

and what does a weekend in Wisconsin in June mean? It means National Dairy Month.

I was at breakfast on the farm in Manitowoc County. I will tell you that June has been National Dairy Month since 1937. When I think of June, I think of cream cheese. I think of cottage cheese. I think of yogurt. I think of raw milk. I think of pasteurized milk. I think of Colby cheese, cheddar cheese, mozzarella cheese, and provolone cheese.

I think of the fact that, whenever you tour your factories in Wisconsin, they say they don't have workers like they used to have workers because they used to have workers who were raised on a dairy farm, and there is nobody who knows the value of hard work more than somebody on a dairy farm.

I will tell you that, more recently, other groups have weighed in since 1937 and said June is their month. It is not their month. June is the dairy industry's month, and I hope everybody spends next weekend going home to buy themselves a brick of cheese.

REMEMBERING NANCY ROSEN STERN

(Ms. GILLEN asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. GILLEN. Mr. Speaker, I rise today to honor Nancy Rosen Stern on what would have been her 60th birthday.

Nancy was a proud Long Islander who lived on the south shore her entire life. She graduated from Lawrence High School and raised her family in Hewlett, just a few miles from where she grew up.

Above all, what Nancy revered most was her family. It began with her devoted parents, Joan and Marty, who passed down their moral compass to Nancy and her sisters, Ilene and Lynn.

Along with her beloved husband, Steven, she raised three children, Michael, Corey, and Samantha, who have all embraced her zest for life and her passion for giving back to her community.

Nancy was looking forward to the birth of her first grandchild, Sloane Naomi, and helped her daughter-in-law Gwen prepare for Sloane's arrival. Sadly, she never had the opportunity to meet Sloane, but her legacy lives on in her beautiful smile and cheerful personality.

Throughout her life, Nancy strove to give back to those in need. She was incredibly active in the Marion & Aaron Gural JCC of the Five Towns, helping children with special needs. The UJA meant very much to her.

A devoted daughter, best friend to her sisters, proud mother, supportive aunt, grandmother, reliable friend, and soulmate to her husband, Nancy Rosen Stern will always be remembered.

I am honored to share her story with all of my colleagues here today. May her memory be a blessing.

RESTORE FUNDING FOR LIFESAVING FOOD AID

(Mr. MAGAZINER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. MAGAZINER. Mr. Speaker, I stand today for the 18th time to demand that the Trump administration restore funding for lifesaving food aid.

Edesia Nutrition in North Kingstown, Rhode Island, is one of only two U.S. manufacturers of Plumpy'Nut, a ready-to-use therapeutic food that saves lives every day.

This operation includes a supply chain that encompasses American farmers, American distribution companies, and American logistics companies.

The Edesia location in Rhode Island in a normal year sources 85 million pounds of raw materials: peanuts, soy, dairy, sugar, and more, all from the United States. That is enough to fill 128 Olympic-sized swimming pools a year.

When the Trump administration cuts USAID funding, they are not only hurting children around the world who rely on this nutrition. They are also hurting American farming and manufacturing.

The Trump administration needs to deliver on its word to restore this aid. Until they do, I will continue to speak on this floor.

□ 1930

RAISING AWARENESS ABOUT MEN'S HEALTH

(Under the Speaker's announced policy of January 3, 2025, Mr. CARTER of Louisiana was recognized for 60 minutes as the designee of the minority leader.)

Mr. CARTER of Louisiana. Mr. Speaker, it is a great honor that I rise today to co-anchor this CBC Special Order hour, along with my distinguished colleague from Virginia, Congresswoman JENNIFER MCCLELLAN.

For the next 60 minutes, members of the CBC will have an opportunity to speak directly to the American people during this Men's Health Month, an issue of great importance to the Congressional Black Caucus, Congress, the constituents we represent, and all Americans.

Mr. Speaker, every year, we recognize the month of June as Men's Health Month. It is a time to encourage men to set an example for their families by engaging in preventive healthcare. It is about breaking harmful habits, making informed decisions, and prioritizing health in a way that protects not just individuals but the whole community.

This effort plays a vital role in addressing a stark and troubling reality: Men have higher mortality rates in most of the leading causes of death and have a lifespan nearly 6 years shorter than women.

These numbers should concern all of us because they affect all of us. When

men ignore their health or delay getting care, it doesn't happen in isolation. It impacts their children, their spouses, their coworkers, and the broader economy.

By highlighting the importance of routine check-ups, screenings, and early detection, Men's Health Month aims to shift that reality. It is not just about improving men's personal outcomes; it is about strengthening the support systems around them: the women who care for them, the employers who depend on them, and the families who love them. However, we have a long way to go.

Did you know that only 49 percent of men in the U.S. aged 21 and older had a routine doctor's appointment or cancer screening in the past year? These are dismal numbers. That is according to the Prevent Cancer's 2025 Early Detection Survey. That is less than half. It is not just a missed opportunity; it is a public crisis in the making.

We can't normalize avoidance or downplay the importance of check-ups. Preventive care isn't optional. It is essential. Preventive care is much cheaper, much more efficient than curative care: pay me now or pay me later.

I am proud to serve as the co-chair of the Men's Health Caucus, stepping into this role following the passing of my dear friend and colleague, the Honorable Congressman Donald M. Payne, Jr. Donald was a tireless advocate for health equity, and I am honored to continue his legacy.

The Men's Health Caucus is a bipartisan group. We are united by a shared goal, ensuring that men, no matter where they live, what they look like, what their race or religion may be, all have access to healthcare, to health information, to quality care that they need to live longer, healthier lives.

As chair, I am committed to continuing this important work and encouraging men to take a proactive approach to their health not just during June but every month of the year.

The caucus focuses on key areas like mental health care, prostate cancer screening, traumatic brain injury, and urological health. These are not fringe issues; they are central to the well-being of men across America, and yet they often go unaddressed until it is too late.

We are working hard to change that. We are educating Congress and the public, bringing in medical professionals and public health experts, and pushing for legislative solutions that will have real and lasting impacts.

We know that men and boys historically have not been as proactive in seeking medical care. Too often there is a stigma, a belief that asking for help or going to the doctor is a sign of weakness. We have been taught to suck it up, big boys don't cry. Come on, man. You can do it. Until it is too late. We often only go to a doctor when we are deathly ill or we break a bone.

Our counterparts, young ladies and women, unlike boys and men, because

of the complexities of their bodies, are accustomed to having regular check-ups. Men, on the other hand, are taught you don't need it until oftentimes it is too late.

Mr. Speaker, this is a wake-up call for America. This is a wake-up call for all of us to do better, to take care of ourselves, be a part of the solution and not the problem. This stigma often leaves us in a very bad situation. It is not a weakness. In fact, it couldn't be further from the truth.

Real strength is taking control of your health. Real strength is getting checked. Real strength is talking about mental health before it becomes a crisis.

When we are sick with diabetes, high blood pressure, or any other ailment, we see a doctor. We modify our diets. We exercise. We take a pill. We talk to someone, but with mental health, we somehow think we will just stick our head in the sand and it will go away; but it won't. You are not alone, trust me.

For those who are listening, for those in the Chamber, you are not alone. There is help for you. There are resources available to make things better, but you have to take that step. You have to get past the stigma. Mental imbalance, anxiety, and depression are as common as the common cold, but unlike the cold, they won't go away on their own. It requires attention. You can live a very long, comfortable, healthy, happy life, but it requires action on your part.

That is why our caucus is engaging in talent, on both sides of the aisle. Recognizing that this is not a Republican or a Democratic issue. This is an American issue. This is a human issue. This is an issue that together we can demonstrate to the American people that, yes, Republicans and Democrats alike can work together to address something that is crippling our Nation. Our young people, our older people, and our people in between, are suffering.

Social media has made it very difficult for our young people. COVID made it very difficult for our young people. The pressures of life make it very difficult for people. Our poor economy makes it difficult for people, and a lack of effective healthcare makes it difficult for people.

Let's do better. Let's do better together. We are working across the aisle because we realize that together we can do something. The political spectrum and collaborating with health experts to advance smarter policies around education, prevention, and access will make a difference. Healthcare is more than a personal issue; it is a community issue. I know how deeply it affects the strengths and prosperity of our neighborhoods, especially when it comes to historically underserved populations.

It is no secret that systemic racism negatively impacts health outcomes for Black Americans. That is not speculation. It is well-documented. Black

men face higher risks of chronic conditions, receive fewer preventive services, and experience worse outcomes overall. This must stop.

□ 1940

It is simply unacceptable. We cannot build a healthy world if we leave entire communities behind. I hope Secretary Robert F. Kennedy, Jr., is listening. Healthcare is real.

Let's make America healthy again by keeping programs like Medicaid. Let's make America healthy again by making sure that children are eating nutritious meals. Let's make America healthy again by making sure people in rural communities have access to hospitals and healthcare. Let's make America healthy again by providing the resources that they need to be healthy.

It is not just something to say. The data is empirical. When we invest in healthy outcomes, we get healthy outcomes. The reverse is also true. When we take away resources, we see what happens: people get sick, people die, people show up in emergency rooms because they don't have healthcare.

Pay me now or pay me later. Preventive care versus curative care. Preventive care is a whole lot cheaper, less strain on the system. Healthier people are more productive citizens. When a person doesn't take their medicine because they can't afford it, when a person is denied access to healthcare, they ultimately show up in an emergency room, and it clogs and strains the system. It is a heck of a lot easier to prevent it than it is to cure it.

I am also proud to be the Democratic co-lead on the bipartisan PSA Screening for HIM Act. This bill would require private insurance companies to plan to cover preventive prostate cancer screening for men at high risk, including African Americans and those with a family history of the disease.

To speak plainly, Black men are twice as likely to die from prostate cancer as White men. This disparity isn't inevitable. It is a direct result of gaps in access, awareness, and preventive care. We have the tools to close that gap. We just need the political will to use them.

Men's Health Month gives us the opportunity to spotlight these issues, but more importantly it is a call to action, not just a time to talk about it. It is a call to action for everyone to do something. When we drive our cars, and that flashing light comes on to suggest you have a problem with your engine, you have to change your oil, your brakes are not working properly, you quickly pull that expensive machine over. You do this because you don't want to ruin it, you don't want to blow a gasket, you don't want to damage your precious BMW, Mercedes, or SUV.

Mr. Speaker, I say to my brothers and sisters, my family, my friends: Your body often sends a similar signal. It is that headache that won't go away. It is the difficulty in breathing. It is

the limp in the leg and the numbness in the hand. That is your engine light telling you: Pull over, get it checked. Pull over, get it checked. You are in threat. You are in danger of blowing a gasket, except this gasket is not a tube in your car. It is not a radiator. It is a vessel in your head that causes a stroke. It is a vessel in your heart that causes a heart attack.

Pay attention to that light that goes off, not just in your car, but in your body. Pay attention to your friends when you see symptoms. When you see something, say something. Friends don't let friends walk around sick. We all have a responsibility.

It is a reminder that when we prioritize health, families grow stronger, workforces become more resilient, communities thrive. This month, I encourage every man to schedule that appointment, get that screening, talk to your doctor, talk to your family, talk to your friends. Health is not something to be ashamed of or pushed aside. It is something to be proud of.

I encourage all of us lawmakers, advocates, healthcare providers, and community leaders to push for policies that reflect that priority because when we invest in men's health, we invest in everyone's future. Let's keep moving forward. Let's continue this discussion as we all become healthier, smarter, and more productive citizens, which will ultimately make our Nation a stronger place.

Mr. Speaker, I yield to the gentlewoman from Virginia (Ms. McCLELLAN), my dear friend and the outstanding co-anchor for this CBC Special Order hour.

Ms. McCLELLAN. Mr. Speaker, I thank the gentleman from Louisiana for his leadership on Men's Health Month.

Mr. Speaker, I am a nerd. I am a proud nerd. Whenever there is an awareness month, one of the first things I like to do is figure out, is there a theme. It drives my staff crazy. There is a theme, as you have heard, for 2025 for Men's Health Month, and it is very enlightening: Closing the empathy gaps in men's health.

Now, this theme aims to highlight the importance of addressing the unique challenges that face men for their health and encourage them to seek early detection and treatment because the leading causes of death for men in the United States are preventable: heart disease, cancer, and unintentional injuries.

While awareness and funding efforts have successfully addressed numerous health challenges over the years, men's health issues have received significantly less attention and funding despite statistics that show a clear concern. Men die 6 years earlier than women due to preventable health issues.

Prostate cancer and testicular cancer receive far less attention. Even during Breast Cancer Awareness Month, people assume that is only something that

women face. Yet, men also get and die from breast cancer.

Suicide rates among men are significantly higher than women, yet the mental health infrastructure fails to acknowledge the interventions that resonate with men. As you heard, the culture for many, many years has told men: You don't need mental health attention. Suck it up.

That is probably true for a lot of health issues, and he would not like to hear me do this, but I am going to use my husband as an example. My husband needed to have spinal fusion surgery. I sat with him in the emergency room as the doctor started ticking through different questions, trying to determine what kind of injury or what happened to lead his spine and the disks in his spine to deteriorate.

The doctor said: Did you ever experience any tingling? He said: Yes, I did. I have experienced tingling in my hand and in my fingers. The doctor asked: How long has that happened? To my shock, my husband said: 3 years.

For 3 years, he felt tingling in his fingers, and yet didn't think maybe I should get that checked out.

He tried to have a tooth extracted without any local anesthesia or novocaine until the pain got so much the doctor said: We need to knock you out. You know when you first come out of anesthesia, you are a little high, and once he came out, I asked him: Well, why did you do that? He said: Because I am a man.

Being a man does not mean you don't take care of yourself. Being a man does not mean you don't seek help when you need it. Being a man does not mean you don't get preventative screenings for early detection of cancer or heart disease, or risk factors leading to heart disease. Being a man means you love yourself enough to take care of yourself.

Now, as policymakers, we have the opportunity to put policies in place that help all people to access healthcare and stay healthy. One of those policies has been Medicaid, and ensuring that more people have health insurance, not just as a safety net when they get sick, but so that they can get the preventative care, the screenings, the regular checkups that will identify early risk factors or worse.

□ 1950

Mr. Speaker, when the Affordable Care Act was passed, we were able to lower the number of uninsured through both Medicaid expansion and the healthcare exchanges.

A majority of the Medicaid expansion population is men, over 50 percent. They are more likely, incidentally, to be White men, about 59 percent. That is compared to the 34 percent of the traditional Medicaid population that are women.

Who are the folks in the Medicaid expansion population? While I have seen our Speaker say in interviews that

these are single 29-year-olds sitting at home on their parents' couch playing video games, actually, most of them are working but earn, for an individual, \$21,597 a year.

Some of them may work for employers who intentionally schedule their hours at 29 hours rather than the 30 needed to trigger employer-covered insurance. Some of them are self-employed. Some of them are in jobs, like one of my constituents who I spoke to during a press conference after we passed the big, ugly bill, who worked as a contractor, got injured, and could not work anymore but also was trying to get workers' comp and was caught in that process.

I was a State legislator when we expanded Medicaid in Virginia. Part of why we did it was because we recognized that just because you don't have health insurance doesn't mean you don't get sick. Not having health insurance does mean, though, you are less likely to get your preventative screenings, less likely to go to your primary care doctor or even have a primary care doctor, and less likely to get your annual checkups.

What we have seen since expanding Medicaid, as I talk to healthcare providers in Virginia, is that by connecting the expansion population to a medical home, they are getting those screenings. They are getting preventative care. As a result, fewer are showing up in the emergency room sick.

Unlike the traditional Medicaid population, which has very complex medical conditions, the expansion population typically, when you connect them to a medical home, are healthier. That is why I am so concerned about the big, ugly bill that we passed 2 weeks ago. According to the Congressional Budget Office, it will strip 16 million Americans of health insurance and make the issue of disparities in men's health worse.

I will pick on one piece of that bill that hasn't gotten a lot of attention. The bill now requires States to impose copays for the expansion population only of up to \$35. Sitting in the Energy and Commerce Committee, I heard the rationale for this was that everybody needs to have skin in the game, and if I pay a copay with my private insurance, then why can't the expansion population pay a copay?

Here is the difference. I have done the math, and someone in the expansion population, an individual, is making \$21,597 at most a year. That is about \$1,799 a month. In Richmond, the average rent on an apartment is \$1,569. The average utility bills are \$197. The average grocery bills are \$350.

When you are faced with a \$35 copay and you make \$1,799 a month, over two-thirds of which, if not more, is going to rent, utilities, and grocery bills—I haven't even gotten to transportation costs to get to and from work, and that is just if you are an individual. If you are faced with a \$35 copay to get your annual checkup or to get these

screenings, you are going to think really carefully about if you have that \$35.

What we have seen, and this is why States haven't imposed copays to date, is that you are less likely to get those preventative screenings. You are less likely to get annual checkups. Therefore, these preventative illnesses are caught oftentimes when it is too late.

There are certain illnesses that are deadly but silent killers, and I will close with this. My brother-in-law is one such example, Greg Beckwith. He was a basketball player. He was particularly healthy, but he came from a family that had a history of heart disease and diabetes. He did everything right. He lost weight. He watched his diet. Yet, about a year ago, he woke up one morning feeling nauseous.

Nausea is not usually associated with heart disease. He thought he had food poisoning, so they waited until it got so bad they were like: "You know what? Something is wrong." They went to the emergency room, and he, in fact, had a heart attack.

Part of what we need to do with Men's Health Awareness Month is not just identify the unique factors impacting men's health and the policies that we can put in place to help people get and stay healthy but also ensure that we are educating people on the warning signs of diseases that you might be at risk for.

We know of the agencies that do a lot of that work in the Health and Human Services Department, the CDC is a big one. Yet, the CDC is one of the agencies that have been gutted through DOGE. The workforce was decimated. Health and Human Services has lost over a quarter of its workforce.

Many of those cuts and the funding cuts that have already happened through DOGE—not through Congress, through DOGE—are cutting the very workforce that we need to help identify the risk factors unique to men and the ways to prevent it.

We can't make America healthy again if we are ripping health insurance away from 16 million people and undermining and then gutting our public health workforce.

These are just a couple of the things that have happened. I haven't even touched on the Medicare cuts that are triggered as a result of the pay-as-you-go law.

I said I was closing, but, like a good Baptist preacher, I may have one or two more closings since we have an hour.

We also have to stop legislating and policymaking in silos. This is one of my biggest frustrations as a legislator. I spent 18 years as a State legislator and now here in Congress, and too often, we focus on healthcare policy, environmental policy, and public safety policy, but we ignore that people don't live in silos and that our environment, clean air and clean water, impact public health.

As it is also National Ocean Month, the health of our oceans impacts public

health. The stress of crime, gun violence, racism, anti-Semitism, hatred, and division impact our mental and physical health.

We need to start thinking holistically about public health. We need to start thinking holistically about healthcare policy not just being something that the Committee on Energy and Commerce's Subcommittee on Health looks at but that every policy interconnects so that we are looking at, studying, and funding research on how, holistically, we improve health in America.

□ 2000

Mr. Speaker, I have heard time and time again that we don't have a healthcare system. We have a sick care system. We need to get back to the basics of making sure that we are identifying and preventing risk factors that lead to deaths that are preventable for men and for women.

Mr. CARTER of Louisiana. Mr. Speaker, I thank the gentlewoman from the great State of Virginia (Ms. McCLELLAN) for her passionate plea for people to listen and to wake up.

Mr. Speaker, may I inquire as to how much time is remaining.

The SPEAKER pro tempore. The gentleman from Louisiana has 30 minutes remaining.

Mr. CARTER of Louisiana. Mr. Speaker, during this month of men's health, it almost sounds silly to say month of men's health. Men's health cannot be confined to 30 days in June.

Men's health is every day. Paying attention to the warning signs is every day. We must recognize the importance of taking care of ourselves, having regular checkups, eating right, and dieting.

We must realize the importance of exercising and taking care of our mental health, particularly in the stressful jobs that we are fortunate to have in this very body. We deal with the complexities of legislation that often cause us sometimes to raise our voice, sometimes get emotional, sometimes take it home with us in the sense of wanting to do more but being hamstrung sometimes by the very politics that built this body.

It is our mental health, and our physical health all tied together that is so important. There are so many of these factors that cause cancer and that cause dreaded diseases because we don't care for ourselves.

During the month of June, let us highlight men's health, but let us talk about men's health 365 days a year. Let us bring resources to bear to make sure that we are preventive, that we are careful, that we are taking care of ourselves, and that we are looking out for each other.

Our mental, our physical, and our emotional health are critically important to our success as leaders. It is important to our teachers, our taxi drivers, our nurses, our men and women in uniform, our police officers, our fire-

fighters, and the people that are working everyday jobs who keep America moving.

What makes America tick? Americans make America tick. Healthy Americans make America tick. People working together make America tick. We must work together, side by side, with our Republican counterparts. We must put aside the foolishness of ideological divides and advance causes that make us all stronger as Americans.

We know that many of these diseases can be cured if caught in time. According to the American Cancer Society, men have a 1 in 726 average lifetime risk of breast cancer. We often think about mammograms and breast cancer being something just for women. Guess what? It is not. Men get and die from breast cancer. It is possible. Mr. Speaker, 1 in 726 men have an average lifetime risk of getting breast cancer.

According to the U.S. Center for Disease Control and Prevention, of the 172,258 men in the United States who were diagnosed with prostate cancer, only 28,343 men died of it in 2014.

This supports the thought that screening programs may be detecting what otherwise might be a silent disease. If caught in time, it doesn't have to be a death sentence.

Black and African-American men are much more likely to develop prostate cancer. One in six Black men will develop prostate cancer in their lifetime compared to eight overall. In fact, Black men are 1.7 times more likely to be diagnosed with and 2.1 times more likely to die from prostate cancer than White men. Black or White, too many are dying when they don't have to.

According to the American Lung Association, each year more men are diagnosed and develop lung cancer than in past years. African-American men have a higher risk of dying from the disease compared to other racial or ethnic groups.

According to the American Cancer Association, colorectal cancer is the leading cause of cancer deaths in men younger than 50 years of age. Let that sink in. This is a disease that, if caught in time, doesn't have to be a death sentence.

According to the American Cancer Society, there are 9,720 new cases of testicular cancer diagnosed as of 2025 and about 600 deaths from testicular cancer.

It is important for men to know their family history of cancer. About 1 in 10 cancers are caused by inherited genetic mutations.

To say it differently, if grandpa had it, his descendants might, too. Check family trees. Talk to parents. Talk to loved ones. Take a moment and ask those questions. How did great-grandpa die? What was his ailment? What was the history in the family? It may very well save a life.

According to the National Cancer Institute, many men don't know that they have this inherited risk. Why? Big boys don't cry. We suck it up. That lit-

tle pain will go away. It is nothing. I will shake it off. I will feel better tomorrow. It is the check engine light that we ignore except it won't get better. In most cases, it gets worse.

That tingling in the hand may every now and then go away, but it comes back. It is that light trying to tell us that something is wrong. Remember, we pull over the BMW. We pull over the fancy Yukon. We pull over the prized 1971 Corvette because we don't want to damage that classic.

What about the classic we are for our children? What about the classic we are for our grandchildren? What about the classic we are for our family? What about the classic we are for our community, for our church members, for our fraternity brothers, and for people we have been a tutor and a mentor to? What about just for ourselves?

According to the CDC, a stroke is a leading cause of death among men. About four out of five strokes are preventable.

According to the CDC, men under the age of 44 are hospitalized for certain types of strokes at a higher rate than women in the same age group because women pay attention to their bodies. Women go to the doctor for regular checkups. By and large, women see physicians regularly, and we simply don't.

According to the National Kidney Foundation, studies show that, although men and women may have chronic kidney disease, men are more likely to reach kidney failure sooner than women. Again, they tend to find out sooner.

Mr. Speaker, do you see the trend? Do you see where we are going?

The earlier we find out, the greater the prevention and the greater the cure. We don't have to die. We don't have to stand over the coffin of young people, wondering how this happened. We don't have to go through communities and watch young men drag half of their bodies because they have had prolonged high blood pressure, which has led to diabetes and strokes and heart failure.

Then at 25, a man has a stroke, and half of his body is paralyzed because of his salt intake, poor diet, or lack of exercise. Yes, they are ignoring that light and that signal that says go to the doctor. Something is out of balance.

□ 2010

Mental health is the very same way.

According to the Anxiety and Depression Association of America, nearly 1 in 10 men experience depression or anxiety, but less than one-half will receive treatment, and more than four times as many men than women will die by suicide every year.

According to the Anxiety and Depression Association of America, men show fewer signs and fewer warnings such as talking about suicide, making them more likely to complete the task of suicide.

According to the Anxiety and Depression Association of America, men suffering from mental health illnesses are less likely to receive mental health treatment or diagnoses because we stick our heads in the sand. We stay in bed all day. We have an extra drink. We don't go to work. We don't play golf like we used to. We don't stay with our friends like we used to. Those are the trends.

Staying on the sofa all day is not the answer. Although you think for the moment it makes you feel better, Mr. Speaker. You have to get up, you have to get out, and you have to talk to somebody. You have got to exercise. You have to seek help. You have got to dial 9-8-8, a federally funded program that is manned 365 days a year and 24 hours a day. You can pick up the phone and talk to someone anonymously. You don't have to give your name, where you live, or who you are. No one will trace your number and show up at your door, unless you want them to. They will provide base-level communications and talk to you about how you can get further help. They will talk you off the cliff at 3 a.m., when you think you are all alone and you are so sad that you are contemplating hurting yourself or someone else. There are resources here for you, and you don't have to suffer it alone.

Mental health is real. Depression is real. We know that according to the Anxiety and Depression Association of America one of the leading causes of disability in Americans is schizophrenia. Approximately 3.5 million people in America have the diagnosis, and 90 percent of those are diagnosed by the age of 30.

Many are missed. Many are the young people whom we see standing on the street corner talking to themselves, shadowboxing in the dark, appearing to have a conversation with someone, appearing angry at one moment and jovial the next. They are sleeping under the overpasses with everything they own in a grocery cart. It is not enough to say: "Get a job, you bum."

We don't know what they are going through. These are someone's children, many of whom have suffered some catastrophic breakdown that causes them to hear voices and to do things that they wouldn't ordinarily do.

Who are we to say: "Get a job, you bum?"

Many of them are people who served in our armed services and who have served honorably protecting our flanks in foreign lands.

Who are we to say: "Get a job, you bum?"

Who are we to judge them, to roll our window up quickly and speed off as if we didn't see them?

Mr. Speaker, I understand there are scammers out there. I understand there may be people beating the system. That is true. However, the next time you see that kid or old man standing out there talking to himself, Mr.

Speaker, shadowboxing with no shirt on, clearly, they have been sleeping on the street, consider calling 9-1-1. Consider calling the mental health hotline. Consider calling not the police because you think it is unsavory to see this, Mr. Speaker, but consider calling a mental health hotline to get them help.

That is because most of these cases can be cured and made better if only there were someone in their lives who: A, knew where they were, because sometimes they just don't; and B, had the resources.

Secretary Kennedy has the resources to help them get better. He has the resources to get them the level of mental health care that they need to be better and to be productive and to silence those voices in their head.

There are those people who think they are just bums and they are just going to take that money and go buy crack or a bottle of wine, perhaps.

Let me tell you why, Mr. Speaker. Consider this for a moment: Maybe, just maybe, the only way they have to feel normal and to silence those voices is to take a hit on that crack pipe and have 30 seconds of calm. I am not just suggesting it. It is a horrible way to do it. However, if you have nothing else, you have no resources, no doctor, no family, and no one to care for you, you have discovered that, "Oh, man, when I get that quick hit on the pipe, then I feel like everyone else."

Mr. Speaker, you have to understand what they are going through. It is not to justify it, but it makes a little more sense why they take that swig of vodka, that guzzle of wine, not because they are some helpless and hopeless alcoholic but because they are seeking sobriety of a different sort, Mr. Speaker, sobriety through getting high.

Let me say that again, Mr. Speaker, sobriety through getting high. It is an opportunity to calm those voices in your head, an opportunity to silence those demons, an opportunity to just, for once, feel normal and to feel like that grocery cart that you are sitting in is the Lazy Boy that many of us enjoy in our homes.

Mental health is real. The pain of Americans is real. Mental health care needs resources.

As far as cardiovascular health, according to the CDC, 50.8 percent of men aged 18 and older have high blood pressure and are taking high blood pressure medication. Men develop heart disease 10 times earlier, on average, than women according to Johns Hopkins Medicine. According to the American Medical Association more than one in three adult men have some form of undiagnosed cardiovascular disease.

According to the CDC, about three in four men in the United States have overweight or obesity tendencies. According to the CDC, 41.6 percent of men aged 20 and older suffer with obesity in the U.S. from fast food, saturated fats, high sugar content, sedentary lifestyles, and diabetes. According to the

CDC, men are more likely to develop type 2 diabetes at a lower weight than women.

Managing your weight and managing your diet, Mr. Speaker, makes a difference. According to the CDC, about one in nine African-American men and one in seven Hispanic men have been diagnosed with diabetes. Many more have diabetes but simply don't know it.

Fertility: According to studies, male obesity has been shown to impact fertility. According to studies, more than 1 in 10 men looking for fertility evaluations have been diagnosed with high blood pressure.

What we talked about today are things that we can control. There are many things in life that we cannot. There are many problems that we contemplate, that we debate, and that we search for answers. We have different approaches, and we all believe that we have the right answer. None of us may be right, but we have the opportunity to debate it, and, hopefully, through debate and exchange we come up with a better plan.

That is the importance of bipartisanship. That is the importance of this Men's Health Caucus. It is a bipartisan effort to exchange ideas, to talk about norms, to talk about nuances, and to talk about how we can get better. It is through these discussions that we get better. It is through checking the engine lights. Yes, it is through making sure that Congress, in one of our most important constitutionally given tools, uses the power of the purse, as found in Article I of the United States Constitution in order to provide resources to States, to local communities, and to the National Institutes of Health to study dreaded diseases, to have preventive care, to have mental health professionals in our schools dealing with our young people, to have senior living facilities funded with professionals who are there for them. It is making sure that 9-8-8 stays completely funded so people at 3 a.m., 2 a.m. or at any time of the day can pick up the phone and save their life or that of someone else's.

Yes, Men's Health Month is American health month. Yes, Men's Health Month is real. While we talk about it in June, I encourage you to talk about it, and, more importantly, do something about it every day of the year. Once you have got yourself healthy, turn to your friend, turn to your brother, turn to your dad, and teach your young sons that it is okay to not be okay sometimes.

It is okay to feel sad, but not a sustained sad. It is okay to be sick and to say: I need to see a doctor. Little boys who grow up understanding that, grow up to be healthier men, and to be more productive citizens who are able to care for their families, care for our communities, and be the leaders that they are destined to be.

□ 2020

If you are ill, if you are sick, you won't be able to fulfill your full potential. Preventative care is much more

efficient, much cheaper than curative care. Pay me now or pay me later. Medicaid is a tool that allows us to pay me now and pay me far less.

Make sure people are healthy. Make sure communities have what they need. Make sure we are fully funding the National Institutes of Health so we can identify these dreaded diseases and save lives.

Mr. Speaker, I thank you for this time. I thank my co-anchor, the Honorable Congresswoman from Virginia, JENNIFER McCLELLAN, and the Congress-

sional Black Caucus Special Order hour.

My friends, I hope we have touched upon something. I hope we walk away from this realizing that we collectively have the power to do this. Put down our arms on some of this trash. We have got plenty of stuff we can be mad about, plenty of stuff we can fight about. Healthcare should not be one.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. DAVIS of Illinois (at the request of Mr. JEFFRIES) for today.

ADJOURNMENT

Mr. CARTER of Louisiana. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 8 o'clock and 22 minutes p.m.), under its previous order, the House adjourned until tomorrow, Tuesday, June 10, 2025, at 10 a.m. for morning-hour debate.

EXPENDITURE REPORTS CONCERNING OFFICIAL FOREIGN TRAVEL

Reports concerning the foreign currencies and U.S. dollars utilized for Official Foreign Travel during the first and second quarters of 2025, pursuant to Public Law 95-384, are as follows:

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, DELEGATION TO ITALY, EXPENDED BETWEEN APR. 25 AND APR. 28, 2025

Table with columns: Name of Member or employee, Date (Arrival, Departure), Country, Per diem (Foreign currency, U.S. dollar equivalent), Transportation (Foreign currency, U.S. dollar equivalent), Other purposes (Foreign currency, U.S. dollar equivalent), Total (Foreign currency, U.S. dollar equivalent). Rows include Hon. Steve Scalise, Hon. French Hill, Hon. Nancy Pelosi, etc.

1 Per diem constitutes lodging and meals.
2 If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.
3 Military air transportation.

HON. MIKE JOHNSON, May 21, 2025.

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, COMMITTEE ON THE JUDICIARY, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN JAN. 1 AND MAR. 31, 2025

Table with columns: Name of Member or employee, Date (Arrival, Departure), Country, Per diem (Foreign currency, U.S. dollar equivalent), Transportation (Foreign currency, U.S. dollar equivalent), Other purposes (Foreign currency, U.S. dollar equivalent), Total (Foreign currency, U.S. dollar equivalent). Rows include Hon. Darrell Issa, Hon. Jim Jordan, etc.

1 Per diem constitutes lodging and meals.
2 If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.
3 Military air transportation.

HON. JIM JORDAN, May 29, 2025.

EXECUTIVE COMMUNICATIONS, ETC.

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

EC-1060. A letter from the Senior Bureau Official, Bureau of Legislative Affairs, Department of State, transmitting Department Notification Number: DDTC 25-024, pursuant to Section 36(c) of the Arms Export Control Act; to the Committee on Foreign Affairs.

EC-1061. A letter from the Senior Bureau Official, Bureau of Legislative Affairs, Department of State, transmitting Department Notification Number: DDTC 25-006, pursuant to Section 36(c) of the Arms Export Control Act; to the Committee on Foreign Affairs.

EC-1062. A letter from the Senior Bureau Official, Bureau of Legislative Affairs, De-

partment of State, transmitting Document Notification Number: DDTC 24-118, pursuant to Section 36(d) of the Arms Export Control Act; to the Committee on Foreign Affairs.

EC-1063. A letter from the Senior Bureau Official, Bureau of Legislative Affairs, Department of State, transmitting Department Notification Number: DDTC 25-026, pursuant to Section 36(c) of the Arms Export Control Act; to the Committee on Foreign Affairs.

EC-1064. A letter from the Senior Bureau Official, Bureau of Legislative Affairs, Department of State, transmitting Department Notification Number: DDTC 24-103, pursuant to Section 36(c) of the Arms Export Control Act; to the Committee on Foreign Affairs.

EC-1065. A letter from the Acting Director, Office of Personnel Management, transmitting the Office's report on federal agencies' use of physicians' comparability allowances,

pursuant to 5 U.S.C. 5948(j); Public Law 103-114, Sec. 2(a); (107 Stat. 1116); to the Committee on Oversight and Government Reform.

EC-1066. A letter from the Senior Advisor, Administration for Children, Youth and Families, Department of Health and Human Services, transmitting four notifications of designation of acting officer and discontinuation of service in acting role, pursuant to 5 U.S.C. 3349(a); Public Law 105-277, Sec. 151(b); (112 Stat. 2681-614); to the Committee on Oversight and Government Reform.

EC-1067. A letter from the Secretary, Department of Agriculture, transmitting the Semiannual Report of the Office of the Inspector General, covering the six-month period, which ended on March 31, 2025, pursuant to the Inspector General Act of 1978; to the