on all matters referred to it or under its jurisdiction. Subcommittee chairmen shall set dates for hearings and meetings of their respective subcommittees after consultation with the Chairman and other subcommittee chairmen with a view toward avoiding simultaneous scheduling of full Committee and subcommittee meetings or hearings whenever possible.

(b) *Disclaimer*.—All Committee or subcommittee reports printed pursuant to legislative study or investigation and not approved by a majority vote of the Committee or subcommittee, as appropriate, shall contain the following disclaimer on the cover of such report:

"This report has not been officially adopted by the Committee on (or pertinent subcommittee thereof) and may not therefore necessarily reflect the views of its members."

(c) *Consideration by Committee*.—Each bill, resolution, or other matter favorably reported by a subcommittee shall automatically be placed upon the agenda of the Committee. Any such matter reported by a subcommittee shall not be considered by the Committee unless it has been delivered to the offices of all members of the Committee at least 48 hours before the meeting, unless the Chairman determines that the matter is of such urgency that it should be given early consideration. Where practicable, such matters shall be accompanied by a comparison with present law and a section-by-section analysis.

Rule XVI.—Referral of Legislation to Subcommittees

(a) *General Requirement*.—Except where the Chairman of the Committee determines, in consultation with the majority members of the Committee, that consideration is to be by the full Committee, each bill, resolution, investigation, or other matter which relates to a subject listed under the jurisdiction of any subcommittee established in Rule XIV referred to or initiated by the full Committee shall be referred by the Chairman to all subcommittees of appropriate jurisdiction within two weeks. All bills shall be referred to the subcommittee of proper jurisdiction without regard to whether the author is or is not a member of the subcommittee.

(b) *Recall from Subcommittee*.—A bill, resolution, or other matter referred to a subcommittee in accordance with this rule may be recalled therefrom at any time by a vote of a majority of the members of the Committee voting, a quorum being present, for the Committee's direct consideration or for reference to another subcommittee.

(c) *Multiple Referrals*.—In carrying out this rule with respect to any matter, the Chairman may refer the matter simultaneously to two or more subcommittees for concurrent consideration or for consideration in sequence (subject to appropriate time limitations in the case of any subcommittee after the first), or divide the matter into two or more parts (reflecting different subjects and jurisdictions) and refer each such part to a different subcommittee, or make such other provisions as he or she considers appropriate.

MENTAL HEALTH

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

Ms. KAPTUR. Mr. Speaker, I rise today to encourage President Bush to move forward on his recent commitment to create a national mental health commission. In fact, I would recommend to the President that he move it immediately and ask the leadership of our institution to move the bill on suspension so the commission can begin its critical work.

As proposed, the commission part of a larger new freedom initiative would be charged with studying and making recommendations for mental illness treatment services and improving the coordination of Federal programs that serve individuals with mental illness.

I have long fought for the creation of such a National Commission on Mental Illness. When Russell Weston, Jr., a diagnosed paranoid schizophrenic, fatally shot two U.S. Capitol Police officers, Gibson and Chestnut, in July 1998 right outside this Chamber, a bipartisan group of Members called upon our leadership to create such a commission to investigate the serious national dimensions of mental illness, including the lack of access to proper treatment and the violence that can result. But our pleas for the establishment of an interjurisdictional mental health advisory committee fell on deaf ears.

It is tragic that despite the high number of major profile cases like Russell Weston, Jr., John Hinckley, Jr., Theodore Kazinski and, most recently, Robert Pickett, the man who fired his gun outside the White House just 2 weeks ago, that our mental health delivery system has largely been neglected.

Mr. Weston, for example, received Federal Social Security insurance benefits but was not expected to check in to assure that he was receiving his proper medication. Indeed, it is strangely disturbing that a technological society that is smart enough to land people on the moon cannot see what is staring us in the face right here on earth.

Today, the mentally ill face huge barriers to proper treatment. For many, the obstacles are simply too difficult to surmount. Many more fall victim to the gaping holes and lack of follow-up in our system. Since the deinstitutionalization of the mentally ill began decades ago, our Nation has spawned growing homelessness and neglect as well as violence. Now our local jails and Federal prisons become the primary domiciliaries for our Nation's mentally ill. It is sad. It is tragic. It is wrong.

It is now estimated that over a third of our Nation's homeless population are mentally ill, and a 1999 Department of Justice study that we commissioned here showed that even at the Federal prison level, nearly a fifth of those housed have a serious mental illness. And I know that in our local jails, it can be as high as two-thirds.

Dorothea Dix, the great social and political activist who worked on behalf of the mentally ill, precipitated major prison reform beginning in the 1840s, nearly two centuries ago, she would be horrified by our Nation's regression. It is wholly unacceptable that over 50 years later our prisons remain the primary home for our Nation's mentally ill.

The situation is urgent, and that is why I would forcefully urge our new President to act swiftly on his commitment to create this commission. He would have the support of this Member, and I know other Members in this Chamber who understand the dimensions of this problem.

The commission's establishment will be an important step toward what must be a greater role for the Federal Government in addressing this wide and growing crisis.

THANKING CONGRESS FOR HELPING THE DISTRICT OF COLUMBIA GET OUT OF THE HOLE

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from the District of Columbia (Ms. NORTON) is recognized for 5 minutes.

Ms. NORTON. Mr. Speaker, I come to the House to report periodically when significant events occur in the District of Columbia.

I know for new Members, the first impression might be well, that is not none of my business, Congresswoman. It really should not be, but it turns out to be because matters affecting the District of Columbia which, for every other district, would not be seen on this floor do come here.

Today's Washington Times has a headline of interest to the Members of the House, Control Board Prepares to Reinstate Local Fiscal Authority. This matter is of interest to the House, because the control board was formed pursuant to a statute passed by this House when the District of Columbia encountered fiscal problems in the mid-'90s. It encountered those problems, because it is the only city in the United States that had to bear State, city and municipal functions.

I am pleased that this House offered some relief when it took over the most costly State functions, the rest of it was hard work from the District of Columbia, and, of course, the good economy.

The Times reports that on tomorrow, the control board will certify that the District has had its last of four clean audits, meaning that the control board period is over, and the control board itself will go out of existence on September the 30th. It is in a phase-out mode.

The District has had nothing short of a spectacular turnaround. It had to dig itself out of the worst kind of fiscal crisis. Any city in the United States that had to pay for State functions would have been in that kind of crisis long ago. Philadelphia had a control board. New York had a control board. Cleveland had a control board long before the District did, and they have a State to back them up.

The District is an orphan city all by itself carrying those functions with the kind of diminishing tax base that every

large city in the United States has. What the control board now finds is that the District has had 4 years of balanced budget with a surplus and a large reserve, and this has occurred 2 years ahead of time. At the same time, the District is in the throes of a complete overhaul of its city government, including every form of service delivery. We have surpassed the wildest expectations of this body.

The same page of the Washington Times reports, Hill Chairman To Keep Riders Off of City Budget. This will be very good news to most Members of the House who have had to consider the D.C. appropriation year after year.

I appreciate that the gentleman from Michigan (Mr. KNOLLENBERG) does not want the smallest budget in the House to take virtually the most time. This year I had to get unanimous consent.

I really thank the gentleman from Illinois (Mr. HASTERT) who helped me get unanimous consent to get the District's budget out 6 weeks late, even after it was balanced and had a surplus, but the fact is that it caused a tremendous hardship to have our budget out 6 weeks ago ahead of time. This should not have come here in the first place. This is the District's money raised by the District's taxpayers. This is a terrible anomaly that that the budget comes here.

The hard work that both sides of the aisle put in still makes the Congress look bad because it takes so long to get the matter out. The District of Columbia has shown that it is prepared to uphold its end of the bargain with balanced budgets, with surpluses.

We recognize that the work is not done. This is a city that has had to put itself together again like Humpty Dumpty. I appreciate very much what the Mayor of this city and the revitalized city council has done to make this happen. Nevertheless, this is a city without a State.

I will have not some revenue, but bills on the floor for Members, but rather some notions that allow the District to build back its own tax base. Among the payment solutions I will put forward will be a tax credit that will allow the District to pay for the services that commuters use. Eight out of 10 cars in the District of Columbia come from Maryland and Virginia and outside the District. They tear up our roads and leave a diminished tax base to pay for them.

They call our fire. They call our police. They use our water and do not leave anything here. A tax credit based on the services commuters use which cost commuters nothing is the way to approach this. My colleagues do not want the District to go back down the drain, even given all the streamlining and hard work it has done to pull itself out simply because, unlike your cities and counties, we have no State to back us out.

We are not out of the woods yet, but we are way out of the hole. I come to the floor this evening to thank the Congress for what they have done to help the District get out of the hole. I think that the Congress would want to thank Mayor Anthony Williams and would want to thank the counsel of the District of Columbia for pulling themselves up by their own bootstraps.

COURT RULING ON CLASS ACT LAWSUIT

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Mississippi (Mr. SHOWS) is recognized for 5 minutes.

Mr. SHOWS. Mr. Speaker, in a major legal development this past Thursday, a U.S. Court of Appeals ruled in favor of a lawsuit filed by the class act group of the military retirees.

In the case of Schism versus the United States, the court found that there is, in fact, a broken promise between the United States Government and thousands of military retirees and their families.

This suit was filed on behalf of military retirees who were recruited into the service with a promise that lifetime health care would be provided to them if they served a career of at least 20 years.

The class act represents retirees who entered the service prior to June 7, 1956. That was the day Congress enacted the first military retiree health care plan, which today we know it as Champus or TRICARE.

Enactment of those health care plans actually stripped away health care that had been promised to these recruits and which had been routinely delivered.

After June 7, 1956, statutes no longer obligated the government to provide health care to military retirees, but health care that is now provided at military bases on a space-available basis is out of reach for many retirees, due to base closures and downsizing, and that is assuming that space is available which is not always the case.

Here are a few choice quotes from the appeals court decision. The retirees entered active duty in the Armed Forces and completed at least 20 years of service on the good faith that the government would fulfill its promises.

The terms of the contract were set when the retirees entered the service and fulfilled their obligation. The government cannot unilaterally amend the contract terms now.

The government breached its implied-in-fact contract with the retirees when it failed to provide them with health care benefits at no cost.

Congress was without power to reduce expenditures by abrogating contractual obligations of the United States. To abrogate contracts, in the attempt to lessen government expenditure, would not be the practice of economy, but an act of repudiation.

The case has been remanded to a lower court to determine damages. Such damages could result in billions and billions of Federal dollars being awarded to millions of military retirees and their families, particularly if damages are rewarded to retirees who fall beyond the scope of the class act group.

What does this mean to us in Congress? The court decision validates what I had been saying since 1999 when I introduced the Keep Our Promise to America's Military Retirees Act.

The appeals court decision gives us the opportunity to act now and restore health equity to military retirees who now have the courts on their side, and we can do it without busting our budget.

We must pass H.R. 179, the Keep Our Promise Act.

It acknowledges the broken promise of lifetime health care by providing military retirees within the class act group with fully-paid Federal Employees Health Benefit Plan eligibility, and allows all other military retirees to participate in the FEHBP, just like any other Federal employee.

Mr. Speaker, but if they are happy with TRICARE, the military health plan, they can stay with it, Congress passed that part of the Keep Our Promise Act last year.

If we pass this bill, the U.S. government will have responded to the court, and we will have acknowledged and made good on the broken promise to our America's military retirees.

We must do the right thing and quickly enact H.R. 179 into law.

IN SUPPORT OF BIPARTISAN PATIENT PROTECTION ACT OF 2001

The SPEAKER pro tempore (Mr. SIMPSON). Under a previous order of the House, the gentleman from Texas (Mr. GREEN) is recognized for 5 minutes.

Mr. GREEN of Texas. Mr. Speaker, I rise today as an original cosponsor of the Bipartisan Patient Protection Act, which was introduced last week by the gentleman from Michigan (Mr. DINGELL), the gentleman from Iowa (Mr. GANSKE), Senator JOHN MCCAIN, and Senator TED KENNEDY. I am proud to be part of the bipartisan coalition that hopefully will finally enact a strong Patients' Bill of Rights.

Mr. Speaker, Americans have been clamoring for a Managed Care Reform for a number of years. They want Congress to enact legislation that puts medical decision-making back in the hands of doctors and patients. They want legislation that provides meaningful accountability. In short, they want the Dingell-Ganske Bipartisan Patient Protection Act of 2001.

This legislation provides patient protections that are very similar to those that have been the law in my home State of Texas since 1997.

A recent article in Texas in the magazine ''Texas Medicine'' outlines the success of the independent appeals process as part of the HMO reform. As the article references, a provision of the law has been particularly effective in providing patients with real protections.