

This is wholly disrespectful to those who have been legitimately awarded these high honors in the line of duty, and dilutes the significance attached to each lawfully awarded decoration.

This issue was brought to my attention by veterans in my district, upset about two recent cases of "stolen valor" in the state of Missouri. In this instance, a man spoke before a group at a Veterans Day event in Chillicothe, Missouri—in my district—and claimed a Navy Cross that he had not been awarded. A short while later, a man was arrested at a Marine Corps League meeting in Saint Louis, Missouri after claiming a number of decorations including the Navy Cross, which he was not awarded.

Mr. Speaker, the Stolen Valor Act provides a solution to address this growing fraud. One of the great privileges I have had in Congress is presenting veterans in my district with their rightfully earned honors and decorations. Many decorated veterans, when asked about their heroic actions, respond that they were just doing their duty. Mr. Speaker, it is our duty to protect the integrity of these decorations reserved to honor the heroic service and sacrifice of our nation's servicemembers. We cannot allow imposters to cheapen the value of these honors, and we cannot allow imposters to seek fame and fortune from falsehood. I urge my colleagues to join me in supporting the passage of S. 1998, the Stolen Valor Act.

Mr. SENSENBRENNER. Mr. Speaker, I yield back the balance of my time. The SPEAKER pro tempore (Mr. KLINE). The question is on the motion offered by the gentleman from Wisconsin (Mr. SENSENBRENNER) that the House suspend the rules and pass the Senate bill, S. 1998.

The question was taken; and (two-thirds of those voting having responded in the affirmative) the rules were suspended and the Senate bill was passed.

A motion to reconsider was laid on the table.

#### VETERANS PROGRAMS EXTENSION ACT OF 2006

Mr. BROWN of South Carolina. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6342) to amend title 38, United States Code, to extend certain expiring provisions of law administered by the Secretary of Veterans Affairs, to expand eligibility for the Survivors' and Dependents' Educational Assistance program, and for other purposes, as amended.

The Clerk read as follows:

H.R. 6342

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Veterans Programs Extension Act of 2006".

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

- Sec. 1. Short title; table of contents.  
 Sec. 2. Extension of certain expiring provisions of law administered by the Secretary of Veterans Affairs.  
 Sec. 3. Expansion of eligibility for Survivors' and Dependents' Educational Assistance program.

- Sec. 4. Deadline and permanent requirement for report on educational assistance program.  
 Sec. 5. Reauthorization of biennial report of Advisory Committee on Women Veterans.  
 Sec. 6. Parkinson's Disease research, education, and clinical centers and multiple sclerosis centers of excellence.  
 Sec. 7. Authorization of major medical facility leases.  
 Sec. 8. Technical and clerical amendments.  
 Sec. 9. Codification of cost-of-living adjustment provided in Public Law 109-361.

#### SEC. 2. EXTENSION OF CERTAIN EXPIRING PROVISIONS OF LAW ADMINISTERED BY THE SECRETARY OF VETERANS AFFAIRS.

(a) AUTHORITY FOR HEALTH CARE FOR PARTICIPATION IN DOD CHEMICAL AND BIOLOGICAL WARFARE TESTING.—Section 1710(e)(3)(D) of title 38, United States Code, is amended by striking "December 31, 2005" and inserting "December 31, 2007".

(b) GRANT AND PER DIEM GRANT ASSISTANCE FOR HOMELESS VETERANS.—Section 2011(a)(2) of such title is amended by striking "September 30, 2005" and inserting "September 30, 2007".

(c) TREATMENT AND REHABILITATION FOR SERIOUSLY MENTALLY ILL AND HOMELESS VETERANS.—Section 2031(b) of such title is amended by striking "December 31, 2006" and inserting "December 31, 2007".

(d) ADDITIONAL SERVICES FOR HOMELESS AND SERIOUSLY MENTALLY ILL VETERANS.—Section 2033(d) of such title is amended by striking "December 31, 2006" and inserting "December 31, 2007".

(e) ADVISORY COMMITTEE ON HOMELESS VETERANS.—Section 2066(d) of such title is amended by striking "December 31, 2006" and inserting "December 31, 2007".

(f) GOVERNMENT MARKERS IN PRIVATE CEMETERIES.—Section 2306(d)(3) of such title is amended by striking "December 31, 2006" and inserting "December 31, 2007".

(g) ADDITIONAL EDUCATIONAL ASSISTANCE ALLOWANCE FOR WORK-STUDY.—Section 3485(a)(4) of such title is amended in subparagraphs (A), (C), and (F) by striking "December 27, 2006" and inserting "June 30, 2007".

#### SEC. 3. EXPANSION OF ELIGIBILITY FOR SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE PROGRAM.

(a) EXPANSION OF ELIGIBILITY.—Section 3501(a)(1) of title 38, United States Code, is amended—

(1) in the matter preceding subparagraph (A), by striking "means—" and inserting "means any of the following:";

(2) in each of subparagraphs (A) through (D), by capitalizing the first letter of the first word;

(3) in subparagraph (A)—  
 (A) by inserting after "a person who" the following: ", as a result of qualifying service";

(B) by striking the comma at the end of clause (i) and inserting "; or";

(C) by striking ", or" at the end of clause (ii) and inserting a period; and

(D) by striking clause (iii);  
 (4) in subparagraph (B) by striking the comma at the end and inserting the following: "sustained during a period of qualifying service.";

(5) in subparagraph (C)—  
 (A) by inserting "or child" after "the spouse"; and

(B) by striking " , or" at the end and inserting a period;

(6) in subparagraph (D)—  
 (A) in clause (i), by inserting before the comma the following: "sustained during a period of qualifying service"; and

(B) by striking the comma at the end and inserting a period;

(7) by inserting after subparagraph (D) the following new subparagraph:

"(E) The spouse or child of a person who—  
 "(i) at the time of the Secretary's determination under clause (ii), is a member of the Armed Forces who is hospitalized or receiving outpatient medical care, services, or treatment;

"(ii) the Secretary determines has a total disability permanent in nature incurred or aggravated in the line of duty in the active military, naval, or air service; and

"(iii) is likely to be discharged or released from such service for such disability.";

(8) by striking "arising out of" and all that follows through the end.

(b) CONFORMING AMENDMENTS TO CHAPTER 35.—Chapter 35 of such title is further amended as follows:

(1) Section 3501(a) is amended by adding at the end the following new paragraph:

"(12) The term 'qualifying service' means service in the active military, naval, or air service after the beginning of the Spanish-American War that did not terminate under dishonorable conditions."

(2) Section 3511 is amended—

(A) in subsection (a)(1)—

(i) by striking "Each eligible person" and inserting the following: "Each eligible person, whether made eligible by one or more of the provisions of section 3501(a)(1) of this title,";

(ii) by striking "a period" and inserting "an aggregate period"; and

(iii) by striking the second sentence;

(B) in subsection (b)—

(i) in paragraph (2)—

(I) by striking "the provisions of section 3501(a)(1)(A)(iii) or" and inserting "section"; and

(II) by striking "or" at the end;

(ii) in paragraph (3)—

(I) by striking "section 3501(a)(1)(D)" and inserting "subparagraph (D) or (E) of section 3501(a)(1)"; and

(II) by inserting "or" after the comma at the end; and

(iii) by inserting after paragraph (3) the following new paragraph:

"(4) the parent or spouse from whom such eligibility is derived based upon subparagraph (E) of section 3501(a)(1) of this title no longer meets a requirement under clause (i), (ii), or (iii) of that subparagraph,"; and

(C) by striking subsection (c).

(3) Section 3512 is amended—

(A) in subsection (a)—

(i) by striking "an eligible person (within the meaning of section 3501(a)(1)(A) of this title)" and inserting "an eligible person whose eligibility is based on the death or disability of a parent or on a parent being listed in one of the categories referred to in section 3501(a)(1)(C) of this title"; and

(ii) in paragraph (6), by striking "the provisions of section 3501(a)(1)(A)(iii)" and inserting "a parent being listed in one of the categories referred to in section 3501(a)(1)(C)";

(B) in subsection (b)—

(i) in paragraph (1)(A)—

(I) by inserting after "section 3501(a)(1) of this title" the following: "or a person made eligible by the disability of a spouse under section 3501(a)(1)(E) of this title"; and

(II) by striking "or 3501(a)(1)(D)(ii) of this title" and inserting "3501(a)(1)(D)(ii), or 3501(a)(1)(E) of this title";

(ii) in paragraph (1)(B), by adding at the end the following new clause:

"(iii) The date on which the Secretary notifies the member of the Armed Forces from whom eligibility is derived that the member has a total disability permanent in nature incurred or aggravated in the line of duty in

the active military, naval, or air service.”; and

(iii) in paragraph (2)—

(I) by striking “or (D) of this title” and inserting “(D), or (E) of this title”; and

(II) by inserting “whose eligibility is based on the death or disability of a spouse or on a spouse being listed in one of the categories referred to in section 3501(a)(1)(C) of this title” after “of this title”;

(C) in subsection (d), by striking “veteran” and inserting “person”; and

(D) in subsection (e)—

(i) by inserting “based on a spouse being listed in one of the categories referred to in section 3501(a)(1)(C) of this title” after “of this title”;

(ii) by inserting “so” after “the spouse was”; and

(iii) by striking “by the Secretary” and all that follows through “occurs”.

(4) Section 3540 is amended by striking “(as defined in subparagraphs (A), (B), and (D) of section 3501(a)(1) of this title)” and inserting “(other than a person made eligible under subparagraph (C) of such section by reason of a spouse being listed in one of the categories referred to in that subparagraph)”.

(5) Section 3563 is amended by striking “each eligible person defined in section 3501(a)(1)(A) of this title” and inserting “each eligible person whose eligibility is based on the death or disability of a parent or on a parent being listed in one of the categories referred to in section 3501(a)(1)(C) of this title”.

(c) OTHER CONFORMING AMENDMENTS.—Such title is further amended as follows:

(1) Sections 3686(a)(1) is amended by striking “or (D)” and inserting “(D), or (E)”.

(2) Section 5113(b)(3) is amended—

(A) in subparagraph (B) by striking “section 3501(a)(1)” and all that follows through the end and inserting the following: “subparagraphs (A), (B), (D), and (E) of section 3501(a)(1) of this title.”; and

(B) in subparagraph (C)—

(i) by striking “such veteran’s death” and inserting “the death of the person from whom such eligibility is derived”; and

(ii) by striking “such veteran’s service-connected total disability permanent in nature” and inserting “the service-connected total disability permanent in nature (or, in the case of a person made eligible under section 3501(a)(1)(E), the total disability permanent in nature incurred or aggravated in the line of duty in the active military, naval, or air service) of the person from whom such eligibility is derived”.

(d) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to a payment of educational assistance for a course of education pursued after the date of the enactment of this Act.

#### SEC. 4. DEADLINE AND PERMANENT REQUIREMENT FOR REPORT ON EDUCATIONAL ASSISTANCE PROGRAM.

(a) DEADLINE FOR REPORT.—Not later than six months after the date of the enactment of this Act, the Secretary of Defense and the Secretary of Veterans Affairs shall each submit to Congress a report containing the information specified in subsections (b) and (c) of section 3036 of title 38, United States Code.

(b) REPEAL OF TERMINATION.—Section 3036 of title 38, United States Code, is amended by striking subsection (d).

#### SEC. 5. REAUTHORIZATION OF BIENNIAL REPORT OF ADVISORY COMMITTEE ON WOMEN VETERANS.

Section 542(c)(1) of title 38, United States Code, is amended by striking “2004” and inserting “2008”.

#### SEC. 6. PARKINSON’S DISEASE RESEARCH, EDUCATION, AND CLINICAL CENTERS AND MULTIPLE SCLEROSIS CENTERS OF EXCELLENCE.

(a) REQUIREMENT FOR ESTABLISHMENT OF CENTERS.—

(1) IN GENERAL.—Subchapter II of chapter 73 of title 38, United States Code, is amended by adding at the end the following new sections:

##### “§ 7329. Parkinson’s Disease research, education, and clinical centers

“(a) ESTABLISHMENT OF CENTERS.—(1) The Secretary, upon the recommendation of the Under Secretary for Health, shall designate not less than six Department health-care facilities as the locations for centers of Parkinson’s Disease research, education, and clinical activities.

“(2) Subject to the appropriation of sufficient funds for such purpose, the Secretary shall establish and operate centers of Parkinson’s Disease research, education, and clinical activities at the locations designated pursuant to paragraph (1) for such centers.

“(b) CRITERIA FOR DESIGNATION OF FACILITIES.—(1) In designating Department health-care facilities for centers under subsection (a), the Secretary, upon the recommendation of the Under Secretary for Health, shall assure appropriate geographic distribution of such facilities.

“(2) Except as provided in paragraph (3), the Secretary shall designate as the location for a center of Parkinson’s Disease research, education, and clinical activities pursuant to subsection (a)(1) each Department health-care facility that as of January 1, 2005, was operating a Parkinson’s Disease research, education, and clinical center.

“(3) The Secretary may not under subsection (a) designate a facility described in paragraph (2) if (on the recommendation of the Under Secretary for Health) the Secretary determines that such facility—

“(A) does not meet the requirements of subsection (c); or

“(B) has not demonstrated—

“(i) effectiveness in carrying out the established purposes of such center; or

“(ii) the potential to carry out such purposes effectively in the reasonably foreseeable future.

“(c) REQUIREMENTS FOR DESIGNATION.—(1) The Secretary may not designate a Department health-care facility as a location for a center under subsection (a) unless the peer review panel established under subsection (d) has determined under that subsection that the proposal submitted by such facility as a location for a new center under subsection (a) is among those proposals that meet the highest competitive standards of scientific and clinical merit.

“(2) The Secretary may not designate a Department health-care facility as a location for a center under subsection (a) unless the Secretary (upon the recommendation of the Under Secretary for Health) determines that the facility has (or may reasonably be anticipated to develop) each of the following:

“(A) An arrangement with an accredited medical school that provides education and training in neurology and with which the Department health-care facility is affiliated under which residents receive education and training in innovative diagnosis and treatment of chronic neurodegenerative diseases and movement disorders, including Parkinson’s Disease.

“(B) The ability to attract the participation of scientists who are capable of ingenuity and creativity in health-care research efforts.

“(C) An advisory committee composed of veterans and appropriate health-care and research representatives of the Department

health-care facility and of the affiliated school or schools to advise the directors of such facility and such center on policy matters pertaining to the activities of the center during the period of the operation of such center.

“(D) The capability to conduct effectively evaluations of the activities of such center.

“(E) The capability to coordinate (as part of an integrated national system) education, clinical, and research activities within all facilities with such centers.

“(F) The capability to jointly develop a consortium of providers with interest in treating neurodegenerative diseases, including Parkinson’s Disease and other movement disorders, at facilities without such centers in order to ensure better access to state-of-the-art diagnosis, care, and education for neurodegenerative disorders throughout the health care system of the Department.

“(G) The capability to develop a national repository in the health care system of the Department for the collection of data on health services delivered to veterans seeking care for neurodegenerative diseases, including Parkinson’s Disease, and other movement disorders.

“(d) PEER REVIEW PANEL.—(1) The Under Secretary for Health shall establish a panel to assess the scientific and clinical merit of proposals that are submitted to the Secretary for the establishment of centers under this section.

“(2)(A) The membership of the panel shall consist of experts in neurodegenerative diseases, including Parkinson’s Disease, and other movement disorders.

“(B) Members of the panel shall serve for a period of no longer than two years, except as specified in subparagraph (C).

“(C) Of the members first appointed to the panel, one half shall be appointed for a period of three years and one half shall be appointed for a period of two years, as designated by the Under Secretary at the time of appointment.

“(3) The panel shall review each proposal submitted to the panel by the Under Secretary and shall submit its views on the relative scientific and clinical merit of each such proposal to the Under Secretary.

“(4) The panel shall not be subject to the Federal Advisory Committee Act.

“(e) PRIORITY OF FUNDING.—Before providing funds for the operation of a center designated under subsection (a) at a Department health-care facility other than at a facility designated pursuant to subsection (b)(2), the Secretary shall ensure that each Parkinson’s Disease center at a facility designated pursuant to subsection (b)(2) is receiving adequate funding to enable that center to function effectively in the areas of Parkinson’s Disease research, education, and clinical activities.

“(f) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary for the support of the research and education activities of the centers established pursuant to subsection (a). The Under Secretary for Health shall allocate to such centers from other funds appropriated generally for the Department medical services account and medical and prosthetics research account, as appropriate, such amounts as the Under Secretary for Health determines appropriate.

“(g) AWARD COMPETITIONS.—Activities of clinical and scientific investigation at each center established under subsection (a) shall be eligible to compete for the award of funding from funds appropriated for the Department medical and prosthetics research account. Such activities shall receive priority in the award of funding from such account insofar as funds are awarded to projects for research in Parkinson’s Disease and other movement disorders.

**§ 7330. Multiple sclerosis centers of excellence**

“(a) ESTABLISHMENT OF CENTERS.—(1) The Secretary, upon the recommendation of the Under Secretary for Health, shall designate not less than two Department health-care facilities as the locations for multiple sclerosis centers of excellence.

“(2) Subject to the appropriation of sufficient funds for such purpose, the Secretary shall establish and operate multiple sclerosis centers of excellence at the locations designated pursuant to paragraph (1) for such centers.

“(b) CRITERIA FOR DESIGNATION OF FACILITIES.—(1) In designating Department health-care facilities for centers under subsection (a), the Secretary, upon the recommendation of the Under Secretary for Health, shall assure appropriate geographic distribution of such facilities.

“(2) Except as provided in paragraph (3), the Secretary shall designate as the location for a multiple sclerosis center of excellence pursuant to subsection (a)(1) each Department health-care facility that as of January 1, 2005, was operating a multiple sclerosis center of excellence.

“(3) The Secretary may not under subsection (a) designate a facility described in paragraph (2) if (on the recommendation of the Under Secretary for Health) the Secretary determines that such facility—

“(A) does not meet the requirements of subsection (c); or

“(B) has not demonstrated—

“(i) effectiveness in carrying out the established purposes of such center; or

“(ii) the potential to carry out such purposes effectively in the reasonably foreseeable future.

“(c) REQUIREMENTS FOR DESIGNATION.—(1) The Secretary may not designate a Department health-care facility as a location for a center under subsection (a) unless the peer review panel established under subsection (d) has determined under that subsection that the proposal submitted by such facility as a location for a new center under subsection (a) is among those proposals that meet the highest competitive standards of scientific and clinical merit.

“(2) The Secretary may not designate a Department health-care facility as a location for a center under subsection (a) unless the Secretary (upon the recommendation of the Under Secretary for Health) determines that the facility has (or may reasonably be anticipated to develop) each of the following:

“(A) An arrangement with an accredited medical school that provides education and training in neurology and with which the Department health-care facility is affiliated under which residents receive education and training in innovative diagnosis and treatment of chronic neurodegenerative diseases, including multiple sclerosis.

“(B) The ability to attract the participation of scientists who are capable of ingenuity and creativity in health-care research efforts.

“(C) An advisory committee composed of veterans and appropriate health-care and research representatives of the Department health-care facility and of the affiliated school or schools to advise the directors of such facility and such center on policy matters pertaining to the activities of the center during the period of the operation of such center.

“(D) The capability to conduct effectively evaluations of the activities of such center.

“(E) The capability to coordinate (as part of an integrated national system) education, clinical, and research activities within all facilities with such centers.

“(F) The capability to jointly develop a consortium of providers with interest in

treating multiple sclerosis at facilities without such centers in order to ensure better access to state-of-the-art diagnosis, care, and education for autoimmune disease affecting the central nervous system throughout the health care system of the Department.

“(G) The capability to develop a national repository in the health care system of the Department for the collection of data on health services delivered to veterans seeking care for autoimmune disease affecting the central nervous system.

“(d) PEER REVIEW PANEL.—(1) The Under Secretary for Health shall establish a panel to assess the scientific and clinical merit of proposals that are submitted to the Secretary for the establishment of centers under this section.

“(2)(A) The membership of the panel shall consist of experts in autoimmune disease affecting the central nervous system.

“(B) Members of the panel shall serve for a period of no longer than two years, except as specified in subparagraph (C).

“(C) Of the members first appointed to the panel, one half shall be appointed for a period of three years and one half shall be appointed for a period of two years, as designated by the Under Secretary at the time of appointment.

“(3) The panel shall review each proposal submitted to the panel by the Under Secretary and shall submit its views on the relative scientific and clinical merit of each such proposal to the Under Secretary.

“(4) The panel shall not be subject to the Federal Advisory Committee Act.

“(e) PRIORITY OF FUNDING.—Before providing funds for the operation of a center designated under subsection (a) at a Department health-care facility other than at a facility designated pursuant to subsection (b)(2), the Secretary shall ensure that each multiple sclerosis center at a facility designated pursuant to subsection (b)(2) is receiving adequate funding to enable that center to function effectively in the areas of multiple sclerosis research, education, and clinical activities.

“(f) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary for the support of the research and education activities of the centers established pursuant to subsection (a). The Under Secretary for Health shall allocate to such centers from other funds appropriated generally for the Department medical services account and medical and prosthetics research account, as appropriate, such amounts as the Under Secretary for Health determines appropriate.

“(g) AWARD COMPETITIONS.—Activities of clinical and scientific investigation at each center established under subsection (a) shall be eligible to compete for the award of funding from funds appropriated for the Department medical and prosthetics research account. Such activities shall receive priority in the award of funding from such account insofar as funds are awarded to projects for research in multiple sclerosis and other neurodegenerative disorders.”

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 7328 the following new items:

“7329. Parkinson’s Disease research, education, and clinical centers.

“7330. Multiple sclerosis centers of excellence.”

(b) EFFECTIVE DATE.—Section 7329 and 7330 of title 38, United States Code, as added by subsection (a), shall take effect at the end of the 30-day period beginning on the date of the enactment of this Act.

**SEC. 7. AUTHORIZATION OF MAJOR MEDICAL FACILITY LEASES.**

(a) FISCAL YEAR 2006 LEASES.—The Secretary of Veterans Affairs may carry out the

following major medical facility leases in fiscal year 2006 at the locations specified, in an amount for each lease not to exceed the amount specified for that location:

(1) For an outpatient clinic, Baltimore, Maryland, \$10,908,000.

(2) For an outpatient clinic, Evansville, Indiana, \$8,989,000.

(3) For an outpatient clinic, Smith County, Texas, \$5,093,000.

(b) FISCAL YEAR 2007 LEASES.—The Secretary of Veterans Affairs may carry out the following major medical facility leases in fiscal year 2007 at the locations specified, in an amount for each lease not to exceed the amount specified for that location:

(1) For an outpatient and specialty care clinic, Austin, Texas, \$6,163,000.

(2) For an outpatient clinic, Lowell, Massachusetts, \$2,520,000.

(3) For an outpatient clinic, Grand Rapids, Michigan, \$4,409,000.

(4) For up to four outpatient clinics, Las Vegas, Nevada, \$8,518,000.

(5) For an outpatient clinic, Parma, Ohio, \$5,032,000.

(c) AUTHORIZATION OF APPROPRIATIONS FOR MAJOR MEDICAL FACILITY LEASES.—

(1) FISCAL YEAR 2006 LEASES.—There is authorized to be appropriated for the Secretary of Veterans Affairs for fiscal year 2006 for the Medical Care account, \$24,990,000 for the leases authorized in subsection (a).

(2) FISCAL YEAR 2007 LEASES.—There is authorized to be appropriated for the Secretary of Veterans Affairs for fiscal year 2007 for the Medical Care account, \$26,642,000 for the leases authorized in subsection (b).

**SEC. 8. TECHNICAL AND CLERICAL AMENDMENTS.**

(a) TITLE 38, UNITED STATES CODE.—Title 38, United States Code, is amended as follows:

(1) CITATION CORRECTION.—Section 1718(c)(2) is amended by inserting “of 1938” after “Act”.

(2) CITATION CORRECTION.—Section 1785(b)(1) is amended by striking “Robert B.” and inserting “Robert T.”.

(3) PUNCTUATION CORRECTION.—Section 2002(1) is amended by inserting a closing parenthesis before the period at the end.

(4) PUNCTUATION CORRECTION.—Section 2011(a)(1)(C) is amended by inserting a period at the end.

(5) CROSS REFERENCE CORRECTION.—Section 2041(a)(3)(A)(i) is amended by striking “under this chapter” and inserting “established under section 3722 of this title”.

(6) CITATION CORRECTION.—Section 8111(b)(1) is amended by striking “into the strategic” and all that follows through “and Results Act of 1993” and inserting “into the strategic plan of each Department under section 306 of title 5 and the performance plan of each Department under section 1115 of title 31”.

(7) REPEAL OF OBSOLETE TEXT.—Section 8111 is further amended—

(A) in subsection (d)(2), by striking “effective October 1, 2003,”; and

(B) in subsection (e)(2)—

(i) in the second sentence, by striking “shall be implemented no later than October 1, 2003, and”; and

(ii) in the third sentence, by striking “, following implementation of the schedule,”.

(8) CITATION CORRECTION.—Section 8111A(a)(2)(B)(i) is amended by striking “Robert B.” and inserting “Robert T.”.

(b) PUBLIC LAW 107-296.—Effective as of November 25, 2002, section 1704(d) of the Homeland Security Act of 2002 (Public Law 107-296; 116 Stat. 2315) is amended—

(1) by striking “101(25)(d)” and inserting “101(25)(D)”; and

(2) by striking “3011(a)(1)(A)(ii)(II)” and inserting “3011(a)(1)(A)(ii)(III)”.

**SEC. 9. CODIFICATION OF COST-OF-LIVING ADJUSTMENT PROVIDED IN PUBLIC LAW 109-361.**

(a) VETERANS' DISABILITY COMPENSATION.—Section 1114 of title 38, United States Code, is amended—

(1) in subsection (a), by striking “\$112” and inserting “\$115”;

(2) in subsection (b), by striking “\$218” and inserting “\$225”;

(3) in subsection (c), by striking “\$337” and inserting “\$348”;

(4) in subsection (d), by striking “\$485” and inserting “\$501”;

(5) in subsection (e), by striking “\$690” and inserting “\$712”;

(6) in subsection (f), by striking “\$873” and inserting “\$901”;

(7) in subsection (g), by striking “\$1,099” and inserting “\$1,135”;

(8) in subsection (h), by striking “\$1,277” and inserting “\$1,319”;

(9) in subsection (i), by striking “\$1,436” and inserting “\$1,483”;

(10) in subsection (j), by striking “\$2,393” and inserting “\$2,471”;

(11) in subsection (k)—

(A) by striking “\$87” both places it appears and inserting “\$89”;

(B) by striking “\$2,977” and “\$4,176” and inserting “\$3,075” and “\$4,313”, respectively;

(12) in subsection (l), by striking “\$2,977” and inserting “\$3,075”;

(13) in subsection (m), by striking “\$3,284” and inserting “\$3,392”;

(14) in subsection (n), by striking “\$3,737” and inserting “\$3,860”;

(15) in subsections (o) and (p), by striking “\$4,176” each place it appears and inserting “\$4,313”;

(16) in subsection (r)—

(A) in paragraph (1), by striking “\$1,792” and inserting “\$1,851”;

(B) in paragraph (2), by striking “2,669” and inserting “\$2,757”;

(17) in subsection (s), by striking “\$2,678” and inserting “\$2,766”.

(b) ADDITIONAL COMPENSATION FOR DEPENDENTS.—Section 1115(l) of such title is amended—

(1) in subparagraph (A), by striking “\$135” and inserting “\$139”;

(2) in subparagraph (B), by striking “\$233” and “\$68” and inserting “\$240” and “\$70”, respectively;

(3) in subparagraph (C), by striking “\$91” and “\$68” and inserting “\$94” and “\$70”, respectively;

(4) in subparagraph (D), by striking “\$109” and inserting “\$112”;

(5) in subparagraph (E), by striking “\$257” and inserting “\$265”;

(6) in subparagraph (F), by striking “\$215” and inserting “\$222”.

(c) CLOTHING ALLOWANCE FOR CERTAIN DISABLED VETERANS.—Section 1162 of such title is amended by striking “\$641” and inserting “\$662”.

(d) DEPENDENCY AND INDEMNITY COMPENSATION FOR SURVIVING SPOUSES.—

(1) NEW LAW DIC.—Subsection (a) of section 1311 of such title is amended—

(A) in paragraph (1), by striking “\$1,033” and inserting “\$1,067”;

(B) in paragraph (2), by striking “\$221” and inserting “\$228”.

(2) OLD LAW DIC.—The table in paragraph (3) of such subsection is amended to read as follows:

“Pay grade	Monthly rate	Pay grade	Monthly rate
E-1	\$1,067	W-4	\$1,276
E-2	\$1,067	O-1	\$1,128
E-3	\$1,067	O-2	\$1,165
E-4	\$1,067	O-3	\$1,246
E-5	\$1,067	O-4	\$1,319

“Pay grade	Monthly rate	Pay grade	Monthly rate
E-6	\$1,067	O-5	\$1,452
E-7	\$1,104	O-6	\$1,637
E-8	\$1,165	O-7	\$1,768
E-9	\$1,215 <sup>1</sup>	O-8	\$1,941
W-1	\$1,128	O-9	\$2,076
W-2	\$1,172	O-10	\$2,276 <sup>2</sup>
W-3	\$1,207		

<sup>1</sup> If the veteran served as Sergeant Major of the Army, Senior Enlisted Advisor of the Navy, Chief Master Sergeant of the Air Force, Sergeant Major of the Marine Corps, or Master Chief Petty Officer of the Coast Guard, at the applicable time designated by section 1302 of this title, the surviving spouse's rate shall be \$1,312.

<sup>2</sup> If the veteran served as Chairman or Vice Chairman of the Joint Chiefs of Staff, Chief of Staff of the Army, Chief of Naval Operations, Chief of Staff of the Air Force, Commandant of the Marine Corps, or Commandant of the Coast Guard, at the applicable time designated by section 1302 of this title, the surviving spouse's rate shall be \$2,443.”

(3) ADDITIONAL DIC FOR CHILDREN OR DISABILITY.—Such section is further amended—

(A) in subsection (b), by striking “\$257” and inserting “\$265”;

(B) in subsection (c), by striking “\$257” and inserting “\$265”;

(C) in subsection (d), by striking “\$122” and inserting “\$126”.

(e) DEPENDENCY AND INDEMNITY COMPENSATION FOR CHILDREN.—

(1) DIC WHEN NO SURVIVING SPOUSE.—Section 1313(a) of such title is amended—

(A) in paragraph (1), by striking “\$438” and inserting “\$452”;

(B) in paragraph (2), by striking “\$629” and inserting “\$649”;

(C) in paragraph (3), by striking “\$819” and inserting “\$846”;

(D) in paragraph (4), by striking “\$819” and “\$157” and inserting “\$846” and “\$162”, respectively.

(2) SUPPLEMENTAL DIC FOR CERTAIN CHILDREN.—Section 1314 of such title is amended—

(A) in subsection (a), by striking “\$257” and inserting “\$265”;

(B) in subsection (b), by striking “\$438” and inserting “\$452”;

(C) in subsection (c), by striking “\$218” and inserting “\$225”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from South Carolina (Mr. BROWN) and the gentleman from California (Mr. FILLNER) each will control 20 minutes.

The Chair recognizes the gentleman from South Carolina.

Mr. BROWN of South Carolina. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, today I rise to urge my colleagues to pass H.R. 6342, the Veterans Programs Extension Act of 2006, a bill that would extend several existing Department of Veterans Affairs benefit provisions. This bill has similar provisions as passed by the House of Representatives in H.R. 6314 on November 14, 2006, but also has additional provisions negotiated between the House and the Senate.

As in H.R. 6314, the bill would reauthorize health care services for veterans exposed to chemical and biological testings under Project 112 and SHAD, and extends treatment and rehabilitation programs for seriously mentally ill and homeless veterans until December 31, 2007. The bill also extends VA grants and per diem programs for homeless veterans until September 30, 2007. Further, it would extend until December 31, 2007 VA's Advi-

sory Committee on Homeless Veterans, and a program to provide government markers for veterans interred in private cemeteries.

The expiring authority allowing veterans in the VA study program to assist VA and other government agencies would be extended until June 30, 2007. The work-study program is an increasingly popular benefit that provides veterans with an alternative use of their GI bill if they choose not to go to college.

Mr. Speaker, section 3 of the legislation contains provisions to authorize VA to provide educational benefits under chapter 35 to spouses and dependent children of severely injured servicemembers prior to the member's discharge. These are servicemembers who, in the opinion of the VA, will most likely be discharged with permanent and total service-connected disabilities. Given the long convalescence many of our severely injured servicemembers experience while being retained on active duty, we believe it makes no sense to delay a spouse's ability to get the education and training that may be needed to help support the family. Mr. Speaker, these spouses are just as heroic as the wounded warriors they support. This is not a new benefit. Current law requires severely injured servicemembers to already be discharged from the condition qualified for the chapter 35 benefit; we would merely authorize VA to pay benefits sooner to those who would qualify following discharge.

Mr. Speaker, the following provisions are in addition to those in H.R. 6314. The bill would reauthorize the requirements of the Secretary of Defense and the Secretary of Veterans Affairs to each submit a report to Congress on use of educational assistance programs by veterans and servicemembers. It would also reauthorize the biennial report on women veterans. The bill would permanently authorize six Parkinson's disease research education and clinical centers. Parkinson's disease affects as many as 1.5 million Americans. While treatment exists, we are still searching for a cure. Currently, VA has six of these centers. They give researchers the ability to see results rapidly and put their knowledge to use helping patients. These centers work with other VA clinical centers in the treatment of tens of thousands of veterans with Parkinson's disease. This language was included in H.R. 1220, as amended, which passed the House of Representatives on July 13, 2005.

In addition, the bill also codifies two existing multiple sclerosis centers. The bill also would authorize major medical facility leases similar to H.R. 5815 which passed the House on September 16, 2006.

Finally, the bill makes technical and clerical amendments to title 38, and codifies the payment amount of the already enacted Veterans Disability Compensation COLA.

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

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

I am also pleased to rise in support of H.R. 6342, which would, as we have heard from Chairman Brown, extend expired and expiring authorizations for Department of Veterans Affairs programs, expand eligibility for survivor and dependent educational assistance, and authorize leases for VA medical facilities. This bill will permanently establish Parkinson's Disease research, education, and clinical care centers, as well as multiple sclerosis centers of excellence.

Mr. Speaker, I include for the RECORD letters of support for this bill from the Parkinson's Action Network, American Academy of Neurology, the National Multiple Sclerosis Society, and the Paralyzed Veterans of America.

DECEMBER 5, 2006.

Hon. STEVE BUYER,  
*Chairman, Veterans' Affairs Committee, Washington, DC.*

Hon. LANE EVANS,  
*Ranking Member, Veterans' Affairs Committee, Washington, DC.*

DEAR CHAIRMAN BUYER AND RANKING MEMBER EVANS: On behalf of American veterans and all those who struggle with the effects of multiple sclerosis (MS) and Parkinson's disease (PD), we appreciate your strong leadership in protecting the Veterans Affairs Multiple Sclerosis Centers of Excellence (MSCoE) and Parkinson's Disease Research, Education and Clinical Centers (PADRECCs). We commend you for working to enact legislation that will formally establish the MSCoEs and PADRECCs for the first time in statute. We believe that this bill must be enacted to ensure that the PADRECCs and MSCoEs will continue providing valuable services to veteran patients, family members, and the entire Parkinson's disease and MS communities.

Significant contributions have been made by the Centers in research, education, and clinical care that benefit all Americans impacted by PD and MS. The MSCoEs and PADRECCs support a range of programs including state-of-the-art clinical care, basic research into the causes of disease, clinical research into better treatments, behavioral research about effective education strategies for MS and Parkinson's patients and providers, and population level research into the needs of patients and the effectiveness of the care delivery system.

Our organizations have recognized the record of leadership that has been provided by the PADRECCs and MSCoE in the fight against Parkinson's and MS. Approximately 25,000 veterans have MS and require specialized care that is best provided by having leaders in the field directing that care at a national level. In addition, through the six PADRECCs and the National VA Parkinson's Disease Consortium, the VA is able to treat more than 79,000 veterans with Parkinson's disease. The efforts of these Centers are the model of innovation in the delivery of health care and research for progressive disease in the veteran population.

We appreciate your efforts to ensure that the Veterans Programs Extension Act of 2006 (H.R. 6342) will be voted on by both the House of Representatives and Senate before Congress adjourns in December. We look forward to enactment of this bill that is so important to all those who struggle with the devastating effects of MS and Parkinson's disease, many of whom are American veterans.

Thank you for recognizing the benefits provided to veterans fighting Parkinson's disease and MS through the VA PADRECCs and MSCoEs. We appreciate your efforts to ensure the highest level of care and hopeful research for our returning veterans.

AMY C. COMSTOCK,  
*Chief Executive Officer, Parkinson's Action Network.*

JOYCE NELSON,  
*President and CEO, National Multiple Sclerosis Society.*

THOMAS R. SWIFT, MD,  
FAAN,  
*President, American Academy of Neurology.*

CARL BLAKE,  
*Acting National Legislative Director, Paralyzed Veterans of America.*

Mr. FILNER. Mr. Speaker, I want to thank the gentleman from Indiana (Mr. BUYER), the chairman of our committee, and our colleagues in the Senate, Chairman CRAIG and Ranking Member AKAKA, for coming together to craft this bill that will pass both Chambers before we recess.

As this may be our last bill of this term in Congress in the Veterans Committee, I want to say a special thank-you to Ranking Member LANE EVANS for his work on behalf of veterans. As we all know, he is retiring at the end of this session, but for more than two decades here in Congress he has been a tenacious and indispensable voice for our Nation's veterans. He has championed the needs of veterans exposed to Agent Orange, homeless veterans, veterans who return from war with post-traumatic stress disorder, and he has helped untold number of veterans. He will be missed by all of us as we move into the next session of Congress.

As we have heard, this bill before us today permanently establishes VA's Parkinson's Disease Centers and VA's Multiple Sclerosis Centers of Excellence. The work of these centers has benefited more than 80,000 veterans across our Nation. I am proud that the VA medical facility in San Diego, which I represent, is affiliated with the VA's Southwestern Parkinson's Research Center in Los Angeles. Not only do these centers conduct groundbreaking research, they also advance the State's clinical and rehabilitative care. The innovations and rehabilitation designed for veterans who are battling chronic disorders may also yield gains and care for veterans with traumatic brain injury. The good work of these centers must continue. Through this legislation we are sending a clear signal that the VA must continue to fund and support the clinical and the research work done at all the existing centers.

In addition, this bill authorizes VA programs for homeless veterans and veterans who need mental health care. I am proud and I am also grateful that this legislation will help the families of these very severely wounded service-

members by providing education benefits to eligible spouses and dependent children before these servicemembers are actually released from military service. The bill also gives urgently needed authorization for VA outpatient clinics across the Nation.

The number of women veterans will increase in the coming years. Thirteen percent of the veterans from Iraq and Afghanistan who have turned to VA for health care are women, and 11 percent of the troops deployed there are women. This bill makes sure that Congress receives the report and recommendations of the VA Advisory Committee on Women's Veterans which can help guide our actions and oversight of VA's capacity to address the unique needs of these veterans.

I would be remiss if I failed to acknowledge that we are ending this Congress, apparently, without passing a funding bill for the VA, as for much of the government. Yes, we will pass a continuing resolution to keep all the hospitals, regional offices, and other services operating, but we are short-changing veterans, Mr. Speaker, by not passing the appropriations bill for the Veterans Administration. The delay in an increase in VA's funding for fiscal year 2007 means that the VA medical directors are forced to put on hold a whole variety of necessary expenditures, from the hiring of needed staff to care for our veterans, to the maintenance and repair of their buildings. As a result, veterans access to needed services suffers, and VA staff is stretched even more thin in providing quality care.

This failure to pass a budget is a clear illustration of the need for mandatory or assured funding of VA health care, and for the past 14 years I have been a firm supporter of this method of funding the VA. I agree with those veteran service organizations who have proposed that funding for veterans health care be mandatory. If we are unable to pass adequate and timely funding, timely funding, Mr. Speaker, to meet the health care of veterans, then we need to look seriously at alternate ways to ensure adequate funding for the health care of our veterans.

Unfortunately, we have also not completed our work in authorizing needed veterans programs. We must honor our veterans and make sure that our recent veterans who have returned from Iraq and Afghanistan receive the benefits and services that they need to transition back to civilian life.

For example, I think we owe it to our newest veterans to modernize the GI bill, especially including meaningful benefits for the Guard and Reserve units who have taken such a heavy load of the fighting in Iraq. We must increase VA's capacity to meet the rehabilitation and lifelong care needs of veterans with traumatic brain injury.

While VA has a strong mental health care program, many of our returning veterans are falling through the

cracks, and we have gaps in those services. We must strengthen VA's capacity to help veterans with post-traumatic stress disorder and other mental health concerns. The recent GAO report, which found that the VA did not spend funds on promised mental health initiatives, raises serious questions about VA's lack of accountability, a lack of accountability that was not really looked into by the previous Congress. We must ensure that VA does not ignore gaps in its capacity to help veterans recover from psychological wounds.

□ 1630

As we work to address the emerging issues for veterans returning from Iraq and Afghanistan, we must also continue to press VA to meet the health care needs of veterans exposed to Agent Orange, atomic testing and veterans still struggling with a range of Gulf War illnesses.

In addition, we must maintain keen oversight to ensure that the laws we have passed are yielding the outcomes Congress intended. We also must be vigilant to ensure that the vulnerabilities in VA information technology are addressed, and we will certainly continue this oversight in the next Congress.

Today's bill keeps VA's homeless grant and per diem program authorized through the end of next year. This is a good program, but it only helps a fraction of the homeless veterans on the streets. We have already seen returning from Iraq and Afghanistan veterans who have become homeless, almost 600 of them. We must act to prevent and end homelessness for all veterans.

In addition, many veterans are from small towns and rural areas. We must work to improve their access to VA care. In my district, most of the entire Imperial County can be classified as rural. There are no real services provided to them as they seek care. So we need to acknowledge some of these gaps, we need to acknowledge these problems, and try to address them in the next Congress.

Finally, I would like to thank all of the staff of the VA Committee on both the Democratic and Republican sides for their diligence and dedication in serving our Nation's veterans. We appreciate their work. While we have a lot of work to do in the coming years, this is a good bill. I urge my colleagues to support H.R. 6342.

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

Mr. BROWN of South Carolina. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, this legislation is a product of negotiation between the House and Senate and includes several key provisions already passed by this body and agreed to by the other body.

Mr. Speaker, Chairman BUYER asked me to share his appreciation for the hard work of the subcommittee chairmen, Mr. BOOZMAN, Mr. BILIRAKIS, and

Mr. MILLER, and the ranking members of the committee, Ms. HERSETH, Ms. BERKLEY, Mr. MICHAUD and Mr. STRICKLAND during these negotiations and this Congress.

Together we have forged a bipartisan path for veterans legislation and funding to provide our Nation's heroes with much-needed health care and benefits.

I also want to recognize the leadership and cooperation of the acting ranking member, Mr. FILNER, and of the ranking member Mr. EVANS.

Chairman BUYER also expressed his appreciation for the cooperation of Senator CRAIG and Senator AKAKA, as well as the staff from the Senate and the House Committees on Veterans' Affairs in drafting this legislation.

I urge my colleagues to support passage of the bill before us and ask for it to be expedited as quickly as possible to the Senate for their consideration.

#### GENERAL LEAVE

Mr. BROWN of South Carolina. Mr. Speaker, I ask unanimous consent that all Members be provided 5 days in which to revise and extend their remarks on H.R. 6342.

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

There was no objection.

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

Mr. FILNER. Mr. Speaker, I yield such time as she may consume to Ms. BERKLEY, the fighting congresswoman for Nevada's veterans.

Ms. BERKLEY. Mr. Speaker, I would also like to add my thanks to Chairman BUYER, Ranking Member EVANS, and of course Acting Ranking Member FILNER for moving forward on this bill.

This legislation would extend a number of important provisions that would otherwise expire. I want to particularly mention a provision in this legislation which extends through December 31, 2007, the Department of Veterans Affairs' authority to provide a grave marker or headstone when a veteran is buried in a marked grave. Veterans who served our Nation honorably should not lose their eligibility for recognition in death merely because the grave in which they are buried has a nonmilitary marker.

I have a long record of interest in improving the burial benefits provided to our Nation's veterans, and this provision is certainly a step in the right direction. I join Chairman MILLER in introducing legislation to extend this authorization. Although the VA and Members on both sides of the aisle support making the authorization permanent, the committee was not able to fund the cost of permanent authorization. I hope that we will be able to do so in the next Congress.

I am pleased that the bill includes the provision championed by our retiring ranking member, LANE EVANS, whom Mr. FILNER spoke so glowingly of, which authorizes specialized VA facilities for research and treatment of

Parkinson's disease. This issue is particularly important to all of us because it is of particular importance to Mr. EVANS.

Passage of these provisions will honor his long congressional service to our Nation's veterans. It is a lasting legacy to Mr. EVANS and for those who suffer from the effects of Parkinson's disease.

Veterans in my Las Vegas district benefit from the affiliation that Las Vegas VA facilities have with the Southwestern PADRECC, which provides treatment for Parkinson's disease and is located at the West Los Angeles VA Medical Center.

This legislation also includes authorization for four clinics in Las Vegas which have leases that will soon expire. While I am pleased to see these leases renewed, and nobody knows better than Mr. FILNER the needs of our veterans in the Las Vegas area that I represent, this bill was to contain a \$406 million authorization for a new VA medical center in Las Vegas on which we broke ground in October. My veterans desperately need this facility. Las Vegas has the fastest growing veterans population in the United States but does not have a VA medical center or a hospital.

At a time of war and when we are seeing new veterans returning home from Iraq and Afghanistan, there is simply no excuse for failing to reach an agreement on important veterans issues. I hope and I am cautiously optimistic that we will be able to pass a VA construction bill before we adjourn later this week.

With that, I would like to thank Chairman BUYER again and the acting ranking member, Mr. FILNER, for their extraordinary work on behalf of our veterans and urge passage of this legislation.

Mr. FILNER. Mr. Speaker, before we adjourn, I hope we do authorize construction of that hospital in Las Vegas. If for some reason it doesn't happen, we will try to do it very quickly next year.

Mr. Speaker, I yield the balance of my time to the gentleman from Maine (Mr. MICHAUD).

Mr. MICHAUD. Mr. Speaker, I thank the ranking member for yielding me this time.

Mr. Speaker, I rise today in support of H.R. 6342. I commend Chairman BUYER and the ranking member, Mr. FILNER, and my colleagues on the committee and in the Senate for their work on this legislation. This bill does deserve bipartisan support.

H.R. 6342 includes a number of must-pass provisions. It also improves education assistance for severely disabled service personnel. It is important that we do all that we can to help the individuals and their families to regain their independence and economic security.

This legislation also puts VA specialized programs for homeless veterans on a more secure footing. I am proud that this Congress is acting to extend the

soon-to-expire authorization of VA's grants and per diem program for homeless veterans. Extending these authorizations until the end of 2007 is an important step, but is not enough.

Last year, VA's health care program for homeless veterans served nearly 600 Iraq and Afghanistan veterans. It is shameful that any veteran spends a night on the street. We cannot leave those homeless veterans and those with psychiatric wounds behind.

In this Congress, I introduced legislation to improve VA's capacity to help homeless veterans recover, rehabilitate and return to a full life in our society. I am glad that some of the key expiring provisions to help homeless veterans from my bill are in the legislation that we are considering now. I plan to reintroduce the bill in the next Congress to help homeless veterans, and I look forward to working with my colleagues to address this issue.

It is right that we are permanently establishing the six VA Parkinson's Disease Research, Education and Clinical Care Centers along with VA's two MS Centers of Excellence. These centers are shining examples of how VA could help veterans with other chronic and debilitating diseases and injuries, such as traumatic brain injury. These centers have led the way in state-of-the-art research and clinical care. This bill sends a clear message to VA to keep supporting the clinical, research and educational work of these centers.

Today is a bittersweet day because it may mark the end of an era. This may be the last veterans bill that the House will consider which has Ranking Member LANE EVANS as an original cosponsor. I know this will not be the last bill to reflect his advocacy and passion for veterans and their families. LANE has been a great leader and mentor to so many of us on the committee and in Congress. His legacy is measured in the millions of veterans and their families who have benefited from his determination, compassion, and wisdom. I will deeply miss him, and I know this institution will miss him as well.

It is my understanding that there may be also an opportunity for an omnibus veterans package on the floor tomorrow. I am glad that we may be able to move more legislation before the end of year, but it is unfortunate that we have waited until the last days of Congress to pass these provisions.

The fact remains as we come to an end of the 109th Congress, we must be honest with the American people: We have much more work to do. We have not yet passed a funding bill for VA. It is simply unacceptable for Congress to tell VA you need to put a hold on hiring needed staff because we cannot and will not pass a budget in a timely manner.

It is troubling that some 73,000 of our returning veterans who have come home to VA for medical care have received an initial diagnosis of a mental health disorder, and I am concerned that VA appears to want to deny that

its veterans centers and medical facilities are straining to meet the needs of these veterans. Many are calling traumatic brain injury the signature wound of this war. Veterans with TBI and their families deserve state-of-the-art care from the VA.

For service members, the transition from the military's health care system to enrollment in the VA health care system is far from seamless. For many of our returning National Guard members and reservists, the Montgomery GI bill does not meet their needs. Education benefits of the GI bill must be revamped and updated to meet the needs of current veterans.

All of these issues, and more, require greater oversight and perhaps legislative solutions for us in the next Congress.

Mr. Speaker, I would like to take this opportunity to thank the subcommittee chairmen that I have worked with for the last two Congresses, Chairman HENRY BROWN, for working in a bipartisan manner, but also the staff of both the Republican side and the Democratic side for all of their hard work in getting these pieces of legislation to the floor. I would also like to thank Chairman BUYER for all his work. I also want to thank Mr. FILNER for his leadership on this legislation and the committee as well. I look forward to working with Mr. FILNER in the 110th Congress on matters important to America's veterans.

Mr. Speaker, this is a good bill and I urge my colleagues to support H.R. 6342.

Mr. FILNER. Mr. Speaker, I want to thank Mr. MICHAUD, if I may, for his emphasis on homeless veterans. Almost a quarter million homeless on the streets tonight are veterans. That is a national disgrace. I look forward to working with all of you to solve that.

Mrs. MALONEY. Mr. Speaker, I rise as the Co-Chair of the Congressional Working Group on Parkinson's Disease in strong support of H.R. 6342, which will protect the Parkinson's Disease Research, Education and Clinical Centers (PADRECCs.)

As a leader in the Parkinson's community, I commend the Committee on Veterans' Affairs for working to enact legislation that will formally establish the PADRECCs for the first time in statute.

Significant contributions have been made by the Centers in research, education, and clinical care that benefit all Americans impacted by Parkinson's disease.

The PADRECCs have served to elevate the quality, comprehensiveness, and access of care for veteran patients with Parkinson's disease and related disorders throughout the Veterans Health Administration.

Through the six regional centers spanning the country and the National VA Parkinson's Disease Consortium, the VA is able to treat more than 79,000 veterans with Parkinson's disease.

The efforts of these Centers are the model of innovation in the delivery of health care and research for chronic, progressive disease in the veteran population.

The Congressional Working Group on Parkinson's Disease learned earlier this year that

the Centers' existence was in jeopardy—seriously threatening the institutions' valuable research, education, and clinical care programs that benefit all Americans affected by Parkinson's disease.

I believe that this bill must be enacted to ensure that the PADRECCs will continue providing valuable services to veteran patients, family members, and the entire Parkinson's disease community.

The original bill to protect the PADRECCs was authored by my fellow Co-Chair of the Congressional Working Group on Parkinson's Disease and friend Congressman LANE EVANS.

As you may know, Congressman EVANS helped to create the PADRECCs.

By working with the former and current VA Administration, Representative EVANS helped to establish these Centers that serve American veterans battling Parkinson's disease.

As a former Marine, Ranking Member on the VA Committee, and person battling Parkinson's disease, Representative LANE EVANS has a strong sense of mission about providing the highest standards of care for both constituencies. I commend the PADRECCs for doing just that.

Mr. Speaker, as you know, our colleague LANE EVANS is officially retiring from the House of Representatives at the conclusion of the 109th Congress due to his struggle with Parkinson's disease.

Congressman EVANS has been a true champion of veterans and Parkinson's issues on Capitol Hill and great friend to both communities.

As Representative EVANS said in his retirement announcement, "I believe strongly in serving people and working to make a positive difference in their lives."

This bill uniquely speaks to the significant contributions Representative EVANS has made in the lives of more than one million Americans living with Parkinson's disease and more than 24.5 million American veterans.

I urge my colleagues to honor LANE EVANS and vote yes on this important bill.

I look forward to enactment of this bill that is so important to all those who struggle with the devastating effects of Parkinson's disease.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from South Carolina (Mr. BROWN) that the House suspend the rules and pass the bill, H.R. 6342.

The question was taken; and (two-thirds of those voting having responded in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

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ROBERT SILVEY DEPARTMENT OF VETERANS AFFAIRS OUTPATIENT CLINIC

Mr. BROWN of South Carolina. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 4073) to designate the outpatient clinic of the Department of Veterans Affairs located in Farmington, Missouri, as the "Robert Silvey Department of Veterans Affairs Outpatient Clinic".

The Clerk read as follows: