D.C.—the 20th such race. More than 50,000 participants, including survivors of breast cancer, family members of patients, and others, will help medical research move forward and benefit many more men and women in the future.

Last year, my district even fielded its own team to participate in the Breast Cancer 3-Day Walk in Seattle. The ''Saipan Sweet Feet'' team included Bobbi Grizzard, Marian Aldan Pierce, Clarie Kosak, Pam Brown, Rhoda Smith, Roberta Guerrero, Kazuyo Tojo, and Corrine Loprinzi. I hope others will participate in these wonderful events this year.

I wish, along with my colleagues, to congratulate the participants in this race and thank them for dedicating their time and money to such a cause, to express my admiration for the strength and courage of breast cancer survivors, to honor the Susan G. Komen foundation for its work, and to offer my heartfelt condolences to those who have lost friends and family members to this disease.

Ms. WATERS. Mr. Speaker, I rise in strong support of House Concurrent Resolution 109—Honoring the 20th anniversary of the Susan G. Komen Race for the Cure in the Nation's Capital and its transition to the Susan G. Komen Global Race for the Cure on June 6, 2009. I commend my colleague Representative GERALD E. CONNOLLY for bringing this measure before the floor.

Breast cancer has had a devastating impact on women worldwide, as 1.3 million cases are diagnosed each year. In a 2009 report, the National Cancer Institute estimates there will be 192,370 new breast cancer cases among women living in the United States. And in addition to these statistics, the disease continues to pose unique challenges to the African American community. Clearly, we must continue to educate and inform the American public about breast cancer and the importance of being proactive in having regular medical screenings, particularly focusing on individuals that belong to high-risk demographics. Accordingly, the Susan G. Komen Race for the Cure has achieved great strides in raising money for breast cancer research, community initiatives, and educating women about the disease.

The impact of cancer within the African American community has been particularly devastating. The mortality rates for Blacks with breast, colon, prostate, and lung cancer are much higher than those of any other racial group. Although African American women are less likely to be diagnosed with breast cancer than other racial and ethnic groups, they are 35 percent more likely to die from the disease. This is due in part to the fact that Black and Hispanic women are less likely to receive breast cancer screening with mammograms than White women.

Research has proven that early detection is essential in increasing an individual's chance of beating the disease. Thus, community outreach and education go a long way in combating breast cancer mortality rates. The Susan G. Komen Foundation has invested more than $1.3 billion in breast cancer research, education, and community health services that have raised awareness and improved treatment, helping more people survive the disease and creating a strong support community of breast cancer survivors. Undoubtedly, the organization has done much to advance our national fight against breast cancer, and it certainly deserves our recognition for the great work it has accomplished.

Mr. Speaker, as a strong advocate for breast cancer research, community outreach, and awareness campaigns, I am pleased to add my voice of support for House Concurrent Resolution 109.

Mrs. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise today to commemorate the 20th anniversary of the Susan G. Komen Race for the Cure in the Nation's Capital and its transition, on June 6, 2009, to the Susan G. Komen Global Race for the Cure. With its headquarters located within my congressional district in Dallas, Susan G. Komen for the Cure reaches out both nationally and globally to women affected by breast cancer. I am pleased to honor the foundation today as they celebrate their achievements and continue to move forward in creating a world without breast cancer.

Susan G. Komen for the Cure was founded by Nancy G. Brinker in 1982 on the basis of fulfilling a promise she made to her sister, Susan G. Komen. Her promise was to end breast cancer forever. Since its establishment, Susan G. Komen has raised $1.2 billion from events like the Race for the Cure, contributing the largest source of non-profit funds dedicated to fighting breast cancer. As a result, there have been several advances in the fight against breast cancer. There is now increased government funding in cancer research, prevention, and funding, and an increased chance of survival due to earlier detection.

Over the next ten years, Susan G. Komen for the Cure will continue to contribute to the fight against breast cancer. The foundation plans to invest an additional $2 billion to help find a cure for breast cancer and better the lives of women all across the world. As a former nurse, I am honored to congratulate them on their 20th anniversary of the Race for the Cure in the Nation's Capital, as well as their transition to a global organization.

Mrs. CAPPS. I yield back the balance of my time.

The SPEAKER pro tempore (Mr. HOLDEN). The question is on the motion offered by the gentlewoman from California (Mrs. CAPPS) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 109.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mrs. CAPPS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

SUPPORTING MENTAL HEALTH MONTH

Mrs. CAPPS. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 437) supporting the goals and ideals of Mental Health Month, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 437

Whereas the mental health and well-being of people in the United States is a issue that affects not only quality of life, but also the health of our communities;

Whereas the stigma associated with mental health continues to persist;

Whereas more than 57,000,000 people in the United States suffer from mental illness;

Whereas approximately 1 in 5 children and adolescents has a diagnosable mental disorder;

Whereas more than a quarter of our troops suffer from psychological or neurological injuries sustained from combat, including major depression and post-traumatic stress disorder;

Whereas more than half of all prison and jail inmates suffer from mental illness;

Whereas major mental illness costs businesses and the United States economy over $193,000,000,000 per year in lost earnings;

Whereas untreated mental illness is a cause of absenteeism and lost productivity in the workplace;

Whereas in 2006, over 33,000 individuals committed suicide in the U.S., nearly twice the rate of homicide;

Whereas suicide is the third leading cause of death among people between the ages of 15 and 24;

Whereas in 2004, individuals age 65 and older comprised only 12.4 percent of the population but accounted for 16.6 percent of all suicides, and the rate of suicide among older people in the United States is higher than for any other age group;

Whereas 1 in 4 Latina adolescents report seriously contemplating suicide, a rate higher than any other demographic;

Whereas studies report that persons with serious mental illness die, on average, 25 years earlier than the general population; and

Whereas it would be appropriate to observe May 2009 as Mental Health Month: Now, therefore, be it

Resolved, That the House of Representatives—

(1) supports the goals and ideals of Mental Health Month in order to place emphasis on scientific facts and findings regarding mental health and to remove stigma associated therewith;

(2) recognizes that mental well-being is equally as important as physical well-being for our citizens, our communities, our businesses, our economy and our country;

(3) applauds the coalescing of national and community organizations in working to promote public awareness of mental health and providing information and support to the people and families affected by mental illness; and

(4) encourages all organizations and health practitioners to use Mental Health Month as an opportunity to promote mental well-being and awareness, promote access to care, and support quality of life for those living with mental illness.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from California (Mrs. CAPPS) and the gentleman from Nebraska (Mr. TERRY) each will control 20 minutes.

The Chair recognizes the gentlewoman from California

GENERAL LEAVE

Mrs. CAPPS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

Mrs. CAPPS. Mr. Speaker, I yield myself such time as I may consume.

I rise today in strong support of House Resolution 437, supporting the goals and ideals of Mental Health Month. I would like to thank my colleague Congresswoman NAPOLITANO for her leadership on this issue. This resolution underscores the importance of mental health for the overall well-being of Americans, the health of our communities and the Nation's economic strength. It's an opportunity to commend the important work of health practitioners who, together with national and community organizations, are so dedicated to the promotion of mental health. These practitioners, these organizations, work tirelessly to improve awareness of mental health issues. As a nurse, I especially welcome this opportunity to recognize the contributions of so many of my colleagues.

Over 57 million Americans suffer from mental illness. Mental illness is the leading cause of disability in our Nation; and when left untreated, mental illness is a leading cause of absenteeism and lost productivity in the workplace. This resolution knows that mental illness disproportionately affects a number of groups, including the elderly, adolescents, young adults, minorities and now, most especially we note, our troops returning home from combat. Despite the prevalence of mental illness in our society, this resolution appropriately highlights the stigma still associated with many of these conditions and that the stigma persists. Even though we have passed mental health parity legislation, we have so much more work to do to fully realize equal benefits for mental illness prevention and treatment. For this very reason, it is important to support the goals and ideals of Mental Health Month while also working to reduce the stigma associated with mental illness.

I urge my colleagues to join the bipartisan sponsors of this bill in supporting Mental Health Month.

Mr. Speaker, I reserve the balance of my time.

Mr. TERRY. Mr. Speaker, I yield myself as much time as I may consume.

I, too, rise in support of House Resolution 437, acknowledging the month of May as National Mental Health Month.

Mental health has been recognized by Congress for over 50 years and has continued to raise awareness in our communities and lower the stigma associated with mental disorders. I would like to express my gratitude to the national and community organizations working to promote public awareness of mental health and providing the proper information for families affected by mental illness. Your work is critical to increasing the quality of life for those with mental illness. I would like to thank the author of the resolution, Mrs. GRACE NAPOLITANO, who was a classmate of mine, for her leadership in helping Americans while addressing mental disorders. I encourage all of my colleagues to vote in favor of this resolution.

I reserve the balance of my time.

Mrs. CAPPS. Mr. Speaker, it's a pleasure to yield to the author of this legislation, our colleague from California (Mrs. NAPOLITANO) as much time as she may consume.

Mrs. NAPOLITANO. I thank the gentlewoman from California.

I certainly am very grateful that this has been put on the agenda, and I'd certainly like to thank Chair WAXMAN and Ranking Member BARTON of the Energy and Commerce Committee for promoting this resolution.

Every year we recognize in the United States May as the National Mental Health Month. Now today with House Resolution 437 we do so with great joy and sometimes with great trepidation. Mental health is an important issue that deserves attention year round. For too long there's been an associated stigma with mental health. You don't want to talk about it. You don't want to hear it. You don't want to see it. But we must continue to work to remove the stigma, the barrier to knowledge, to make more awareness available and increase access to mental health services both to our military and also to our young men and women, whether it's at the schools, at the universities, in the different areas where it's more prevalent. We have found that early detection, intervention and assistance is very key to being able to have productive citizens in this area. Our U.S. Surgeon General has estimated that over 57 million Americans suffer from mental illness, and it affects everybody. It crosses boundaries. It does not rise to gender or political parties. It is affecting everybody. It does not discriminate.

One in five children in the United States has a mental disorder. This is according to the U.S. Surgeon General's report. And fewer than 20 percent of these children receive the mental health services they desperately need.

□ 1200

Seventy to ninety percent of those treated do experience reduction of symptoms. So we know treatment is very effective. We just know that we don't have sufficient funding to allow for that treatment to be made available to everybody that needs it. And based on the Surgeon General's report, suicide is the third leading cause of death of young people ages 10 to 24. We are losing a lot of youngsters who will not have an opportunity to provide us with their knowledge, expertise and support in the future years of America.

Mental illness also disproportionately affects minorities. In 1999, a study done called ''The State of Hispanic Girls in the United States'' said one in three was reported considering suicide in ages 9 to 11. Currently the Hispanic rate for young girls remains the highest. Although it has been lowered somewhat, it still remains the highest percentage in the United States of attempted suicides.

And a new study just recently revealed that fifth-graders who believe they have experienced racial discrimination are at increased risk for depression, attention deficit disorder and other mental health problems. And unfortunately, Hispanics are three times more likely to have those symptoms. And blacks, African Americans, are twice as likely to be affected by these symptoms.

Then we go into our troops, our soldiers, our returning veterans. More than one in five Iraq and Afghanistan veterans will suffer from mental health conditions, whether it is PTSD, depression, even traumatic brain injury. There is increased news coverage on this. It happens every day. We hear and we see the reports about the effect it has on some of our men and women who have gone and served two, three, four and sometimes as many as five deployments. We continue to bring that to the forefront because we owe those servicemen and women the ability to be able to assimilate back into society and help them by delivering mental health services that they will desperately need not 1 month, not 5 months, maybe not years, but maybe somewhere along the line they are going to be able to have somebody help them out.

We must educate ourselves. We must educate our families. We must educate our loved ones what may happen to a returning veteran, how to recognize it and how to refer them for help and assistance in being able to deal with the symptoms that will not enable them to keep a job and be able to be productive citizens. They need to learn the symptoms of post-traumatic stress syndrome.

Families are also impacted, wives, the children, the separation, the long separations of the father or the mother, whatever the case may be, from their parent, the primary care providers and all physicians, nurses, psychologists and psychiatrists must also learn how to be able to recognize PTSD, which is a little bit separate than trauma, to ensure that all these men and women receive the care they need. The most common problem in the military culture, of course, is the fear of how this will impact their military career. And I'm glad to say that some of our military leaders are beginning to recognize that this is an important way to be able to help their men and women in service remain in service and be a part of their troops or their units. And we must continue to bring that forth and be able to assure them that they will not lose their ability to be able to be promoted.

We must train those military leaders and educate them, the doctors, the corpsmen and the nurses on how to treat PTSD and ask the soldiers to identify signs and symptoms of it with mild TBI, traumatic brain injury, to reinforce the collective responsibility

to take care of each other. All of us must work together to ensure our troops, who have given so much, are taken care of. And at home, our economy, as pointed out by my colleague, Mrs. CAPPS, has caused struggle. So have our minds. The recession has taken a toll on our families. Economic uncertainty is causing stress, anxiety and depression. The worrying about losing their homes or their jobs, worrying about the children and the retirement, if they are going to be able to retire or has their retirement fund gone somewhere.

It affects not only the quality of life but also our U.S. economy. Major depression is the leading cause of disability in the United States. The National Institute of Mental Health reports that serious mental illness costs the Nation at least $139 billion a year in lost earnings alone. So we must continue to have businesses know that including them in the health provision of services will help them be able to cut down on lost productivity in other areas. Again we must remove the stigma. We must remove the barrier to knowledge and bring more awareness and increase mental health services. Again, early detection and intervention and assistance is key.

I encourage all my colleagues to support House Resolution 437 to recognize May as Mental Health Month. We all know of someone who suffers from some kind of debilitating disorder. Even women with breast cancer; knowing that they have an issue with cancer is disabling. We must recognize also scientific facts and findings, increase awareness of services and how it affects the quality of life, the health and wellbeing of our communities and our economic stability. Let's work together to improve our lives and ask for support of House Resolution 437.

Mr. TERRY. We greatly appreciate the gentlelady from California's comments. And it was very striking that out of the age group of ninth-grade to eleventh-grade young ladies in that demographic that one in three would contemplate suicide. That is just stunning.

The Energy and Commerce Committee has a real asset on mental health as well as an advocate for treatment, awareness and education in the gentleman from Pennsylvania who is our resident psychologist on the committee. We use him a great deal.

And I would yield as much time as he may consume to the gentleman from Pennsylvania (Mr. TIM MURPHY).

Mr. TIM MURPHY of Pennsylvania. I thank the gentleman from Nebraska. And, Mr. Speaker, I also want to thank my friend and colleague from California, GRACE NAPOLITANO, who has been a great advocate. And I'm pleased to serve with her as leaders on the Mental Health Caucus. Her passion for working to bring awareness to our Nation and more treatment to those with mental illness is truly commendable and admirable.

With 57 million people in this country suffering from mental illness, it is no small problem. With one in five children and adolescents, with somewhere between 17 percent to 24 percent of our returning soldiers affected with mental illness, it is of great concern to us. Unfortunately, the problem that so often comes up with mental illness is not that it is not diagnosable, for it is. It is not that it is not treatable, for it is very treatable. The problem is for so many, the chosen treatment and approach to mental illness is denial. What we do is we deny its significance, we deny its existence, and therefore we deny the treatment to so many.

In some ways, we have not advanced beyond those Puritanical days of the Salem witch trials, where prejudice haunts the ability to get help, so people who have need of mental health treatment avoid it, families are not supportive of it, employers oftentimes will dismiss employees without understanding what it is, and quite frankly even here in Congress people have an awareness that is, well, dated, to say the least, when we do not understand that the way we need to approach mental illness is to vigorously approach it and treat it.

In the workplace, when mental illness is something that is part of someone's treatment insurance plan, we find that it actually saves money for employers because those employees get back to work. When we find that employees are denied mental illness treatment, and may I also add Medicare for the longest time also did not cover mental illness treatment, we find people worse. People who have chronic illness have twice the risk of mental illness. People with chronic illness, which is 75 percent of our health care cost, have twice the risk of mental illness. And yet for many years, Medicaid didn't cover it, and many insurance plans still do not. When you have a chronic illness and you have mental illness combined together, the health care costs double. They double. And it is important that we treat this with all of the tools possible.

Unfortunately, many times mental illness is treated only by pharmaceutical approaches. Some 75 percent of mental illness drugs are prescribed by nonpsychiatrists. That is unfortunate because I'm sure that many heart surgeons with their cardiac patients would not be very happy if noncardiologists treated the heart patients. And it goes on. But unfortunately when insurance plans do not pay for it, that is the only recourse.

There is one particular group of folks suffering from mental illness that have been mentioned a couple of times here, and that is our returning veterans from Iraq. Initial studies have suggested that some 17 percent of combat veterans may suffer from post-traumatic stress disorder. More recent studies suggest that of those who are coming back who actually experienced combat, those numbers may be as high as 24 to 25 percent. The military has made remarkable advances in dealing with suicide and depression and post-traumatic stress disorder in our returning soldiers, and with good reason. Right now, more soldiers die from suicide than from combat. It is also something that is contributing to those soldiers who have returned who have some mental health problems may actually engage in highly risky behavior, driving fast, more drinking and more drugs, which leads to further problems for families and more undetected mental illness.

The Navy, for example, has established programs where they actually send teams of Navy psychologists and sociology workers out to see where they can return with the veterans and work with them while they are onboard ship, helping to identify problems, screen them and get them involved with the help they need. The Army is also advancing in this, as the Marines and the Air Force, and that is good, because over the last couple of centuries in our country, if you look at the pictures, the photographs, the drawings and the paintings of our military, the ships have changed, the uniforms have changed, the guns have changed and the weapons have changed. But the soldiers have remained the same. Over the last century, we referred to such things as ''combat fatigue'' or ''battle fatigue.'' And for the longest time, soldiers were treated with ''three hots and a cot'' as a method of treatment. But now we are recognizing that teams of mental health professionals in the theater of combat are very helpful.

Recently the combat stress center in Iraq at Camp Liberty came literally under some fire, however, when one person they were treating allegedly walked into this combat stress facility and opened fire. He had had his weapons taken away, but then on his way back after he was dismissed from there and told to come back later, he took someone's gun, came back and opened fire. Two therapists and three people waiting for care were all killed. It is worth noting that one of those people waiting for care stood up and tried to stop him from killing others, and that person was killed in the process. So even in the course of trying to get some help, we have somebody who stood as the hero.

I had mentioned early on that denial is a huge problem, and it is important that all of us understand post-traumatic stress disorder and acute anxiety disorders in our returning veterans. Because whether you are a family member, you are a friend or you are a member of the American Legion or the VFW, it is the responsibility of all of us to look out for these returning citizens and help them get the help they need.

Watch for these symptoms:

Recurrent and intrusive distressing recollections of an event, including images, thoughts and perceptions such as seeing a comrade's dead body or experiencing flashbacks of the sounds of explosions and screaming;

Recurrent and distressing nightmares of the traumatic event;

Intense psychological distress when exposed to cues or reminders of any aspect of the trauma, such as the backfiring of a car or an explosion that could set someone off again;

Extreme physical reactivity, such as racing pulse, sweating, and intense fear, when exposed to any cues or reminders of the trauma. This could even be set off in Vietnam veterans or World War II veterans when they watch a program or a movie on television;

Persistent avoidance of any reminder, not wanting to talk about it, avoiding any thoughts, activities, places or people, of the traumatic event;

A general numbing in responsiveness, such as the person feels detached and estranged from others and may have little range in emotion and few strong feelings. Oftentimes this is a concern raised by spouses when their spouse returns home from combat, and they say he or she is just not the same anymore. The emotions are blunted. They have less ability to show the depth of emotions, less interest in the children.

They may also have a sense of a foreshortened future; having come close to death, they may see their own death and problem as imminent and may engage in more risky behavior.

They may have hypervigilance. They may be constantly scanning the environment for danger, even when there are no problems. They may be driving along the highway, if they were perhaps the driver of a Hummer in Iraq, they may be constantly scanning the road to see, are there problems ahead?

They may have an exaggerated startle response, especially to sudden movement or loud noises. They may have poor concentration, irritability and anger. And anger is an important symptom that we need to pay attention to for depression and anxiety disorders and post-traumatic stress disorder for veterans. And of course they may have disturbances in one's ability to sleep.

Many times the veteran will work towards self-medicating, alcohol and drugs, and, of course, keep that quiet from others too. They may find themselves not sleeping at night but having a job where they sleep a lot during the day so they can hide this from others.

But what is so important, as I said in the outset, is that denial is not appropriate treatment, and that the rest of us do not get engaged in denial too. It is absolutely essential that we support our returning veterans no matter what. Regardless of someone's political views, we need to stifle our own comments and understand they were doing what we asked them to do. They were following orders.

□ 1215

And, quite frankly, they were doing it pretty darn well. And they accomplished their mission, and we're happy to see them returning home.

But, that being said, the silent battle that our veterans continue to fight, that invisible, silent battle that goes on inside their own heart and in their own mind is something that we need to be reaching out and paying attention to. And as we look at Mental Health Month, as we have just come back from Memorial Day, as we continue to see the yellow ribbons fly from trees and posts in every hometown of America as our soldiers return home, as we continue to send our notes and our e-mails and our care packages to our veterans, let us remember that we must continue to reach out for the veteran who has borne the battle, for their orphans and for their spouses and for those persons who have come back with that silent problem of the posttraumatic stress disorder and other disorders. We will work with them. We will help them. And God bless our veterans. And again, I thank the sponsor for this bill on Mental Health Month.

Mr. TERRY. Mr. Speaker, I ask unanimous consent that the gentleman from Pennsylvania (Mr. TIM MURPHY) may control the balance of my time.

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

There was no objection.

Mrs. CAPPS. Mr. Speaker, it is with great honor that I now yield as much time as he may consume to our colleague from Rhode Island, PATRICK KENNEDY, who has championed this issue for as long as he has been a Member of Congress and really made us very much aware of the need, and then the passing of the resolution for the legislation for mental health parity. And I now yield time.

Mr. KENNEDY. Mr. Speaker, I would like to thank the gentlelady from California (Mrs. CAPPS). Thank you for all your good work on health care. As a former nurse, you know full well of the challenges of making sure that we have adequate supply of providers and how important it is for us to address the needs of those with mental illness by making sure that there are enough providers out there who are adequately educated in the field of mental illness. And I appreciate your cosponsorship on the Child Work Force Reduction Act, which will address the need of bringing in more child and adolescent mental health workers into the workforce field to deal with children and adolescents who need mental health care, because right now we're at a critical stage in this country with respect to the need for our children to gain access to providers willing to take care of those special needs that children have in the area of mental health. And nurses and doctors are in great need for those reasons. And LOIS CAPPS has been really one of the champions in the area of trying to provide greater numbers of nurses and professionals who can take on the enormous challenges ahead.

In addition to that, Mrs. CAPPS, you've been very helpful in recognizing the enormous boom that's going to happen with our aging population. We're going to have a baby boom generation that's going to become a senior boom generation, where so many of our baby boomers are going to be elder boomers. They're going to be elderly, and the demand for new nurses is going to be extraordinary. And we don't have, right now, the necessary populations of nurses to deal with that.

Many people write off senior citizens' dementia, if you will, as part of growing older. They say, Oh, Grandma. Well, that's Grandma. That's the way they are when they're nonresponsive.

Well, frankly, I certainly don't want to be treated that way when I grow old, and I dare say anybody watching this doesn't want to be treated that way when they grow old. And the fact of the matter is, for most older people, it isn't dementia that leaves them isolated and with their heads down; it's depression. It's depression. And who wouldn't be depressed if you're a senior citizen and you've lost your life mate after over 40 years of marriage, if you've had to pick up and sell your house because you've no longer been able to afford it any longer, if your children and grandchildren are scattered all across the country and very rarely visit you any longer, if now you're confined to an elderly-only high rise. I would imagine that would be pretty depressing for a lot of elderly people, and for many of them, it is depressing. And so we are working on the Positive Aging Act, which will address the needs of our senior centers and the needs of our seniors with regards to that.

But I also want to acknowledge my good friend and colleague, GRACE NAPOLITANO, who has been so wonderful in her efforts to lead the charge of the Mental Health Caucus. And GRACE NAPOLITANO has been a terrific champion for making sure that our young people are also included in on these issues of mental health because she has seen in her own neighborhoods, that we may talk about war overseas and the posttraumatic stress that our veterans suffer when they go into harm's way, and they come back and they're suffering from reconciling all this violence to the new world they're coming back to, and they have to readjust to the main life of everybody else, and they have to somehow come home, and a lot of them suffer from PTSD. Well, you can imagine, these are adults. These are fighting men and women, the men and women of our Armed Forces, and they have adult coping mechanisms. And even adults, with adult coping mechanisms, have posttraumatic stress disorder.

So imagine what a child is facing in a barrio in East Los Angeles, or in a borough in Upper Manhattan, or a neighborhood in South Providence, or Pawtucket, Rhode Island, imagine the coping mechanisms that the children are going to need to have in those areas when they see violence in their own hometowns. In a very real way, they are suffering from posttraumatic stress, while not even having to go

overseas to go see a war because the war that they are seeing is in their own backyard. They are seeing gunshots in their own backyard on a regular basis.

We have 36,000 people killed by firearms in this country every year, a far cry from the number of people that have been killed in action over in Iraq.

You know, this is a situation where it's not a small wonder that there are so many kids in this country who are acting out and who are having trouble with their own mental health needs and posttraumatic stress.

So, Mr. Speaker, we have a lot to do with addressing the mental health needs of our people, both seniors and children and, of course, those who suffer from serious mental illnesses at the same time.

So this is Mental Health Week. We need to raise awareness of mental health. And the most crucial part of destigmatizing mental health is for people to go online to any of the National Institutes of Health, National Institute on Drug Abuse, National Institute of Mental Health and so forth, National Institute on Alcoholism, and look up the studies, because you will see the biochemical makeup and breakdown of the brain and how it operates differently for those who are at high risk of being alcoholics, or at high risk of having a propensity to have a bipolar disorder or not, or having depression, or those people who may have other diagnosable mental disorders. It's quite striking that what you'll see in these videos that are a result of these MRIs, these new x-rays of the brain, that you cannot dismiss the notion that mental illnesses are physical illnesses. And we know that for a fact, because if you simply give people who were in total depression before certain medications, it's amazing how they blossom in their abilities to now live more functional lives after they've taken the medications.

So why we would ever treat the brain unlike any other organ in the body is beyond me. The brain is an organ in the body just like every other organ of the body. But unfortunately, in this country, in our health care system it's treated as if it's something separate.

What we need to do in health care reform is make sure the brain is treated holistically, as part of the body. And in any health care reform, it's got to be reimbursed holistically in terms of the rest of the health care package.

I thank Representative NAPOLITANO for introducing this resolution in support of the goals and ideals of Mental Health Month. I rise today to speak to those goals, and the need to integrate them into health care reform.

According to the Institute of Medicine, together, mental and substance-use illnesses are the leading cause of combined death and disability for women of all ages and for men aged 15–44, and the second highest for all men. When appropriately treated, individuals with these conditions can recover and lead satisfying and productive lives. Conversely, when treatment is not provided or is of poor quality, these conditions can have serious consequences for individuals, their loved ones, their workplaces, and the nation as a whole. Tragically, individuals with serious mental illness have a life expectancy of 25 years less than the general population.

The World Health Organization defines health as "a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity." As we work to reform and reincentivize our health care system, we must ensure that it is a whole-body initiative, recognizing that mental health is integral to overall health, and that optimal overall health cannot be achieved without this.

With this in mind, we must diligently work to ensure that when crafting health care reform, we create a health care system that treats the whole person. Health care reform policy should support and encourage practices that fully integrate mental health into primary care. All providers, and in particular primary care doctors, must be trained and adequately reimbursed, for providing comprehensive and coordinated care—care that approaches health as a whole body initiative. Primary care physicians must be given the resources needed to adequately address the mental health needs of their patients. Innovations, like medical homes, are working to improve quality and contain cost, but the primary care workforce is not sufficient to meet the country's needs.

Over the last two decades, fewer medical students are choosing primary care for a number of reasons, including reimbursement issues. Payment policies do not adequately compensate doctors for the time it takes to coordinate care, provide case management, or address mental health and substance abuse issues in the primary care visit. Specialty providers and other physicians must likewise have training on mental health and substance abuse problems and be trained to provide collaborative care and case management, and be reimbursed accordingly.

For the 45.7 million Americans without health insurance (a number which has grown due to the recent economic downturn), we must create an affordable, quality health care system in which all Americans are covered. Providing coverage alone, as it exists now, is not a solution onto itself however. The coverage we provide for all Americans must include the full spectrum of evidenced-based mental health care, including both treatment and prevention services. Mental health coverage should not be subject to restrictive or prohibitive limits when formulating coverage determinations on the frequency or duration of treatment, cost-sharing requirements, access to providers and specialists, range of covered services, life-time caps, and reimbursement practices.

The expansion of insurance coverage is not the same as ensuring access. Lack of insurance is only one of the many barriers to care for those seeking mental health services. Those with coverage also face financial barriers to care due to prohibitive cost sharing requirements, limited access to providers, and denials of coverage for mental health conditions. Once all Americans have health insurance, coverage must provide for access to affordable, high quality care. Current barriers to care within the health insurance system must be eliminated, and mental health coverage must include access to the full spectrum of evidenced-based care for both prevention and treatment of mental health conditions. This includes, but is not limited to, access to and choice of doctors who approach health as a whole body initiative.

Other reform measures necessary to create a system best posed to treat the health of the whole body include: instituting rules for standardized payments; ensuring that clinical necessity is the determinant of patient care; replacing underwriting with a "community rating" system that would set premiums based on age and location instead of health status of the individual; requiring that any denials of coverage be transparent and subject to a meaningful and independent review process; promoting and incentivizing mental health prevention programs; integrating mental health consumers and providers in emerging health information technology systems; requiring the regular use of standardized, objective and uniformly applied clinical outcome measures; and improving coordination among social service sectors.

Further, in order to truly achieve the above stated principles, we need health care reform that addresses the underlying, systemic issues in our current system. We are the only industrialized country that treats health care like a market commodity instead of a social service. Thus, care is not distributed according to medical need but rather according to ability to pay. Cost savings cannot be discussed without acknowledging that 31 percent of all health care expenditures in the U.S. are administrative costs. The average overhead for private insurance in this country is 26 percent, compared to 3 percent for Medicare. The majority of doctors and Americans support a single-payer health care system, yet this option has been dismissed by many policymakers as unrealistic. As elected Representatives of this democratic system, we are responsible for representing the views of the public. Therefore, it is imperative that we keep this option in the discussion of health care reform.

I hope to work together with my colleagues to institute these critical changes to our nation's health care system. The American people deserve nothing less.

Mr. TIM MURPHY of Pennsylvania. Mr. Speaker, I would just like to add a few more comments here. We have no more speakers, and I'll close with that. But it has to do with this.

As I discuss the issues of our returning soldiers, it is important I add this element too, and that is that we need to reflect to them a tremendous sense of hope. Many times soldiers in theater and after they return home are hesitant to talk with anybody about their symptoms for two fears: one, if they're in theater or combat, they worry that it will prevent them from going back to their unit. If their deployment is ending, they are worried that it will delay them from coming home; and they also are concerned that it will affect their promotion, their advancement, their continuation in the military, and they don't want to let their fellow soldiers down or themselves.

What our military is working on, however, is making sure they understand that our duty as mental health professionals is to make sure they're back to full form, and, in fact, that is something that's a change of how the military has handled this. Whereas, in the past someone would be pulled out

of their unit if they could, now the work is to get them back on their feet as fast as possible, but making sure they're not adding risk to their fellow soldiers.

Along those lines, it's important we send the same message of hope, whether it is someone who is a veteran in battle, or perhaps a veteran, as my friend from Rhode Island just pointed out, someone who has faced the same sort of problems in their neighborhood.

There are also genetic aspects of mental illness that may have very little to do with environment. There are parts that have to do with other neurological problems that occur.

Overall, our advance in the mental health field has grown tremendously. It may be that you cannot necessarily do a CT scan or a x ray or a blood test to diagnose mental illness, but it is diagnosable. It is treatable. And we have to make sure that part of this resolution for Mental Health Month and the goals and ideals is to help our Nation understand that it is diagnosable, it is treatable. We need to come to grips with it and deal with this in a way that understands that the science and the technology and the medicine behind mental health treatment gives a lot of hope for the future.

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

Mrs. CAPPS. For all the reasons that have been cited by the many speakers, and in strong support of House Resolution 437, I urge my colleagues to support this resolution.

Mr. PAUL. Mr. Speaker, I certainly support efforts aimed at removing the stigma associated with mental health, increasing public awareness of the need to support those with mental health problems and their families, and the other goals of Mental Health Month. However, I am concerned that certain language in H. Res. 437 appears to endorse all of the recommendations of the New Freedom Commission on Mental Health, even though certain of the commission's recommendations threaten individual liberty and the wellbeing of American children.

In particular, the commission recommended that the federal and state governments work toward the implementation of a comprehensive system of mental-health screening for all Americans. The commission recommends that universal or mandatory mental-health screening first be implemented in public schools as a prelude to expanding it to the general public. However, neither the commission's report nor any related mental-health screening proposal requires parental consent before a child is subjected to mental-health screening. Federally-funded universal or mandatory mental-health screening in schools without parental consent could lead to labeling more children as ''ADD'' or ''hyperactive'' and thus force more children to take psychotropic drugs, such as Ritalin, against their parents' wishes.

Already, too many children are suffering from being prescribed psychotropic drugs for nothing more than children's typical rambunctious behavior. According to Medco Health Solutions, more than 2.2 million children are receiving more than one psychotropic drug at one time. In fact, according to Medico Trends, in 2003, total spending on psychiatric drugs for children exceeded spending on antibiotics or asthma medication.

Many children have suffered harmful side effects from using psychotropic drugs. Some of the possible side effects include mania, violence, dependence, and weight gain. Yet, parents are already being threatened with child abuse charges if they resist efforts to drug their children. Imagine how much easier it will be to drug children against their parents' wishes if a federally-funded mental-health screener makes the recommendation.

Universal or mandatory mental-health screening could also provide a justification for stigmatizing children from families that support traditional values. Even the authors of mental-health diagnosis manuals admit that mental-health diagnoses are subjective and based on social constructions. Therefore, it is all too easy for a psychiatrist to label a person's disagreement with the psychiatrist's political beliefs a mental disorder. For example, a federally-funded school violence prevention program lists ''intolerance'' as a mental problem that may lead to school violence. Because ''intolerance'' is often a code word for believing in traditional values, children who share their parents' values could be labeled as having mental problems and a risk of causing violence. If the mandatory mental-health screening program applies to adults, everyone who believes in traditional values could have his or her beliefs stigmatized as a sign of a mental disorder. Taxpayer dollars should not support programs that may label those who adhere to traditional values as having a ''mental disorder.''

In order to protect America's children from being subject to ''universal mental screening'' I have introduce the Parental Consent Act (H.R. 2218). This bill forbids federal funds from being used for any universal or mandatory mental-health screening of students without the express, written, voluntary, informed consent of their parents or legal guardians. H.R. 2218 protects the fundamental right of parents to direct and control the upbringing and education of their children.

Ms. WATERS. Mr. Speaker, I rise in support of House Resolution 437, providing full support of the goals and ideals of Mental Health Month, which is recognized annually in May. I commend my colleague, and fellow Californian Rep. NAPOLITANO, for acknowledging the importance of this measure and presenting it before the House.

The first Mental Health Act was signed in 1946 after it had been determined that soldiers who fought in World War II had returned with severe mental health issues. Still today a significant portion of individuals who suffer from mental illness are troops who suffer from depression and post-traumatic stress. Shortly after the act was signed the first Mental Health Week was developed. Eventually Mental Health Week evolved into the Mental Health Month program that we are celebrating today.

Legislation regarding mental health has been developed in the past to prevent health care discrimination. Patients experienced grave inequalities because mental health was not considered a legitimate issue, as too often mental health is viewed as a minuscule issue in comparison to physical health. Many people may not know that more than 57,000,000 individuals in the United States suffer from mental illness and H. Res 437 will not only raise awareness of mental health conditions but also aid citizens in their ability to combat stress to promote a healthy lifestyle.

Unfortunately, every year mental health illnesses go unrecognized and untreated, and Mental Health Month was developed in an effort to prevent such circumstances. This May, Mental Health America has promoted a National Children's Mental Health Awareness Day, to educate the general public about the realities of mental health. Mental health illnesses affect all age ranges, and House Resolution 437 lends its full support for communities to promote positive youth development, and help families cope during times of hardship. The United States Department of Health and Human Services utilizes necessary funds and manpower to advocate for the rights and services of mental health patients. It will continue to provide Family and Community Support Programs to aid those adults and children with serious mental illnesses.

Mr. Speaker, this measure is particularly important to the well-being of our citizens and I'm pleased to add my voice in support for this legislation. I will work diligently with my colleagues to ensure that the goals and ideals of Mental Health Month are recognized as notable issues. This is a significant step in raising awareness, and promoting healthy families and communities.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise today in support of House Resolution 437 which recognizes the goals and ideals of mental health month.

Mental health issues affect many members of the population, altering their lives and the lives of their families. Over 57 million American citizens suffer from mental illness, and it is one of the leading causes of disability in our nation. In addition, people who suffer from serious mental illnesses die on average 25 years earlier than the general population, many of them from diseases that could be treated if diagnosed early.

Approximately 6.7 percent of the population is affected by Major Depressive Disorder, and more than 90 percent of people who commit suicide suffer from a depressive disorder before they take their lives. Post Traumatic Stress Disorder has become one of the most serious mental health illnesses, with over a quarter of all U.S. troops suffering from the disorder. H. Res. 437 stresses a desire on the part of either those suffering from mental illness, or the families of those suffering, to seek help.

As a registered nurse, I have seen firsthand the affects that mental illness has on individuals and their families, and I understand fully the importance of maintaining and advocating for mental health. This is an issue that affects many of us in some way, and we need to ensure that there is no stigma attached to mental illness so that those suffering can and will get the help they need. I ask my fellow colleagues to join me in recognizing the goals and ideals of Mental Health Month and supporting this Resolution in order to raise awareness for mental health issues.

Mrs. CAPPS. I yield back.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Mrs. CAPPS) that the House suspend the rules and agree to the resolution, H. Res. 437, as amended.

The question was taken; and (two-thirds being in the affirmative) the

rules were suspended and the resolution, as amended, was agreed to.

A motion to reconsider was laid on the table.

□ 1230

PROVIDING FOR CONSIDERATION OF H.R. 31, LUMBEE RECOGNITION ACT, AND PROVIDING FOR CONSIDERATION OF H.R. 1385, THOMASINA E. JORDAN INDIAN TRIBES OF VIRGINIA FEDERAL RECOGNITION ACT OF 2009

Mr. CARDOZA. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 490 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 490

Resolved, That upon the adoption of this resolution it shall be in order to consider in the House the bill (H.R. 31) to provide for the recognition of the Lumbee Tribe of North Carolina, and for other purposes. All points of order against consideration of the bill are waived except those arising under clause 9 or 10 of rule XXI. The amendment in the nature of a substitute recommended by the Committee on Natural Resources now printed in the bill shall be considered as adopted. The bill, as amended, shall be considered as read. All points of order against provisions of the bill, as amended, are waived. The previous question shall be considered as ordered on the bill, as amended, to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Natural Resources; and (2) one motion to recommit with or without instructions.

SEC. 2. At any time after the adoption of this resolution the Speaker may, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 1385) to extend Federal recognition to the Chickahominy Indian Tribe, the Chickahominy Indian Tribe-Eastern Division, the Upper Mattaponi Tribe, the Rappahannock Tribe, Inc., the Monacan Indian Nation, and the Nansemond Indian Tribe. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived except those arising under clause 9 or 10 of rule XXI. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of the Committee on Natural Resources. After general debate the bill shall be considered for amendment under the five-minute rule. It shall be in order to consider as an original bill for the purpose of amendment under the five-minute rule the amendment in the nature of a substitute recommended by the Committee on Natural Resources now printed in the bill. The committee amendment in the nature of a substitute shall be considered as read. All points of order against the committee amendment in the nature of a substitute are waived except those arising under clause 10 of rule XXI. Notwithstanding clause 11 of rule XVIII, no amendment to the committee amendment in the nature of a substitute shall be in order except those printed in the report of the Committee on Rules accompanying this resolution. Each such amendment may be offered only in the order printed in the report, may be offered only by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question in the House or in the Committee of the Whole. All points of order against such amendments are waived except those arising under clause 9 or 10 of rule XXI. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. Any Member may demand a separate vote in the House on any amendment adopted in the Committee of the Whole to the bill or to the committee amendment in the nature of a substitute. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit with or without instructions.

The SPEAKER pro tempore. The gentleman from California (Mr. CARDOZA) is recognized for 1 hour.

Mr. CARDOZA. Thank you, Mr. Speaker.

For the purpose of debate only, I yield the customary 30 minutes to the gentleman from California (Mr. DREIER). All time yielded during consideration of the rule today is for debate only.

GENERAL LEAVE

Mr. CARDOZA. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days within which to revise and extend their remarks on House Resolution 490.

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

There was no objection.

Mr. CARDOZA. I yield myself such time as I may consume.

Mr. Speaker, House Resolution 490 provides for consideration of H.R. 31, the Lumbee Recognition Act, under a closed rule, and also for separate consideration of H.R. 1385, the Thomasina E. Jordan Indian Tribes of Virginia Federal Recognition Act of 2009, under a structured rule. Both bills are debatable for 1 hour, each equally divided and controlled by the chairman and ranking member of the Committee on Natural Resources. The rule for H.R. 1385 makes in order two amendments listed in the Rules Committee report. Each amendment is debatable for 10 minutes. The rule also provides for a motion to recommit with or without instructions on both bills.

Mr. Speaker, the two bills before us today will right several wrongs in our country's history and bring closure to the issue of full Federal recognition of the Lumbee Indians of North Carolina and six Indian tribes in Virginia.

Since the late 1800s, the Lumbee Tribe has been seeking Federal recognition despite the fact that congressional hearings and the Department of the Interior's studies have consistently concluded that the Lumbees are a distinct, self-governing Indian community. In fact, the Lumbees were first recognized as a tribe in 1885 by their home State of North Carolina. In that time, however, various bills to recognize the tribe failed due to opposition from the Department of the Interior.

Most importantly, in 1956, Congress formally acknowledged the Lumbee Tribe with passage of the Lumbee Act. However, it was passed during a period of Federal Indian policy known as the Termination Era. As such, while Congress acknowledged the Lumbee, it effectively ended its relationship with the tribe at the same time by denying them access to the benefits and privileges that accompany Federal recognition.

This termination has subsequently prevented the Lumbees from receiving recognition from the Department of the Interior which has maintained that only Congress can restore that relationship.

A similar injustice has occurred in Virginia. Records exist documenting a relationship between the six Indian tribes, local governments, and the Commonwealth of Virginia for centuries. It has long been established that ancestors of these six tribes resided in Virginia when the first white settlers landed in Jamestown, yet their history is fraught with deliberate discrimination and document destruction.

During the Civil War, most local records and tribal documentation were destroyed in fires at government buildings. At that time, many Indians began adopting Anglo-American names, language, and customs to conceal their tribal identity and ensure their survival.

In addition, Virginia's 1924 Racial Integrity Act—pushed by a noted white supremacist—was responsible for the deliberate and systematic destruction of over 46 years of any records that traced and recorded the existence of vast Indian tribes.

The Department of the Interior has generally not questioned the tribes' ancestry or tribal government status. But despite the wealth of documentation that exists for each tribe, it is not clear whether they could obtain proper documentation to be acknowledged by the Bureau of Indian Affairs. I would add that each of these six tribes was recognized by the Commonwealth of Virginia between 1983 and 1989.

Mr. Speaker, the circumstances surrounding all of these tribes are certainly unique and warrant special attention by Congress. Congress has passed bills recognizing all of these tribes several times, including last session. The Lumbee bill passed with strong bipartisan support while the Virginia Tribes bill passed by voice vote.

I ask my colleagues on both sides of the aisle to once again support these long-overdue bills.

I reserve the balance of my time.

Mr. DREIER. Mr. Speaker, I yield myself such time as I may consume.

(Mr. DREIER asked and was given permission to revise and extend his remarks.)

Mr. DREIER. First, let me say how great it is to see you in the Chair, Mr.