

Forces deserve to be adequately compensated for injuries due to their military service. We fund the war, we must fund the warrior, and their families and their survivors, by ensuring their benefits will keep pace with their living expenses. Let's ensure that these benefits make ends meet at the end of the month.

Madam Speaker, as we approach our country's 140th Memorial Day commemoration, I ask all my colleagues to support this bill and send a clear message of support to our troops: You will be taken care of when you return, and we will not forget your sacrifice.

No action by a Member of Congress is more irritating to many Americans than those who say they support the troops but then turn a cold shoulder when those same troops come home, become veterans, and need our help to become whole again. That costs money; money we should not hesitate to spend, just like our military men and women did not hesitate to offer to lay down their lives to defend our freedom and the way of life that we cherish.

I ask my colleagues to consider these facts when voting on the full portfolio of veterans' legislation that is under consideration on the floor today, and of course to support passage of this bill, the Veterans' Compensation Cost-of-Living Adjustment Act of 2008.

I would reserve the balance of my time.

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

Madam Speaker, I rise in strong support of H.R. 5826, the Veterans' Compensation Cost-of-Living Adjustment Act of 2008. I would like to thank my colleagues, Mr. HALL of New York, chairman of the Disability Assistance and Memorial Affairs Subcommittee, and Mr. LAMBORN of California, the ranking member of the subcommittee, as well as the bill's sponsor, Mr. RODRIGUEZ of Texas, for the leadership on this bill.

This veterans' COLA would increase the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for survivors of certain disabled veterans. The COLA adjustment includes wartime disability compensation, additional compensation for dependents, clothing allowance, dependency and indemnity to surviving spouse, and dependency and indemnity compensation to children.

Madam Speaker, this is an important annual authorization, which provides much-needed assistance to our Nation's veterans, and every year receives unanimous support from the House.

With that, I yield back my time.

Mr. FILNER. Madam Speaker, I would yield such time as he may consume to the gentleman from Texas (Mr. RODRIGUEZ) who authored this bill.

Mr. RODRIGUEZ. Let me also once again thank Chairman BOB FILNER and Ranking Member BUYER. Thank you very much for the opportunity to speak regarding H.R. 5826, and thank you for

allowing me the opportunity, Mr. Chairman, to sponsor this piece of legislation.

I want to also just take this opportunity on this bill to thank the chairman because I have had the opportunity to serve on the VA Committee for, prior to being gone for 2 years, 8 years, and I know we had a series of things that occurred and we were not able to make things happen during that period of time, and there was a great deal of frustration. But I do want to thank the chairman because this past year and a half has been one of the highlights, at least in my career serving on the VA committee, having the opportunity to not only hear and be able to make something happen for our veterans and be able to do the right thing. We have been able to make some significant pieces of legislation. So I wanted to take this opportunity to thank the chairman for his leadership in allowing us to make that happen.

We are all keenly aware of the burden our current economy places upon our American families. The same difficulties are magnified with the veterans and the families who rely on disability compensation provided through the VA. H.R. 5826, the Veterans Compensation Cost-of-Living Adjustment Act of 2008, seeks to address these challenges by increasing the compensation rates in line with the Consumer Price Index Social Security COLA.

We all know the difficulty that we are hearing back home with the cost of gasoline, the cost of food, and people losing their homes. This is essential, this cost of living. It's minimal, but yet it's extremely critical and important. I want to thank you for allowing me this opportunity once again to speak today, and for the considering of H.R. 5826, and I ask your support and I ask the possibility of a vote on this particular legislation, Mr. Chairman.

#### GENERAL LEAVE

Mr. FILNER. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 5826.

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

There was no objection.

Mr. FILNER. Madam Speaker, I urge all my colleagues to support H.R. 5826 and would yield back our time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. FILNER) that the House suspend the rules and pass the bill, H.R. 5826.

The question was taken.

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

Mr. FILNER. Madam 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.

## DEPARTMENT OF VETERANS AFFAIRS MEDICAL FACILITY AUTHORIZATION AND LEASE ACT OF 2008

Mr. FILNER. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 5856) to increase, effective as of December 1, 2008, the rates of disability compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for survivors of certain service-connected disabled veterans, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5856

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

### SECTION 1. SHORT TITLE.

This Act may be cited as the "Department of Veterans Affairs Medical Facility Authorization and Lease Act of 2008".

### SEC. 2. AUTHORIZATION FOR FISCAL YEAR 2009 MAJOR MEDICAL FACILITY PROJECTS.

The Secretary of Veterans Affairs may carry out the following major medical facility projects in fiscal year 2009 in the amount specified for each project:

(1) Seismic corrections, Building 2, at the Department of Veterans Affairs Palo Alto Health Care System, Palo Alto Division Palo Alto, California, in an amount not to exceed \$54,000,000.

(2) Construction of a polytrauma healthcare and rehabilitation center at the Department of Veterans Affairs Medical Center, San Antonio, Texas, in an amount not to exceed \$66,000,000.

(3) Seismic corrections, Building 1, at the Department of Veterans Affairs Medical Center, San Juan, Puerto Rico, in an amount not to exceed \$225,900,000.

### SEC. 3. MODIFICATION OF AUTHORIZATION AMOUNTS FOR CERTAIN MAJOR MEDICAL FACILITY CONSTRUCTION PROJECTS PREVIOUSLY AUTHORIZED.

(a) MODIFICATION OF MAJOR MEDICAL FACILITY AUTHORIZATIONS.—Section 801(a) of the Veterans Benefits, Health Care, and Information Technology Act of 2006 (Public Law 109-461) is amended—

(1) in paragraph (1)—

(A) by striking "\$300,000,000" and inserting "\$625,000,000"; and

(B) by striking the second sentence; and

(2) in paragraph (3), by striking "\$98,000,000" and inserting "\$769,200,000".

(b) MODIFICATION OF AUTHORIZATION FOR CERTAIN MAJOR MEDICAL FACILITY CONSTRUCTION PROJECTS PREVIOUSLY AUTHORIZED IN CONNECTION WITH CAPITAL ASSET REALIGNMENT INITIATIVE.—

(1) CORRECTION OF PATIENT PRIVACY DEFICIENCIES AT THE DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER, GAINESVILLE, FLORIDA.—Paragraph (5) of section 802 of the Veterans Benefits, Health Care, and Information Technology Act of 2006 (Public Law 109-461) is amended by striking "\$85,200,000" and inserting "\$136,700,000".

(2) CONSTRUCTION OF A NEW MEDICAL CENTER FACILITY AT THE DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER, LAS VEGAS, NEVADA.—Paragraph (7) of such section is amended by striking "\$406,000,000" and inserting "\$600,400,000".

(3) CONSTRUCTION OF A NEW OUTPATIENT CLINIC, LEE COUNTY, FLORIDA.—Paragraph (8) of such section is amended—

(A) by striking "ambulatory" and all that follows through "purchase," and inserting "outpatient clinic in"; and

(B) by striking “\$65,100,000” and inserting “\$131,800,000”.

(4) CONSTRUCTION OF A NEW MEDICAL CENTER FACILITY, ORLANDO, FLORIDA.—Paragraph (11) of such section is amended by striking “\$377,700,000” and inserting “\$656,800,000”.

(5) CONSOLIDATION OF CAMPUSES AT THE UNIVERSITY DRIVE AND H. JOHN HEINZ III DIVISIONS, PITTSBURGH, PENNSYLVANIA.—Paragraph (12) of such section is amended by striking “\$189,205,000” and inserting “\$295,600,000”.

**SEC. 4. AUTHORIZATION OF FISCAL YEAR 2009 MAJOR MEDICAL FACILITY LEASES.**

The Secretary of Veterans Affairs may carry out the following major medical facility leases in fiscal year 2009 at the locations specified, and in an amount for each lease not to exceed the amount shown for such location:

(1) For an outpatient clinic, Brandon, Florida, \$4,326,000.

(2) For an outpatient clinic, Colorado Springs, Colorado, \$3,995,000.

(3) For an outpatient clinic, Eugene, Oregon, \$5,826,000.

(4) For the expansion of an outpatient clinic, Green Bay, Wisconsin, \$5,891,000.

(5) For an outpatient clinic, Greenville, South Carolina, \$3,731,000.

(6) For an outpatient clinic, Mansfield, Ohio, \$2,212,000.

(7) For an outpatient clinic, Mayaguez, Puerto Rico, \$6,276,000.

(8) For an outpatient clinic, Mesa, Arizona, \$5,106,000.

(9) For interim research space, Palo Alto, California, \$8,636,000.

(10) For the expansion of an outpatient clinic, Savannah, Georgia, \$3,168,000.

(11) For an outpatient clinic, Sun City, Arizona, \$2,295,000.

(12) For a primary care annex, Tampa, Florida, \$8,652,000.

**SEC. 5. AUTHORIZATION OF CONSTRUCTION OF MAJOR MEDICAL FACILITY, OKALOOSA COUNTY, FLORIDA.**

(a) AUTHORIZATION.—The Secretary of Veterans Affairs shall carry out a major medical facility project to construct a new medical facility of the Department of Veterans Affairs in Okaloosa County, Florida, in an amount not to exceed \$54,475,000.

(b) FACILITY LOCATION.—The facility authorized to be constructed pursuant to subsection (a) shall be built in accordance with option 2 of the report to Congress dated June 26, 2007, required to be submitted under section 823 of the Veterans Benefits, Health Care, and Information Technology Act of 2006 (Public Law 109-461; 120 Stat. 3449).

(c) PLAN FOR SHARING OF INPATIENT AND OUTPATIENT SERVICES.—Not later than 180 days after the date of the enactment of the Act, the Secretary of Veterans Affairs shall submit to the Committees on Veterans Affairs of the Senate and House of Representatives a plan that sets forth terms and conditions for the sharing of inpatient and outpatient services at the medical facility authorized to be constructed pursuant to subsection (a).

**SEC. 6. AUTHORIZATION OF APPROPRIATIONS.**

(a) AUTHORIZATION OF APPROPRIATIONS FOR FISCAL YEAR 2009 MAJOR MEDICAL FACILITY PROJECTS.—There is authorized to be appropriated for the Secretary of Veterans Affairs for fiscal year 2009 for the Construction, Major Projects, account—

(1) \$345,900,000 for the projects authorized in section 2;

(2) \$1,694,295,000 for the increased amounts authorized for projects whose authorizations are modified by section 3; and

(3) \$54,475,000 for the project authorized in section 5.

(b) AUTHORIZATION FOR APPROPRIATIONS FOR FISCAL YEAR 2009 MAJOR MEDICAL FACIL-

ITY LEASES.—There is authorized to be appropriated for the Secretary of Veterans Affairs for fiscal year 2009 for the Medical Facilities account, \$60,114,000, for the leases authorized in section 4.

**SEC. 7. FACILITIES ADMINISTRATION.**

Not later than 60 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committees on Veterans Affairs of the Senate and House of Representatives a report updating the progress of the Secretary in complying with section 312A of title 38, United States Code.

**SEC. 8. ANNUAL REPORT ON OUTPATIENT CLINICS.**

(a) ANNUAL REPORT REQUIRED.—Subchapter I of chapter 81 of title 38, United States Code, is amended by adding at the end the following new section:

**“§ 8119. Annual report on outpatient clinics**

“(a) ANNUAL REPORT REQUIRED.—The Secretary of Veterans Affairs shall submit to the Committees on Veterans Affairs of the Senate and House of Representatives an annual report on community-based outpatient clinics and other outpatient clinics. The report shall be submitted each year not later than the date on which the budget for the next fiscal year is submitted to the Congress under section 1105 of title 31.

“(b) CONTENTS OF REPORT.—Each report required under subsection (a) shall include the following:

“(1) A list of each community-based outpatient clinic and other outpatient clinic of the Department, and for each such clinic, the type of clinic, location, size, number of health professionals employed by the clinic, workload, whether the clinic is leased or constructed and operated by the Secretary, and the annual cost of operating the clinic.

“(2) A list of community-based outpatient clinics and other outpatient clinics that the Secretary opened during the fiscal year preceding the fiscal year during which the report is submitted and a list of clinics the Secretary proposes opening during the fiscal year during which the report is submitted and the subsequent fiscal year, together with the cost of activating each such clinic and the information required to be provided under paragraph (1) for each such clinic and proposed clinic.

“(3) A list of proposed community-based outpatient clinics and other outpatient clinics that are, as of the date of the submission of the report, under review by the National Review Panel and a list of possible locations for future clinics identified in the Department’s strategic planning process, including any identified locations in rural and underserved areas.

“(4) A prioritized list of sites of care identified by the Secretary that the Secretary could establish without carrying out construction or entering into a lease, including—

“(A) any such sites that could be expanded by hiring additional staff or allocating staff to Federal facilities or facilities operating in collaboration with the Federal Government; and

“(B) any sites established, or able to be established, under sections 8111 and 8153 of this title.”.

(b) DEADLINE FOR FIRST ANNUAL REPORT.—The Secretary of Veterans Affairs shall submit the first report required under section 8119(a) of title 38, United States Code, as added by subsection (a), by not later than 90 days after the date of the enactment of this Act.

(c) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by adding at the end of the items relating to subchapter I the following new item:

“8119. Annual report on outpatient clinics.”.

**SEC. 9. TECHNICAL CORRECTION.**

Section 807(e) of the Veterans Benefits, Health Care, and Information Technology Act of 2006 (Public Law 109-461) is amended by striking “Medical Care” each place it appears and inserting “Medical Facilities”.

**SPEAKER pro tempore.** Pursuant to the rule, the gentleman from California (Mr. FILNER) and the gentleman from Indiana (Mr. BUYER) each will control 20 minutes.

The Chair recognizes the gentleman from California.

Mr. FILNER. Madam Speaker, this is one of the most important and difficult pieces of legislation to come to the Health Subcommittee of our committee. The chairman, Mr. MICHAUD of Maine, has done an incredibly good job, along with his ranking member, Mr. MILLER. I would yield to Mr. MICHAUD such time as he might consume to explain the bill.

Mr. MICHAUD. Thank you very much, Mr. Chairman.

I rise today in strong support of H.R. 5856, the Department of Veterans Affairs Medical Facilities Authorization and Lease Act of 2008. This legislation authorizes the Department of Veterans Affairs to build or lease major medical facilities across this country. I believe we must do everything possible to take care of the men and women who defend our Nation and fight for freedom around the world.

The facilities authorized in this legislation will provide the much-needed physical facilities around the country where we can take care of veterans for different health care reasons. This legislation has strong bipartisan support. We did take a lot of time working with the minority members and had hearings on this bill and actually went around the country to look at the facilities that the VA currently has. This bill is desperately needed to make sure that we keep upgrading and building the facilities that are needed around this great Nation of ours.

I do want to thank the staff on both the majority side and minority side for all their efforts in really moving this legislation forward. Especially I want to thank Mr. MILLER, who has been a strong supporter of this legislation. We spent hundreds of hours going through this proposal with committee staff and within the VA staff as well. I especially want to thank you, Mr. Chairman, and Ranking Member BUYER, for your interest in this legislation as well.

This legislation did receive a lot of interest from a variety of Members of Congress on both sides of the aisle, and we wish we could accommodate all the interest and concerns that we heard, but we were unable to do that at this time. We will be able to move forward with report language in this legislation that actually requires the VA to report back to the Veterans Affairs Committee on how we deal with some of the lower cost items, CBOCs around the country, and look forward to that report. Hopefully, we will be able to move forward in a more aggressive way

and get the facilities that we need around the country.

With that, I would urge my colleagues to strongly support H.R. 5856.

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

Madam Speaker, I rise in support of H.R. 5856, the VA Medical Facility Authorization and Lease Act, which would authorize major medical facility projects and major medical facility leases for the Department of Veterans Affairs for fiscal year 2009. I want to extend my compliments to Chairman MICHAUD and Mr. MILLER, and I think when Chairman MICHAUD thanked me for the interest, I think he meant, Thank you for the cooperation. I enjoyed working with you and your staff and the chairman in getting a bill to the floor.

Madam Speaker, this bill authorizes \$2.2 billion to improve access to health care for our Nation's veterans. As we consider this construction authorization bill that includes VA's fiscal year 2008 and 2009 request, I would like to share my enthusiasm for the announcement Secretary Peake made on April 24, 2008, to change course in Denver and move to a joint facility, with which I know Chairman MICHAUD also concurs.

Secretary Peake announced that the VA intends to construct a new bed tower in partnership with the University of Colorado at Denver and the University of Colorado Hospital on university property at the former Fitzsimons Army Medical Center campus. Madam Speaker, I have been a strong supporter of moving forward with a joint use facility and believe that the idea of collaboration promises significant value as we move in to providing veterans access to care in the 21st century VA system.

There has been a long and detailed history of planning for a shared facility to replace the existing Denver VA Medical Center. Discussions between VA and the University of Colorado Hospital regarding the relocation of the Denver Veterans Medical Center to Fitzsimons campus started in the year 2000, and I am pleased to see this collaboration again moving forward.

H.R. 5856 would provide VA to authorize in the amount of not to exceed \$769.2 million for the replacement of the Denver, Colorado VA Medical Center. This authorization was requested by the administration in February in its fiscal year 2009 budget submission.

Madam Speaker, I recommend at this time that we retain this \$769.2 million authorization for a major medical facility in Denver contained in this bill as a placeholder. However, as the planning and design of the Denver partnership is further defined, it will be necessary to amend the authorization of this project.

H.R. 5856 also includes authorization for the construction of a fifth polytrauma center in San Antonio, Texas. VA's four current polytrauma centers are located in Richmond, Virginia; Tampa, Florida; Minneapolis,

Minnesota; and Palo Alto, California. These centers provide a valuable service to injured servicemembers and veterans and are designed to provide comprehensive inpatient rehabilitation services for individuals with complex, severe, and disabling traumas. Creating a fifth polytrauma center in San Antonio reinforces our commitment to the veterans and servicemembers who have honorably served our country by expanding access to the southwest United States.

I also want to thank Chairman FILNER and Chairman MICHAUD with regard to the report language in the bill. We had some matters outside the bill that we needed to work through. I know the chairman had visited deep south Texas and I also went to deep south Texas to work on these issues that were brought to us by Mr. ORTIZ and Mr. HINOJOSA, and we were able to work through those, not only working with these members, being on the ground, talking to the veterans, working with the administration, and having that report language in here as we work with the University of Texas, I think, was prudent and wise.

I want to thank Chairman MICHAUD and Chairman FILNER for working through these matters.

I reserve the balance of my time.

Mr. FILNER. Madam Speaker, as I said before, we have some very active new members in our caucus, and Mr. KAGEN from Green Bay, Wisconsin, brought to us some needs he would like to speak on, and I am glad we know there are other needs in Green Bay besides a new quarterback. I would yield to him such time as he may consume.

Mr. KAGEN. Thank you for your kind comments about the needs for quarterbacks. I want to thank you for quarterbacking this bill, H.R. 5856 to the House floor and towards a successful passage. It has the support of Republicans and Democrats alike. While we may be divided about war policy and foreign policy, we are united behind the support of our troops.

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Now, what does this bill do? It provides for 11 construction projects, \$60 million, and 12 new leases in 2009. The construction projects range from Denver, Colorado, to San Antonio, Texas, to New Orleans, Louisiana. They involve lease projects from Eugene, Oregon, to Mesa, Arizona, to Mansfield, Ohio, and, of course, Green Bay Wisconsin, where the needs of our veterans require the construction of a new CBOC and also the presence of an outpatient surgical specialty area. This bill will take a major step toward developing the infrastructure of our Veterans Administration.

Let me add by saying that as a physician who has served for 6 years in veterans hospitals, we need to invest in our infrastructure of the Veterans Administration throughout the country, not just in Green Bay. H.R. 5856 authorizes \$5.8 million in fiscal year 2009

for the lease of a new facility to expand the Community Based Outpatient Clinic in Green Bay. This lease will extend for 20 years.

Heretofore, we have had thousands and thousands of veterans in Northeast Wisconsin who had to drive beyond Green Bay, beyond Appleton, south to Milwaukee, to Zablocki in order to get the care they require. The new facility will offer specialty services heretofore not available in Northeast Wisconsin; lab work, radiology, physical therapy, pharmacy, mental health care services, dietetics, dental, podiatry, dermatology, urology, neurology, audiology, and social work. For many soldiers, the Comp and Pen examinations will be done closer to home, not just for their convenience, but also for their personal-family economy. After all, when the price of gasoline reaches \$4 per gallon, it costs everyone a lot more to travel.

Madam Speaker, 1,500 patients now are waiting on a fee basis for service at the veterans facility in Green Bay. Hundreds and hundreds of veterans are on waiting lists to receive care that they require.

This project could not have happened without the strong bipartisan support of not just the chairman, but also the ranking member. So I thank you, Mr. FILNER, and also the subcommittee chairman as well. Thank you for putting your best efforts forward to making sure that the veterans in Green Bay and Northeast Wisconsin get the care they need close to home.

Mr. BUYER. Madam Speaker, I reserve my time.

Mr. FILNER. Madam Speaker, I yield such time as he may consume to the gentleman from Texas (Mr. RODRIGUEZ).

Mr. RODRIGUEZ. Mr. Chairman, once again, thank you for this piece of legislation. As indicated earlier, we have four major polytrauma centers throughout the country. The fifth one has been selected by a commission that was established, with the selection of the site in San Antonio. These polytrauma centers look at those veterans that are the most vulnerable in our community, the ones that have multiple problems. So this major polytrauma center in San Antonio is going to be a great addition.

Let me just add also that as we look at providing services to our veterans, one of the realities is that approximately 80 percent of our veterans never get to have any degree of access, so we understand that there is a big void out there. What happened at Walter Reed, in spite of the fact that that is a DOD facility, we also need to look at the facilities in the VA sites. And we know that we have been negligent in not providing the resources to upgrade those.

The reports that are going to be required by this language allow an opportunity for us to get a good grasp of what some of our needs are out there in terms of our VA facilities, and allows an opportunity for us to improve on

those, from nursing homes that are out there to clinics and to others.

As also indicated, in South Texas we have a large number of our veterans that don't have access and have to travel long distance for access to health care. I want to thank the leadership on both sides for going there and listening to the reports, Congressman ORTIZ, Congressman HINOJOSA, Congressman CUELLAR and others, about the lack of services for our veterans in Deep South Texas and the need for some of these facilities and resources.

Once again, I thank the chairman for allowing me this opportunity and for passing this piece of legislation.

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

Mr. RODRIGUEZ, when you go back to Texas over the Memorial Day break, I want you to share with your good friends in Deep South Texas how much I enjoyed the visit and their tequila. I don't know what it is about tequila that makes you either forget or remember the most, but I really enjoyed that, and you have much to smile for when you go back to Texas.

When I went to Deep South Texas, I also went to San Antonio and toured not only the burn unit at Brook and the Intrepid at Fort Sam Houston, but also I went over to the VA hospital and met with your hospital director and the team for the polytrauma center, and they are extraordinary. If you have the opportunity at all, I welcome you to visit the other polytrauma centers, or any of them. It is extraordinary what they do in that full continuum of care, and it is seamless as they move from the military to the VA and then back in.

There are always some bumps in the road, so as you take on this fifth site in your backyard, too often we place that burden on the families to be the case manager, and now in Wounded Warrior we say okay, we are going to assign case managers. But as we open up that fifth polytrauma center, we are going to look to your leadership to make sure the fifth site opens up and opens well. I just wanted to share that with you.

Mr. RODRIGUEZ. Mr. BUYER, I want to thank you also, because I do have a beautiful community, and we have a large number of both Afghan and Iraqi theatre soldiers that have come to the San Antonio area and the community there. We know that we have had our problems and our difficulties, but we are expanding those services, and I am extremely elated.

One thing I tell our veterans now is if they ever have had difficulties in the past, I am urging them to go back, go back and visit the VA. There is a lot of enthusiasm out there, and I am really pleased. Thank you very much for those comments, and you are welcome to come down and share a tequila.

Mr. BUYER. Please also know that I spoke with John Barnes, who is the owner of Panther Racing. We coordinated with the Surgeon General of the

Army, and he is going to take the Indy car which is sponsored by the National Guard along with some of the Indy drivers to Fort Sam Houston to go to Brook Army Hospital to the burn unit and the Intrepid, and I think that is going to occur the first week of June.

I also would like to compliment Chairman FILNER and Chairman MICHAUD with regard to working with myself and Mr. LATHAM as we addressed his concerns that were brought to the committee in Northeast Iowa. We also had other issues that were brought regarding Fort Ord. As we all know, CARES was sort of that snapshot in time, and now we are 4 years beyond CARES and it is almost being overtaken by certain events. So I appreciate Chairman FILNER allowing us to work through some of these in our language, and we are going to have to address CARES No. 2 probably or redux here in the upcoming future.

With that, I urge my colleagues to adopt the bill.

Madam Speaker, I yield back my time.

Mr. FILNER. Madam Speaker, I certainly appreciate the remarks of Mr. BUYER and the bipartisan work that was necessary to get this bill to the floor in the current form.

#### GENERAL LEAVE

Mr. FILNER. Madam Speaker, I would ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 5856.

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

There was no objection.

Mr. MILLER of Florida. Madam Speaker, I rise today in strong support of H.R. 5856, the VA Medical Facility Authorization and Lease Act of 2008. I am pleased that this bill will comprehensively address the needs of veterans throughout the Nation.

Important to delivering high quality care to our Nation's veterans is the planning for the construction of VA's substantial health care infrastructure. It is vital that veterans can continue to receive care where they need it most and will be able to receive it where they need it in the future. They have given so much for our country, and providing them with timely access to the best health care possible is just one important way we can show them how thankful we are for what all they have done.

This legislation improves access to care for veterans by ensuring that current VA facilities are modernized and that future construction occurs where it is needed. That means keeping track of where veterans live and locating facilities in those areas. Too often, veterans must travel great distances to receive their health care, but this is something that we can fix, and the VA Medical Facility Authorization and Lease Act of 2008 is an important step in that direction.

I commend Chairman MICHAUD for his work on this legislation through the Subcommittee on Health and the full Veterans' Affairs Committee, and look forward to its passage.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. FILNER) that the House suspend the rules and pass the bill, H.R. 5856.

The question was taken.

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

Mr. FILNER. Madam 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.

#### PROVIDING FOR PROTECTION OF CHILD CUSTODY ARRANGEMENTS FOR CERTAIN PARENTS

Mr. FILNER. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 6048) to amend the Servicemembers Civil Relief Act to provide for the protection of child custody arrangements for parents who are members of the Armed Forces deployed in support of a contingency operation.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6048

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

#### SECTION 1. PROTECTION OF CHILD CUSTODY ARRANGEMENTS FOR PARENTS WHO ARE MEMBERS OF THE ARMED FORCES DEPLOYED IN SUPPORT OF A CONTINGENCY OPERATION.

(a) CHILD CUSTODY PROTECTION.—Title II of the Servicemembers Civil Relief Act (50 U.S.C. App. 521 et seq.) is amended by adding at the end the following new section:

#### “SEC. 208. CHILD CUSTODY PROTECTION.

“(a) RESTRICTION ON CHANGE OF CUSTODY.—If a motion for change of custody of a child of a servicemember is filed while the servicemember is deployed in support of a contingency operation, no court may enter an order modifying or amending any previous judgment or order, or issue a new order, that changes the custody arrangement for that child that existed as of the date of the deployment of the servicemember, except that a court may enter a temporary custody order if there is clear and convincing evidence that it is in the best interest of the child.

“(b) COMPLETION OF DEPLOYMENT.—In any proceeding covered under subsection (a), a court shall require that, upon the return of the servicemember from deployment in support of a contingency operation, the custody order that was in effect immediately preceding the date of the deployment of the servicemember is reinstated, unless there is clear and convincing evidence that such a reinstatement is not in the best interest of the child.

“(c) EXCLUSION OF MILITARY SERVICE FROM DETERMINATION OF CHILD'S BEST INTEREST.—If a motion for the change of custody of the child of a servicemember is filed, no court may consider the absence of the servicemember by reason of deployment, or possibility of deployment, in determining the best interest of the child.

“(d) CONTINGENCY OPERATION DEFINED.—In this section, the term ‘contingency operation’ has the meaning given that term in section 101(a)(13) of title 10, United States