

loopholes, and improving mental health services when, in reality, it is also about economic opportunity, building trust between the community and law enforcement, as well as passing these commonsense gun violence prevention measures.

In April, I launched the Urban Progress, or UP, Initiative to address these root causes of gun violence. UP partners with local community leaders, activists, business leaders, and elected officials to promote economic opportunity, improve community policing, and build on commonsense gun violence prevention strategies.

With the input from the UP Initiative partners and many of my colleagues here in the House, I introduced the Urban Progress Act, a bill that would ensure that the Federal Government remains committed to reducing the gun violence ravaging our communities.

My bill would reinvest in our economically underserved communities, take steps to restore the vital trust between law enforcement officers and the community, and would keep guns out of the hands of those seeking to do harm.

Mr. Speaker, let's talk about these issues in my bill. Let's debate them. Let's vote on them. I urge my colleagues to listen to the American people.

Lastly, I am outraged that anyone would accuse the President of starting any type of racial issue. The President has spoken about gun violence prevention and preventing cops from getting killed and preventing innocent people from getting killed also, so I am outraged to hear these statements.

SUICIDE PREVENTION MONTH

The SPEAKER pro tempore. The Chair recognizes the gentleman from Pennsylvania (Mr. MURPHY) for 5 minutes.

Mr. MURPHY of Pennsylvania. Mr. Speaker, since September 1, the first day of National Suicide Prevention Month, 944 Americans have died by suicide, including 160 veterans.

Since the passage of H.R. 2646, the mental health reform act, in the House of Representatives in July, 7,552 Americans have died from suicide, including 1,280 veterans.

I had the honor of meeting the parents of Sergeant Daniel Somers, who served bravely in Operation Iraqi Freedom. On June 13, 2013, Daniel took his own life after suffering from PTSD and traumatic brain injury. His family is heartbroken.

He left a letter for his family before he took his own life, and I would like to share his words. He wrote:

I am sorry that it has come to this. The fact is, for as long as I can remember, my motivation for getting up every day has been so that you would not have to bury me. As things have continued to get worse, it has become clear that this alone is not a sufficient reason to carry on.

The fact is I am not getting better, I am not going to get any better, and I will most certainly deteriorate further as time goes on. From a logical standpoint, it is better to simply end things quickly and let any repercussions from that play out in the short term than to drag things out into the long term.

I really have been trying to hang on for more than a decade now. Each day has been a testament to the extent to which I cared, suffering unspeakable horror as quietly as possible so that you could feel as though I was still here for you. In truth, I was nothing more than a prop, filling space so that my absence would not be noted. In truth, I have already been absent for a long, long time.

My body has become nothing but a cage, a source of pain and constant problems . . . It is nothing short of torture. My mind is a wasteland, filled with visions of incredible horror, unceasing depression, and crippling anxiety.

Is it any wonder then that the latest figures show 22 veterans killing themselves each day? That is more veterans than children who were killed at Sandy Hook every single day. Where are the huge policy initiatives?

Well, Mr. Speaker, this is a letter that did not have to be written. I can't even imagine the grief of the parents of Daniel, but I also know that they want to spare other parents the same kind of grief.

I continue to practice psychology at Walter Reed National Military Medical Center at Bethesda. I work with veterans who, like Daniel, suffer from depression and PTSD and traumatic brain injury. I have seen firsthand that, with treatment, these soldiers can and do get better.

When our brave men and women come home, they and their families deserve better care. Yet we do not have enough crisis psychiatric hospital beds. Half the counties in America have no psychiatrists or no psychologists. And for every 1,000 people with an addiction disorder, only 6—only 6—get evidence-based care, and families are blocked from helping by a massive bureaucracy.

So we can read more sad letters like Daniel's, or we can act. The House answered that call on July 6, 2016, when we passed, by a near-unanimous vote, H.R. 2646, the Helping Families in Mental Health Crisis Act. But it only works and it only gives help if it is signed into law.

I don't want any more moments of silence for Daniel or the thousands of other veterans or citizens who have died by suicide. We don't need more moments of silence. We need times of action. Those moments of silence are a slap in the face to the mothers and fathers who struggle to get help for their sons and daughters.

So I ask: How can the Senate even contemplate the talk of going home before this is passed with this death toll climbing, even when they have the solution in their hands?

Indecision and politics are overruling compassion and common sense. What about veterans like Daniel, for whom help never came?

On behalf of those silenced voices, I call upon the Senate to take action and

pass H.R. 2646 before they go home at the end of September. We must have treatment before tragedy. We must provide mental health support. After all, 90 percent of suicide deaths have a co-occurring mental illness. Otherwise, what will we tell those family members who find the next suicide note, that when there was a chance to act, Congress went home?

These veterans will never go home. These thousands of other people who commit suicide, nonveterans, will never go home again, and the Senate should not go home again in September without passing H.R. 2646.

Remember, where there is help, there is hope.

NATIONAL SUICIDE PREVENTION MONTH

The SPEAKER pro tempore. The Chair recognizes the gentleman from Oregon (Mr. BLUMENAUER) for 5 minutes.

Mr. BLUMENAUER. Mr. Speaker, it is a pleasure for me to follow my good friend, Dr. MURPHY, on the floor. I appreciate his tireless efforts in terms of mental health and of suicide prevention. I was pleased this week to introduce with him legislation to recognize September as National Suicide Prevention Month.

We have this ritual of designating certain days, weeks, and months in honor of issues that can be momentous and sometimes arcane, but this one is existential.

We are looking at a time of great division not just in Congress but in American society. Suicide prevention ought to be a great unifier. We lose five lives every hour to a cause that is usually treatable and often preventable. The nature of the suicide epidemic, which has been increasing every year for the last decade, has the power to unite and bring people together to make a difference.

I applaud him for his work on the mental health legislation. I hope that we are all encouraged and emboldened, particularly as relates to our veterans, and his work there is commendable.

We are losing a veteran almost every hour to suicide. It is also the second leading cause of death among young people ages 10 to 34, yet people who commit suicide almost always show symptoms that could be diagnosed and treated.

In addition to the tragic disruption on individuals and families, it is estimated that suicide results in \$44 billion in combined economic and work costs. It is a national crisis and a tragedy that has touched almost every family I know.

The area of suicide prevention is one of shared passions that can contribute to solutions. For mental health professionals, it is rich with possibilities. If you are concerned about gun violence, this is an area of opportunity. Those who attempt suicide with a firearm are successful about 85 percent of the time.