these disparities, reverse these trends, and save lives, we have to address them head-on by providing access to better and more affordable healthcare, improving economic conditions in our communities, and moving toward more culturally competent and evidence-based care.

We have to take action now. Lives are on the line. It is possible. It can be

done by focusing on Mental Health and Wellness Month in a way that lifts up all communities and the services and support that they need.

Mr. JACKSON of Illinois. Mr. Speaker, I thank the Honorable STEVEN HORSFORD from the Fourth Congressional District of the great State of Nevada.

Mr. Speaker, I yield to the gentleman from New York (Mr. BOWMAN).

Mr. BOWMAN. Mr. Speaker, I thank Representative JACKSON for his leadership on this very important issue.

Mr. Speaker, prior to coming to Congress, I worked in education for 20 years. I started my career as an elementary school teacher in the South Bronx before becoming a high school dean of students and guidance counselor and before having the privilege of opening my own school and running it as a middle school principal for 10½ years.

The year before I decided to run for Congress, 34 children died within the K–12 school system in the Bronx, and 17 died via suicide. No one was making the connection between these horrible outcomes for our children and families with the historical neglect and trauma of their communities and the policies that come not just from local government or State government but also from the Federal Government.

As mentioned by Chairman HORSFORD, it is incredibly difficult to access mental health resources in historically marginalized communities because of historical underfunding and historical neglect.

It is tremendously urgent and incumbent upon us here in the House of Representatives to pass transformational, revolutionary legislation as it relates to supporting the mental health of every single person in our country. We need to make sure that we are not simply passing legislation but that we are also providing the resources and funding to build out the mental health ecosystem so that we can have more professionals working within the mental health system as professionals supporting the American people, particularly those who are most vulnerable.

A couple of weeks ago, we introduced the Improving Access to Mental Health Act, which seeks to invest many more resources into our minority-serving institutions, Hispanic-serving institutions, and historically Black colleges so that we can build out the mental health programs in these particular institutions.

We need more counselors. We need more psychologists. We need more psychiatrists. We need trauma specialists. We need many more mental health professionals in our schools and communities.

When we make these investments, what we see is a dramatic decrease in the number of people who are incarcerated in our communities because many of the people who are incarcerated suffer from mental health challenges that have gone untreated.

Many of the people who are incarcerated have experienced intense trauma, what professionals call toxic stress and chronic trauma, in their lives that needed to be responded to by a mental health professional, but it never was. As a result, they then commit harm in their communities. When they are going through harm within their own bodies and minds and spirits without receiving the care that they need, they are more likely to commit harm.

Investing in our mental health as part, I might add, of a universal healthcare system dramatically decreases the costs for our jail and prison system, decreases the costs for our overall healthcare system, and improves education and economic outcomes. It is a win-win-win-win when we pass legislation as it relates to mental health and invest in supporting our children and families with their mental health.

I will close with this. I mentioned toxic stress and chronic trauma. We have certain communities in our country—rural and urban, historically underserved, historically underfunded, historically marginalized, and historically neglected—because of lack of access and opportunity, many of those communities have been redlined on purpose by this very institution.

When children are born into those communities, they are much more likely to experience toxic stress and chronic trauma.

Mr. Speaker, when our babies from prenatal to age 3 experience toxic stress and chronic trauma, do you know that the prefrontal cortex of the brain doesn't develop accordingly? As a result, their regulatory skills, as well as their higher thinking skills, are compromised, which leaves them more likely to experience an adverse mental health event or to be diagnosed with a mental health condition. It also makes them more likely to be placed in special education in our school system and makes it more likely for them to be a part of the school-to-prison pipeline.

That is why it is not just about investing in mental health. It is about investing in universal childcare and universal pre-K because when we invest in universal childcare and universal pre-K, we are ensuring our kids are growing up and are nurtured in the most nurturing conditions imaginable, and they are less likely to experience the stress and trauma that I talked about.

When they don't experience the stress and trauma, their prefrontal cortex develops properly, which leads to better education and economic outcomes and keeps them off the school-to-prison pipeline.

Investing in our mental health is a matter of national security. If we really care about foreign countries and how they are maybe responding to us and spying on us and kicking our butts when it comes to technology, when we invest in all Americans, especially the most vulnerable ones, we are going to

have incredible economic, social, and health outcomes on the back end.

I thank Representative JACKSON for his leadership and for allowing me to say a few words.

Mr. JACKSON of Illinois. Mr. Speaker, I thank the Honorable Congressman JAMAAL BOWMAN for those insightful words.

Mr. Speaker, I yield to the gentleman from Rhode Island (Mr. AMO).

Mr. AMO. Mr. Speaker, I rise today to discuss an issue that is critically important for Rhode Islanders and for all Americans: the need for greater investment in our mental health care system. The topic is timely, of course, especially as we recognize May as Mental Health Awareness Month.

Here in Congress, we have a duty and responsibility to act on mental health. We must reduce the stigma associated with mental health while ensuring that it is both taken seriously and seriously addressed.

That is why I am proud to join my colleagues in the Congressional Black Caucus tonight as we shine a light on the current state of mental health in America. Together, we are committed to reducing disparities and access, expanding coverage for mental health care, and reversing trends that have worsened over the past few years.

First, we must be clear-eyed about the numbers. Right now, one out of every five Americans is struggling with mental illness. Think about that. These are our neighbors, friends, coworkers, and loved ones.

Yet, as we acknowledge that mental health conditions are far more common than we think, we must recognize that different communities have different levels of access to treatment. As I have said, one out of every five Americans lives with a mental illness, a number that remains roughly equal when broken down amongst race and ethnicity. However, despite Black communities reporting relatively equal rates of mental illness, the percentages of them receiving mental health services register far lower than their fellow Americans.

Mr. Speaker, it is clear that mental health is an issue that does not discriminate. It does not see color or background, and it affects struggling Americans the same. Yet, access to care is not the same for all Americans. Simply put, the barriers are higher for Black Americans, whether it is because of stigma for seeking help or lack of accessible and affordable providers.

It is clear that we must do more to bring down those barriers. After all, if we are to live up to the words of our founding document, "life, liberty, and the pursuit of happiness," then we must close the racial disparities in coverage and treatment, particularly as Americans are experiencing rates of loneliness so high that the Surgeon General has declared it a public health crisis.

Congress must lead by example. To that end, I am proud to lift up legisla-

tion that would expand investments for mental health in schools and reduce racial gaps in treatment. I thank Congresswoman BONNIE WATSON COLEMAN for her leadership on the second point.

However, I would be remiss if I didn't mention my home State of Rhode Island as a model to be aware of. I am thankful for the work of committed nonprofits like the Mental Health Association of Rhode Island and the National Alliance on Mental Illness, Rhode Island.

Our State was recently named the fifth best State for mental health care in America, but that is not enough.

Over the past year, we have seen enormous progress on this front due to increased State-level advocacy and initiatives that ensure and increase access.

Yet, as we highlight these protections being codified into law, we must keep up our efforts to close the equity gaps in our system.

Every American, no matter the color of their skin or the background that they come from, deserves to be treated with dignity and respect.

Every patient, regardless of what they are struggling with, deserves the support and services they need to live their best lives. By asking and listening to each other, by arming ourselves with the facts, and by using them to push for greater access to care, we can make a real difference in the mental health of Americans all across our country.

Mr. Speaker, I thank my colleagues, again, for their leadership and for hosting this critical Special Order tonight.

□ 2100

Mr. JACKSON of Illinois. Mr. Speaker, I thank the Honorable Congressman from the great State of Rhode Island, Congressman GABE AMO, for his remarks.

Mr. Speaker, I rise tonight because in the midst of the sound and fury of our current political climate, there remains a profoundly unaddressed and underestimated crisis raging in the hearts and homes of this country's African-American citizens.

It is a melancholy truth that too often what ails the hearts and minds of Black people in this Nation goes unnoticed. Thankfully, May is Mental Health Awareness Month, and we are therefore afforded the rare opportunity to acknowledge and address the mental health of African Americans as we would any other health crisis that threatens our quality of life.

While it is true that the mental health of any community must be of grave importance, since none of this Nation's social or economic benefits can truly be appreciated apart from peace of mind, in the case of African Americans, however, the effects of the long history of systemic and outright political terror must be of singular importance.

It must be of singular importance because life has become more com-

plicated, alienation has become more common, and political violence has become more threatening. The times in which we live necessitate a greater emphasis and consideration of the mental health of this country's most vulnerable citizens.

At a time when social media proliferates our lives with doomscrolling and mean world syndrome, we would be foolish to underestimate the impact and influence of what living in the digital age happens to be doing to our minds.

I rise tonight because it is time for us to raise greater awareness about the confluence of mental health issues stalking two generations of African Americans like never before.

I rise tonight because we must henceforth remove the stigma of openly dealing with a public health issue we cannot avoid. The time for our accommodating silence must come to an end. The time for us to assign shame is over.

The time for us to portray Black people as super-human protagonists who move through the American drama unbothered and unaffected must be challenged in every way. Black people are as human as everybody else. We suffer from death, dread, disease, and despair like every other community. We may be strong and we may be resilient, but we are not without the scars and stripes that any community with our history would have to bear.

Perhaps there was a time when we were unaware of what the effects of mental health were doing to our very lives and our bodies, but now we know that one out of every five American adults are now suffering from some mental health crisis or concern.

We know that in the United States of America, 21 percent of African Americans reported struggling with mental illness, and we also know that just 39 percent of them received the mental health services that they deserve.

Subsequently, it should not surprise us that in recent years the suicide rate among African-American young people has increased faster than other racial or ethnic groups. It should not surprise us that young people across racial lines are suffering with anxiety, various forms of dysmorphia, and other issues at rates never seen before in the long history of this great country.

According to the Department of Health and Human Services minority office, African-American adults are more likely than White adults to report persistent symptoms of emotional distress, such as sadness and feeling like everything is an effort. In fact, according to the same findings, Black adults living below the poverty line are more than twice as likely to report serious psychological distress than those with more financial security.

What this shows us is that the negative mental health of Black people in this country is often the result of a devious and devastating confluence of issues. That is to say, members of the

Black community, in addition to dealing with social media, the human predicament, and a history of repression, must also face the kind of structural racism that creates barriers to being able to access the care and treatment they both need and deserve.

It is no wonder, then, that only one of every three African Americans living with a mental illness receive any kind of treatment at all. Only one in three. Additionally, in 2020, it was reported that 10 percent of African Americans still do not have health insurance and are among the chronically uninsured. Even with the Affordable Care Act firmly in place—and thank God that we have it—we must do more to get members of the Black community insured. They need both access and the affordability of care.

It should not be the case that just a little over 10 percent of the Black community still cannot get the medical services they require. The overall survival of Black people in this country is far too contingent and tenuous for them not to have this one area of certainty in their life, access to care and mental health care.

Needless to say, without insurance, treatment for mental illness is as unlikely as it is statistically uncommon. These are some of the unique challenges Black people face in an effort to live beyond the choking grip of mental illness, and that is why this month of awareness is so important.

The victims of mental illness should not have to fight this battle alone. They should not have to struggle in the shadows of American life, and Black people in this country who struggle with mental illness should not have to bear this cross with crowns of thorns while all the world goes free.

If every community is susceptible to the vicissitudes of mental illness, then certainly every community should have equal access to the things that make for peace.

The current disparity in access to care is as unacceptable as it is un-American. I say to every African American suffering from mental illness, you have nothing to be ashamed of. You have done nothing wrong. You are not guilty of anything, and you need not be shamed into greater levels of unnecessary suffering.

Let the word go forth from this moment forward, mental illness is a health concern compounded by social factors and not the result of a deficiency in character or personal responsibility. People are not suffering from mental illness because they are bad people. And to be sure, people are not suffering from mental illness because they are somehow ethically weak or deficient in their capacity to try harder, as it were.

We have to stop assigning responsibility to the victim when it comes to mental illness the way we used to do with drug addiction and the like. Mental illness could care less about how emotionally strong or morally con-

sistent you are. There is a reason why we call it an illness, and we call it an illness because all of us are potentially susceptible to falling victim to it under the right set of tragic conditions and circumstances.

To the millions of people in America, and particularly to the millions of African Americans, who are suffering from mental illness, I see you, I hear you, I honor your courage, I value your life.

Perhaps, most of all, I stand in solidarity with the possibility of your healing. You are not alone in this time. Your struggle and your sacrifices have not gone unnoticed, and we stand in this solemn place to affirm the dignity of your persistent efforts to be heard and recognized by your government.

I want you to know that your labor has not been in vain. Today, we ask faith leaders in the Black community to help us remove the stigma that prevents people from getting therapy and treatment. Church leaders, mosque leaders, and synagogue leaders are essential elements for the successful recovery of someone getting the help they need.

Prayer and spirituality can help in the effort to eradicate isolation and give victims access to communities of healing, but these benefits must be supported by proven treatments.

There is no reason the Black church and Black mental health professionals cannot work together to bring relief and restoration to the millions of Black people who need it.

□ 2110

Today we call upon the formation of a broad and interdisciplinary approach to mental illness that will not only address the problem but also leave the dignity of the person intact because struggling people are still people, citizens of this country.

Men and women who, in spite of the difficulties they face, are no less worthy of our love and our devotion because this country is only as strong as the weakest among us.

A country that cannot secure the health and well-being of the weak will never be able to protect and sustain the longevity of the strong.

I am convinced that we must do everything in our power to support the expansion of culturally competent care.

In fact, this government should incentivize the practice of creating an army of Black mental health professionals who work on the front lines in this emerging war because whether we know it or not, the future of this Nation and our communities might well depend upon it.

This is not a crisis in the making. This is a crisis already amongst us, and what we do about this issue might well determine the direction of this meandering Republic in days and years to come.

Let us gather the best of the American spirit to accomplish this work.

Let us summon the proverbial angels of our better nature.

Let us join hands and lock arms and dedicate our resources so we might preserve all notions of domestic tranquility and let the oppressed go free.

Mr. Speaker, you have heard from my distinguished colleagues about the topic of mental health and all issues of great importance to the Congressional Black Caucus, our constituents, Congress, and all Americans tonight.

Mr. Speaker, I thank you for your kindness, and I yield back the balance of my time.

#### LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. DAVIS of Illinois (at the request of Mr. JEFFRIES) for today on account of airport delays.

#### ADJOURNMENT

Mr. JACKSON of Illinois. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 9 o'clock and 12 minutes p.m.), under its previous order, the House adjourned until tomorrow, Tuesday, May 7, 2024, at 10 a.m. for morning-hour debate.

#### OATH OF OFFICE MEMBERS, RESIDENT COMMISSIONER, AND DELEGATES

The oath of office required by the sixth article of the Constitution of the United States, and as provided by section 2 of the act of May 13, 1884 (23 Stat. 22), to be administered to Members, Resident Commissioner, and Delegates of the House of Representatives, the text of which is carried in 5 U.S.C. 3331:

"I, AB, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God."

has been subscribed to in person and filed in duplicate with the Clerk of the House of Representatives by the following Member of the 118th Congress, pursuant to the provisions of 2 U.S.C. 25:

Timothy M. Kennedy, Twenty-Sixth District of New York.

#### EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

EC-4030. A letter from the Congressional Review Coordinator, Animal and Plant