

epidemic of addiction particularly deadly.

In cities, small towns, and rural areas across the State, people are dying each week. Everyone knows someone—a family member, a friend, a neighbor—who has overdosed. No one is immune. People from every background, income level, and generation are at risk.

One of the individuals we have tragically lost was a brother of a staff member of mine. His name was David McCarthy, and his struggle with addiction was captured in a feature this summer in *The Washington Post*, entitled, “And Then He Decided Not to Be.” David, who had been sober for several months, relapsed on the evening before he left home to return to his winter job at a ski resort.

His family came forward to speak openly and honestly about his death because they believe, as I do, that removing the stigma and silence around addiction is an essential part of treating it as the serious illness that it is.

One of the most poignant aspects of this family’s experience is that the day after David’s death, his brother Michael overdosed on the same batch of heroin. In Michael’s case, however, he was found while he was still alive, and the same paramedics who responded to David’s death happened to have a physician with them who administered an overdose reversal drug to revive him, so he survived. With his family’s support, he has now entered a long-term treatment program. Access to those resources, like readily available Narcan and quality treatment opportunities, quite literally saves lives.

I am deeply frustrated and disappointed that my colleagues here in Congress have been unable to come together to provide funding to address this epidemic. I am very glad to see the House working on legislation this week related to opioid abuse, but the reality is, without funds appropriated to support the new programs created, many of these bills are nothing more than political rhetoric.

I am afraid that some lawmakers would prefer to have people suffering from addiction continue to turn to our already overburdened emergency rooms for care, to continue asking them to enter treatment, only to be turned away because they can’t pay, or asking those people who are addicted to continue struggling to recover while also dealing with homelessness, food insecurity, and a range of other challenges. That is just unacceptable.

Every victim of this epidemic represents an incredible loss, not only to the people who love them, but to all of us, in the form of missed potential.

This summer I had the pleasure of meeting Chris Poulos, a University of Maine law graduate who was working to get his security clearance for a fellowship at the White House Office of National Drug Control Policy. The process was especially difficult for him because he is a convicted felon who was

arrested for drug possession during a period of addiction to opioids and other drugs; but now Chris is devoting his considerable talent and intellect to helping others—not despite, but because of his own recovery. The State of Maine and our country are better off because he could access treatment when he needed it.

Our constituents need treatment, and they need it now. States can’t face the epidemic alone, and they shouldn’t have to. The difference Federal funding can make became clear to me recently when I visited Crossroads, a recovery center in my district. Through a Federal grant, they established a treatment program for pregnant and parenting women which allows them to remain unified with their children while working on their recovery.

One participant, Helen, came to the program while pregnant with her fourth child. The caring staff at Crossroads worked with her to ensure that she was able to bond with her baby after his birth and help facilitate her transition to a long-term sober housing program. I am proud that Federal funding played a part in her recovery. I firmly believe that helping Helen to get clean is a great investment in her, in her children, and in our society.

During my visit to Crossroads, though, I heard about the many people who struggle to access affordable treatment or find themselves left without any support when they have completed it. They, too, need us urgently.

Congress needs to come together and appropriate emergency funds to combat the epidemic of opioid abuse in our country. Clearly, it is a matter of life and death.

Ms. CLARK of Massachusetts. Mr. Speaker, I thank the gentlewoman from Maine. I thank her for sharing the personal story of David and Michael. I know that, in my extended office family, we grieve and remember and will continue to work for change for Kyle and Emmett, who we have lost in the past year as well. We will remember all the names that were mentioned in this first hour of Stephen, Jennifer, Morgan, Bethany, Matt, Tracy, Jared, Chad, Tony, David, and Michael.

I thank my colleague from New Hampshire again for his work on this bipartisan task force.

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

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 4641, ESTABLISHING PAIN MANAGEMENT BEST PRACTICES INTER-AGENCY TASK FORCE, AND PROVIDING FOR CONSIDERATION OF H.R. 5046, COMPREHENSIVE OPIOID ABUSE REDUCTION ACT OF 2016

Mr. STIVERS (during the Special Order of Ms. CLARK of Massachusetts), from the Committee on Rules, submitted a privileged report (Rept. No. 114-551) on the resolution (H. Res. 720)

providing for consideration of the bill (H.R. 4641) to provide for the establishment of an inter-agency task force to review, modify, and update best practices for pain management and prescribing pain medication, and for other purposes, and providing for consideration of the bill (H.R. 5046) to amend the Omnibus Crime Control and Safe Streets Act of 1968 to authorize the Attorney General to make grants to assist State and local governments in addressing the national epidemic of opioid abuse, and for other purposes, which was referred to the House Calendar and ordered to be printed.

COMBATING THE HEROIN AND OPIOID EPIDEMIC

The SPEAKER pro tempore. Under the Speaker’s announced policy of January 6, 2015, the gentleman from New Hampshire (Mr. GUINTA) is recognized for 60 minutes as the designee of the majority leader.

GENERAL LEAVE

Mr. GUINTA. Mr. Speaker, I ask unanimous consent that Members have 5 legislative days to revise and extend their remarks in the RECORD.

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

There was no objection.

Mr. GUINTA. Mr. Speaker, I want to thank my colleague, the gentlewoman from Massachusetts (Ms. CLARK), who is doing great work in this area. New England is particularly stressed with an opioid epidemic, as are many other States around the country, but her work is important because we share a cross-State border. We need to continue to work together on this particular issue.

I yield to the gentleman from Illinois (Mr. DOLD), a leader on the heroin and opioid epidemic and bringing legislation to the floor.

Mr. DOLD. Mr. Speaker, I want to thank my good friend for yielding. I want to thank Representative GUINTA for his leadership with the Bipartisan Task Force to Combat the Heroin Epidemic. I also want to thank Representative KUSTER and Representative CLARK for their leadership on this issue.

Mr. Speaker, between 2001 and 2014, there was a threefold increase in prescription drug overdoses. What was amazing is that during that same period of time there was a sixfold increase in heroin overdoses in the United States. This is truly an epidemic. Today every 19 minutes, someone dies from a heroin overdose.

In Chicago’s collar counties, we lose one individual every 3 days. In Cook County, it is more than one a day. As the co-chair of the Illinois Suburban Anti-Heroin Task Force, I have seen the unimaginable suffering that heroin has brought into families in our community. Naloxone, however, has proven to be hugely successful as a lifesaving