

you ready to be talking to ChatGPT? Probably, in that case, you might prefer the chat.

We are going to have to adopt the embracement, or whatever the word would be, of technology in ways to keep the economy growing without more people, and this is happening all over the industrialized world.

How many times behind these microphones have you heard any Member of Congress come and say: I actually care about prosperity. I care about the next generation. I care about economic growth. I care about the future. We are going to adopt things where we are going to embrace technology so we can keep having prosperity.

What? The math is the math, and the math will always win.

One of the things I am also annoyed with is, reading through the Social Security actuarial report, they are making crap up. They have fertility numbers in here. They have us growing.

CBO actually has numbers growing, yet we talk about the Census Bureau, and the Census Bureau is down here. Could our government agencies—we spend a fortune with all these actuaries—maybe have a cocktail party, preferably no alcohol? Make it a coffee. We will do a coffee because that is what we need, a bunch of well-caffinated actuaries in the same room from Social Security, from maybe OMB, CBO, a couple of these others, the Census Bureau, all in the same room. Can you give us a number because you are making it miserable around here trying to say what our future looks like because, so far, they keep being wrong.

It is a little geeky, but that is important, and that was my mocking them for the number of times I send them memos saying: Can you explain your number and why it is so different than each other?

I had some questions on this from last week, so I just brought the board back. You had the President stand right there, and he basically said that we are going to do this from Medicare, that we are going to raise this tax and this and that.

The red portion here is when you pay your payroll tax. That is the portion that goes to the Medicare trust fund. The rest, you functionally pay for. This comes out of the general fund, which we are borrowing part of it. Over here, that is actually your premiums, and a little bit of this is some other transfers. Then, we also have a little slice here, which is for dual eligibles, those who are seniors but maybe in Medicare and Medicaid, so we also get a little sliver from the State. Once again, the majority of spending in Medicare is not the trust fund.

I am elated that the current model on the trust fund extended for another few years. That is wonderful. We need to sort of study that, except if you read the actuarial report, the reason it extended is really fragile. This dark blue there, that and interest are the primary drivers of U.S. debt.

Tell the truth. Maybe it will get you unelected, but how do you make public policy in a world where you are not allowed to tell the truth? That is what Members of Congress do.

“Rising Security and Medicare Shortfalls Drive Nearly Entire 2019–2033 Deficit Rise.” That is the fact. That is CBO’s own quote.

Here is the board that I promise will be in the attack ad going at me in the next election, except it is CBO’s own numbers, except it is 2 years out of date. There is a number right here that basically says Social Security and Medicare, \$116 trillion deficit, and the rest of the budget, \$3 trillion, is functionally in balance. Except the problem is, for anyone right now, if you care enough, go grab your phone. Go use a search engine and look up CBO’s report from 6 weeks ago. The 30-year number is not \$116 trillion. It is \$143 trillion that is now our model.

That is what higher interest rates did, \$143 trillion, 100 percent of that borrowing, Medicare and the interest financing on that, backfilling of Social Security and the interest financing on that. We can revolutionize this if we would finally be willing to legalize technology, the morality of moving and pushing cures.

Why does this place seem to like to finance people’s misery instead of working with the FDA, working with biopharma, working with the people out there who are disrupting disease and misery? We seem to have a place around here that wants to build diabetic clinics instead of curing diabetes. What is wrong with the morality of this place?

Another thing we are trying to figure out in the Social Security actuary report is they play this game where, hey, when we get the out-years, things collapse. We will do that in a week or two because it is a little complex.

Another chart just trying to explain, once again, what is the part A trust fund, part B general fund. This here, part D, also is a combination of some of the fees you pay. That is your Medicare.

Back to the last couple of points I want to make here.

When I just told you we are about to have our fifth year of prime-age males dying younger, is it moral to stand here and say—remember, this chart functionally ends at 2020. It has actually gotten uglier.

The U.S. is an outlier in disease and disability trends. We are sicker than the rest of the industrialized world. Is it that we are not spending enough on healthcare? Well, that is absurd because, let’s be honest, we engage in agricultural policy and nutrition support policy where you can take your EBT card and go buy onion rings.

Is that moral? Why isn’t there a fixation in this place when we have States where over half of the population statistically is obese? They are dying on us. We have a society that finances crap in our diets. Why would we do this

to each other? Is that Republican or Democratic? I am just trying to make the arguments. It turns out, if you took it on, it is the single biggest thing you can do for U.S. debt, taking on the very things that are killing us.

I have done presentations before. They were a little geeky trying to explain that if we could make our society healthier, it is the single biggest thing I can do to reduce U.S. debt. You all remember your high school economics class, first-degree effects, second-degree effects, third-degree effects, knockoff effects. Do you remember all the weird language? You want more of our brothers and sisters to be able to marry and family formation and participate in society and be able to participate in the economy. Help us make our society healthier.

Mr. Speaker, I am trying to make the morality argument that the very thing that would be most effective for us to take on the U.S. debt is legalizing technology to crash the price of healthcare, putting technology into this government to make government smaller and more efficient. It requires thinking.

□ 1815

It also requires really annoying a whole bunch of the people in our hallways demanding more money from us. It would also be incredibly moral. It would actually give our kids a chance, in many ways, for the prosperity that we and previous generations had.

Let’s think about it: We have done this to ourselves. There is a way out. It is not easy. It requires some complexity. Are these Republican or Democrat ideas? They are neither; they are just hard. They are just hard.

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

#### FACING MENTAL HEALTH CHALLENGES DOESN’T MAKE YOU WEAK

The SPEAKER pro tempore (Mr. CRANE). Under the Speaker’s announced policy of January 9, 2023, the gentlewoman from Vermont (Ms. BALINT) is recognized for 60 minutes as the designee of the minority leader.

Ms. BALINT. Mr. Speaker, tonight, my colleagues and I are here on the floor of the U.S. Congress to talk about the mental health crisis we are seeing across the country in each of our congressional districts.

I know this issue can be incredibly hard for many people to talk about. It is personal. It is complex. Many Americans don’t feel comfortable talking about it because they fear the reaction from their friends, their families, or coworkers. But seeking mental health treatment is not a sign of weakness; it means you are human.

The body does not stop at the neck and mental health care is healthcare. Period.

All of us here tonight are fighting for a future in which anyone who wants mental health care gets it when we finally end the unequal treatment of mental health.

Mr. Speaker, I yield to the gentlewoman from Michigan (Ms. TLAIB).

Ms. TLAIB. Mr. Speaker, I thank my colleague from Vermont for yielding.

Mr. Speaker, as you can see even behind her, it says, "Facing mental health challenges doesn't make you weak. It makes you human."

Even as I say this, I think about Damon in my community who took his life. He was a veteran. He served our country. He came home. He continued his service by being one of our firefighters.

When I read that every single day in our country, in our Nation, about 17 veterans die by suicide, I was shocked. That is 17 families, Mr. Speaker, whose lives will never be the same. This is just one of the heartbreaking effects of war and the reality of the mental health crisis in our Nation.

We must work harder than ever to ensure that no person, no human being, or veteran is left behind, and everyone receives the mental health support and love that they need to survive.

The forever wars of the past decades have left behind immense trauma, and far too often our government fails to provide our veterans with the support they need and deserve. If we cannot provide the necessary mental health care in support of our veterans when they return home, we should not be sending them to war.

This Mental Health Awareness Month, we must prioritize improving access to mental health services to every single American and every single family across our Nation. This is critical to creating a better quality of life for our communities and their families and everyone in our communities that continue to struggle.

I will let every veteran know in this moment, as you hear me, I hope I can save a life by telling you this, you can call the National Suicide Prevention Lifeline at 988, which offers free confidential support 24 hours a day, 7 days a week for those experiencing a mental health crisis or contemplating suicide.

For our veterans looking for care that is designed for the unique challenges facing your community, please know that you can now access the Veterans Crisis Hotline by dialing the 988 number and pressing 1 to get connected. This is important because on that other line, you may be connected to a veteran who understands how you feel.

By shedding light on the realities of the mental health crisis in our Nation, we can create an environment where people feel seen, they feel heard, and understood. We must break the stigma surrounding mental health challenges and ensure that healthcare is a human right, not a privilege.

If you are a veteran in crisis, a person in crisis, please know that there are people that care deeply about you, and we want to support you. Please reach out for help if you need it. Again, that crisis line is 988. You only need to dial 988. Again, from the bottom of my

heart, please believe me when I tell you, you are not alone.

Ms. BALINT. Mr. Speaker, we are in the midst of a nationwide mental health crisis, and it is critically important for all of us in positions of power to do the work of passing legislation and funding programs that will meet the needs of our constituents.

It is also important that we use our positions to help create opportunities for connections in our communities right now because we have a crisis of loneliness and disconnection in our Nation.

It has become such an urgent issue that our U.S. Surgeon General, Vivek Murthy, has unveiled a new framework and strategy to address this national crisis of loneliness. Murthy has said that social connections must be a top priority in terms of public health. He believes, as I do, that the epidemic of loneliness and isolation has fueled other problems in our society that are making us very sick.

His research shows that about one in every two Americans is experiencing loneliness at any given time. It is shocking. It isn't just emotionally uncomfortable to be lonely; it also has real consequences for our health. It can increase the risk of anxiety, depression, heart disease, stroke, and data indicates that the risk of a premature death due to loneliness is even comparable to the risk associated with being a daily smoker.

This rampant disconnection and loneliness also fuels anger and distrust, and it adds to the disconnection that many Americans experience.

The science is clear and compelling. Research has found that our need for connection may be as fundamental as our need for food and water. Many studies over the past decade have come to the same conclusion: Social connectedness generates a positive feedback loop of social, emotional, and actually physical well-being.

People who feel more connected to others show lower levels of anxiety and depression and greater empathy for others. They also tend to be more cooperative and trusting. Further, a lack of social connection can have a range of negative effects.

One study of 7,000 Americans of different ages, genders, and health found that people who were disconnected from others were roughly three times more likely to die over that 9-year study than people with strong social ties. Surprisingly, regardless of demographics, people who had unhealthy lifestyles, but close social ties lived longer than those with healthy living habits but poor social connections.

Not only are relationships fundamental to our health and happiness, but research shows that they may even shape how our brains work to make decisions. We must craft policy and make investments to address our national mental health crisis.

Mr. Speaker, I yield to the gentlewoman from California (Ms. KAMLAGER-DOVE).

Ms. KAMLAGER-DOVE. Mr. Speaker, I thank my colleague from Vermont for hosting this Special Order hour on mental health.

Mr. Speaker, so long before I came to Congress when I served on the board of the Los Angeles Community College, we would hold monthly board meetings throughout the district, and it is the largest community college district in the country. We had nine campuses, and so we would visit them regularly.

These meetings were oftentimes very long, they were open to the public, and lots of people would come. Lots of people, lots of characters, and lots of mental wellness issues were often on display.

The Los Angeles County Sheriff's Department was contracted with the district, and it was the sheriff's department that would provide security for these meetings. I would watch these officers, mostly men, but I would keep my eye on them to see how they were doing. I would watch them take into account the changing surroundings based on the meeting and the topics and adapt to the circumstances of the evening.

On occasion, these men, these good men, would have to manage a mental health episode by an attendee of the meetings, a mental health episode that verged on the unsafe.

I have to tell you; these sheriffs were not trained for that. They did not apply to become a sheriff to do that kind of work. In reality, they should not have been doing that. Yet, we dump more and more social, economic, mental, and physical healthcare issues on their plate.

We are asking ill-equipped law enforcement members to be responsible for managing the mental health crises of our communities. No wonder they are under duress.

Police officers report higher rates of depression. Thirty percent of responders develop some kind of behavioral health condition, compared to 20 percent of the general public. Law enforcement officers have a 54 percent increase in suicide risk when compared to the civilian population. Correctional officers in our prisons have suicide rates much higher than other law enforcement agencies or even the military.

Yet, Republicans want to crack down on mental unwellness in every instance except in cases regarding fentanyl. I wonder why that is the case? By bolstering the institutional policy status quo, you are not helping the mental health of our officers or those that they interact with.

I am actually floored that Republicans have the audacity to talk about supporting police when they have done nothing but put these folks in more danger. For the past 2 years, House Republicans have closed the Labor, Health, and Human Services account for Community Project Funding requests, obstructing funding from flowing into our districts to support those struggling with mental health.

House Republicans also barred non-profits from applying for Community Project Funding within the Community Development Fund—Economic Development Initiative for HUD, preventing organizations that specialize in addressing homelessness from receiving vital Federal funding and placing additional burdens on law enforcement.

It is hypocritical to say this is Police Week and you want to support law enforcement when you are vehemently opposed to funding, supporting, or uplifting any of the initiatives that actually would do the most to help police, including their mental health, and including the mental health of those they interact with.

Instead, let's commit to legislation like H.R. 6202, the Counseling Not Criminalization in Schools Act. This legislation diverts Federal funding away from supporting the presence of police in schools and toward evidence-based and trauma-informed services that address the needs of marginalized students and improve academic outcomes.

I have to tell you, the most common reasons why police officers are called are for issues related to parking, noise nuisance, poverty, domestic violence, and mental health episodes, and none of these, truthfully, require police intervention. Most demand mental health intervention, especially when you are dealing with someone in crisis.

□ 1830

By investing in mental health crisis intervention initiatives, we can actually better ensure the safety of both our communities and law enforcement.

I generally don't like to talk about another State or somebody else's district, but I want to share a little bit about what has been happening in Oregon. In Eugene, Oregon, they instituted this initiative called CAHOOTS, Crisis Assistance Helping Out On the Streets, a program with the city's police department, and it has had resounding success.

For nearly 30 years, the program has dispatched crisis response professionals to assist people who are intoxicated, mentally ill, and/or disoriented to assist the responding officers, reducing police service calls by almost 9 percent every year. It has also cut down on workers' compensation issues and other liability claims.

This program actually inspired me to introduce and pass into law the C.R.I.S.E.S. Act in the California State Legislature, which established a pilot grant program to support similar community organizations that provide stability, safety, and culturally informed and appropriate responses to mental health crises to people experiencing homelessness, to challenges with domestic violence, and also to natural disasters.

Law enforcement was supportive of this because they don't want to take mental health crisis calls, but I don't know if Republicans care about them

or about this country's mental wellness because they are certainly unwilling to support policy changes and crucial investments at the Federal level that would address mental health crises and mental health episodes.

In closing, I am going to think back to my time in the California State Legislature working with the California Department of Corrections and Rehabilitation and listening to stories of correctional officers battling depression, battling alcoholism, feeling isolated, being abused by other correctional officers, and being afraid to talk about it. I think about the conversations I had with the parents of correctional officers who died by suicide at their job.

All of these examples are examples of a mental health crisis happening in our homes, our streets, and our facilities, where we are asking folks to show up every day of sound mind and work on behalf of a locality, county, or community to help keep it safe, and we are not even doing our part. Republicans are not even doing their part to help them be safe.

I hope that Republicans are done playing hooky at a courthouse in New York today and will come back here and focus on this immediate, critical, and important epidemic that has taken hold of the very people they claim to support.

Ms. BALINT. Mr. Speaker, I yield to the gentlewoman from Hawaii (Ms. TOKUDA).

Ms. TOKUDA. Mr. Speaker, 9 months ago, the Lahaina fires took the lives of 101 people and destroyed hundreds of structures, including homes, classrooms, historic parks and features, and businesses. While we have come a long way to repair the physical damage inflicted upon our community, the trauma and emotional pain from the fires continue to take root in the lives of our Maui "family" "ohana."

First responders, disaster workers, and volunteers are on the front lines and have been there from day one, delivering physical and emotional support to our people and families during this time of crisis. While we know they often—and you heard this from the previous speaker—put the needs of others before themselves, the reality is they, too, need help dealing with the challenges and dangers that come with experiences and the things that they see every day on the job, the situations that they are faced with.

I will digress a bit and tell you some stories of things that I saw in the first days, weeks, and even months after the fires. It was not uncommon for me to come across even some of the top brass in leadership of our emergency management, fire department, or police department, and they would stop me. You could see by the look in their eyes that it was very hard for them to continue as they talked about the things they saw and the experiences that they went through as victims and survivors themselves, many of them asking me: How

can I go on? What do I do now? I need help, too.

Statistically, sadly, we know that first responders, police officers, and firefighters find themselves in this very situation time and time again. We know that these first responders are more likely to die from suicide than in the line of duty, and that depression and PTSD are up to five times more common in first responders.

Unfortunately, there are only a limited number of services and resources available specifically to address the mental health needs of our first responders. Too often, first responders are directed to services that fail to meet them where they are at and are inadequate to support their mental health and well-being, to truly understand the situation that they are dealing with every single day, reliving the trauma, reliving the moment that they have experienced, yet on the surface having to put on that happy face and continue to serve the public.

This is unacceptable. That is why I introduced the CARE for First Responders Act, which would make sure our first responders, disaster workers, and volunteers have immediate access to on-site, specialized crisis counseling services and resources. Our bill would also establish a peer support program and a national hotline to provide 24/7 confidential, comprehensive crisis services to first responders and their loved ones.

Every day, these brave individuals risk their lives to keep our communities safe. They are our superheroes, but they are still human. All of us need to be there for them, and we must do everything we can to provide all of our survivors and disaster responders with the mental health and support they need now.

The reality is that we can clear away the debris, rebuild our schools, and reopen our roads. We can see houses coming up. Healing from the pain and trauma, though, is a lot more difficult, and that takes time.

As we recognize Mental Health Awareness Month, I thank my colleague from Vermont for giving us this opportunity to call attention to the mental health crisis that is ravaging our people right now.

Mr. Speaker, I urge my colleagues that while we have made incredible progress to expand access to mental health and substance use disorder services, there is still much more work to be done, and it must be done now. We must continue to fight to ensure everyone can get the care they need when they need it and where they are at.

We must pass critical lifesaving measures like H.R. 6415, our CARE for First Responders Act, a truly bipartisan measure with 44 cosponsors from both sides of the aisle to support those who support, care for, and protect us every single day.

We must prioritize and act with urgency to fund and pass progressive policy changes to support mental health

in our community. For the sake of all the people who we love, for every single person even in this building, we must do it now.

Ms. BALINT. Mr. Speaker, I yield to the gentleman from California (Mr. DESAULNIER).

Mr. DESAULNIER. Mr. Speaker, I thank my wonderful colleague from Vermont for yielding and for convening this important conversation.

This discussion could not be more timely, Mr. Speaker. Rates of mental health conditions for America's children have been rising for years, and now they are rising exponentially.

In 2019, one in three high school students reported persistent feelings of hopelessness and depression, representing a 40-percent increase over 10 years. Social media has had a profoundly negative impact on mental health, with adolescents who spend more than 3 hours per day on social media facing twice the risk of developing symptoms of depression and anxiety.

The youth mental health epidemic in America has also caught the attention of our top public health authorities. Over the last several years, the Surgeon General has issued advisories about youth mental health and the harm caused by social media. Included in the advisories is guidance on how young people, their families, educators, health professionals, tech companies, and other stakeholders can address these challenges by encouraging healthy relationships, modeling good behavior, improving data privacy for children on social media, and more.

The CDC has also been involved, including through research about the COVID pandemic's negative impact on youth mental health, the isolation. The agency found that during the pandemic, youth experienced a very low rate of social connectiveness, understandably. A sense of being cared for, supported, and belonging at school, and that lack of feeling connected to school, was associated with a nearly 20 percentage point increase in persistent feelings of hopelessness and depression amongst American young people.

These statistics, obviously, are deeply troubling and a warning sign to us here in Congress and to America. We have a responsibility to the future of this country in Congress to support children and families who are struggling.

I am proud to have led legislation like the Early Childhood Mental Health Support Act, which would provide Head Start and Early Head Start programs with funding to conduct behavioral health interventions for young American children. I am proud to say that this bill passed the House last Congress with bipartisan support in my broader Mental Health Matters Act.

We have to keep pressing on until this bill and other legislation to protect the mental health of young Americans get across the finish line, signed,

and implemented. We know that failure to address mental health disorders and adverse childhood experiences early on can lead to a lifetime of bigger issues and serious outcomes for the individual and for our country and communities.

As we continue our work in Congress to address children's mental health, we must ensure that our efforts meet the critical needs of this moment.

Mr. Speaker, I again thank the gentlewoman for convening this and for leading the effort to raise the consciousness of this epidemic in America.

Ms. BALINT. Mr. Speaker, we have heard from Members from many different parts of the country, from Vermont to Michigan to California to Hawaii. As I said before, we must prioritize human connection and healthy relationships, and we have to craft policy and make bold investments to address our national mental health crisis.

The percentage of U.S. adults who report having been diagnosed with depression at some point in their lifetimes has reached nearly 30 percent. This is almost a 10 percentage point increase since 2015. The percentage of Americans who currently have or are being treated for depression has also increased to almost 18 percent. These rates are the highest recorded by Gallup polling since it began measuring depression using the current form of data collection in 2015.

It is impacting all of us, but I am particularly concerned about the toll it is having on our kids and teens. Thirty years ago, the greatest health threats to teenagers came from binge drinking, drunk driving, teen pregnancy, and smoking. These have all fallen sharply since then, but they have been surpassed by soaring rates of mental health disorders.

In a little over a decade, the number of adolescents reporting depression has increased by 60 percent. Emergency room visits by adolescents are up as parents seek help for their teens who are struggling with anxiety, depression, and self-harm. Suicide rates among adolescents are up sharply, as well.

The public health crisis has intensified since the pandemic, but it didn't cause it. We have seen a steady increase over the past 20 years. Young people now are getting less sleep, less exercise, and less in-person time with friends, all crucial for physical and mental health. Adolescent brains are being exposed to a huge wave of incoming stimulation via social media and technology.

□ 1845

Teens in my district have told me they feel anxious, disconnected, and depressed. Many fear that their constant use of cell phones and social media is impacting their mental health.

We have important work to do, all of us. Every single congressional district is experiencing this. My work on men-

tal health will be a cornerstone of the work that I do in Congress.

I am working toward a future in which anyone who wants mental health care gets it and when we finally end the unequal treatment of mental health and addiction.

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

#### ISSUES IN NICARAGUA

The SPEAKER pro tempore. Under the Speaker's announced policy of January 9, 2023, the Chair recognizes the gentleman from Alabama (Mr. MOORE) for 30 minutes.

#### GENERAL LEAVE

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

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

There was no objection.

Mr. MOORE of Alabama. Mr. Speaker, American citizens from Alabama and Texas and their Nicaraguan partners have made it their mission to spread the hope of the Gospel of Jesus Christ to the Nicaraguan people for nearly 30 years.

Evangelists with Mountain Gateway Ministries have worked across the country, leading on disaster recovery and feeding, clothing, and planting churches with the support and assistance of the Nicaraguan government.

In January, however, the Attorney General of Nicaragua began pursuing charges against three U.S. citizens associated with Mountain Gateway and 11 Mountain Gateway Nicaraguan pastors on trumped-up charges of money laundering and organized crime.

In addition to being barred from meeting with their legal representation and their families, the lawyers on their case were denied access to the case files and to other relevant documentation against the pastors.

During the sham trial, the government was unable to produce evidence of the alleged illicit activity. Despite this, the 11 pastors have been sentenced to up to 15 years in prison and a combined \$1 billion in fines.

These pastors were working to bless the people of Nicaragua, and now they have been thrown in prison, and all their property has been seized.

These sentences leave families without income and children without mothers and fathers simply for sharing the good news of Jesus. I am deeply concerned that these citizens and pastors were targeted for sharing their faith.

Matthew 5:10 says: Blessed are they which are persecuted for righteousness' sake, for theirs is the kingdom of Heaven.

I recently introduced a resolution, H. Res. 1019, condemning the Nicaraguan government for unjust imprisonment of these people, and I hope my colleagues will join in support.