

John Berry will be greatly missed by all who serve our country in its civilian workforce, and I wish John and his partner, Curtis, all the best as he begins the next phase in his career.

I hope my colleagues will join me in thanking John for his service, for his leadership, for his insights, for his inspiration, and for being an example to all of us of a positive, constructive, supportive, and successful career in Federal service.

Mr. Speaker, our country has been the beneficiary of his character, integrity, and extraordinary ability. We wish him well in all that he will be doing. I'm sure it will be extraordinarily productive and of service to our country as he moves on from Federal service at the OPM to a new challenge and a new career.

THE VETERANS TIMELY ACCESS TO HEALTH CARE ACT

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

Mr. ROSS. Yesterday, I had the distinguished opportunity to greet three busloads of Florida World War II veterans participating in an Honor Flight.

In total, more than 80 proud Floridians who bravely fought to free the world of evil during World War II had the wonderful opportunity to visit and reflect at their memorial. As the son of a World War II veteran, I was blessed to have the opportunity to join my father as he participated in a previous Honor Flight just 2 years ago. Although he has since passed on, I know he truly cherished this great experience.

American veterans are the backbone of the freedom and prosperity this country has enjoyed for over 200 years. Without their service, we would not be the Nation we are today. We would not enjoy the privileges of this democracy—the greatest experiment in government known to mankind. Unfortunately, veterans across the country continue to encounter unacceptable problems and delays in receiving appointments from the Veterans Administration for essential medical and special health care needs.

That is why I am proud to introduce H.R. 241, the Veterans Timely Access to Health Care Act.

This legislation, supported by the Military Officers Association of America, will ensure that veterans seeking medical care from the VA facility receive an appointment within 30 days. Moving forward, this legislation will go a long way in ensuring veterans' critical medical needs no longer slip through the cracks of the system.

As I continue to reflect on the proud history and service of the many World War II veterans like my good friend Charlie Clark, with whom I visited yesterday and whom I had the pleasure of knowing for several years as a member of the local YMCA, I will also look forward to ensuring that our youngest

generation of veterans receives the support and timely access to health care that they have so honorably earned.

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END-OF-LIFE CARE

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

Mr. BLUMENAUER. Mr. Speaker, Monday in the blink of an eye, hundreds of people at the Boston Marathon were faced with an awful decision. None of them woke up that morning expecting they, or a loved one, was going to need emergency care in a life-threatening situation. We tend to think of end-of-life care as the province of a terminally ill person, often elderly, but that's just one circumstance, and not necessarily the most common.

The decisions need to be made instantly about whether to amputate a limb, and a decision must be made that moment. If a person is in shock or unconscious, who helps make that decision for them?

Last week, I had two more circumstances where people in my life were faced with totally unexpected life-threatening circumstances that brought these questions into sharp perspective. Anybody, anywhere, any time. How do we make sure that these decisions, which are made every day in every State in virtually every city, are made in accordance with the best interest and wishes of the patient and the patient's family?

I've been working for the last 5 years for the Federal Government to be a better partner with families. It's called end-of-life care, and the Federal Government, the Department of Health and Human Services, and Congress are missing in action. Medicare will spend billions of dollars on the most expensive, invasive, painful, and in some cases, if not unnecessary, at least questionable care, often regardless of the wishes of the patient and their family. Yet Medicare won't pay \$100 or \$200 for that medical professional to have a conversation with the patient and their family.

It's time for us to step up. We need to make sure that we clear up the questions in everyone's minds about the choices, the consequences, what the patient and the family want, and most critically, make sure those wishes are honored. Like my friend, whose heart stopped this weekend, totally unexpectedly, we don't know when or where a loved one will be in this position. But there's no excuse we don't do everything we can to help families and encourage everyone that is close to us, that works with us, to take their own steps to identify who speaks for them when they can't, and what they want to happen.

This is personal for me. I had these jarring reminders that one of the

greatest gifts each of us can give our families is to have a thoughtful and frank discussion about what our wishes would be for medical care if we're unable to suddenly make those decisions. It's also one of the greatest gifts that this Congress can make to the people we represent by doing our job so that the Federal Government is a better partner in making sure those conversations are possible.

Please cosponsor our bipartisan Personalize Your Care Act, H.R. 1173, and then sit down and have this conversation with your family. It's not always the easiest, but it is far better than making your loved ones guess and feel guilty.

PATH TO STATEHOOD

The SPEAKER pro tempore. The Chair recognizes the gentleman from Puerto Rico (Mr. PIERLUISI) for 5 minutes.

Mr. PIERLUISI. Mr. Speaker, in November 2012, Puerto Rico held a referendum on its political status. The results demonstrated that a clear majority of the U.S. citizens of Puerto Rico want to end the island's current territory status, that a supermajority prefers statehood among the possible alternatives, and that—for the first time in history—more voters favor statehood than the current status.

As I have remarked before, not a single one of my stateside colleagues in Congress would accept territory status for their own constituents. So they must recognize and respect that the American citizens of Puerto Rico no longer accept it either. I also trust that my colleagues who represent States will credit my constituents for aspiring to have the same rights and responsibilities as their constituents.

Last week, the President took an important step. As part of the proposed budget the administration submitted to Congress, the Justice Department is seeking \$2.5 million to conduct the first Federally sponsored vote on Puerto Rico's political status in the 115 years that the territory has been under the U.S. flag. The funding would be granted to Puerto Rico's Elections Commission to conduct objective voter education and a vote on "options that would resolve Puerto Rico's future political status."

Key congressional leaders in the House and the Senate, Republican and Democrat alike, have already issued statements of support for the President's action, calling it an appropriate response to the local referendum.

Mr. Speaker, my constituents may not have a vote in the government that makes their national laws, but they do have a voice—and they made that voice heard loud and clear in November. A budget reflects one's priorities and values. I support the President's budget because it shows respect for the democratically expressed aspirations of the U.S. citizens who reside in Puerto Rico. And it demonstrates a clear desire to