

who are unfamiliar with this organization, VWIN was established in 1995 and has dedicated itself to reaching out to veterans' widows to inform them of benefits for which they might qualify, to provide them with a point of contact for processing their claims, and to keep them abreast of changes. The Network has done an admirable job in this respect, but if you are like me you are probably wondering why the Department isn't providing these services. There are a whole host of challenges that the Department could argue that preclude them from improving adequate access to, and the timely processing of, such information, including the assertion that they are already doing a good enough job in this respect. But that just isn't good enough and that is why Congress should make it a priority to pass H.R. 801, as well as both H.R. 336 and H.R. 511 in their entirety.

The heart of both H.R. 336, The Surviving Spouses and Dependents Outreach Enhancement and Veterans Casework Improvement Act, and H.R. 511, The Veterans Right to Know Act, is a belief grounded in the idea that one of our most basic responsibilities is to provide veterans and their family members with information about benefits to which they might be entitled. Indeed, the success of any initiative embarked upon sound levels of awareness and prudent oversight measures.

I want to sincerely thank Representative PASCRELL for being responsive to my concerns regarding the informational needs of surviving spouses and dependents when drafting the Veterans Right to Know Act. Their specific informational needs were initially addressed by language which would require the Department to provide information to dependents concerning benefits and health care services whenever a dependent first applies for any benefit under laws administered by the Secretary. This trigger mechanism is definitely a step in the right direction and I am pleased that it has been included in Section 205 of H.R. 801.

But what about the informational needs of all the surviving spouses and dependents of deceased veterans who would not retroactively be affected by this effort? My bill, H.R. 336, addresses this dilemma in a very straight forward and reasonable way. Specifically, it would (1) establish as a national goal to fully inform surviving spouses and dependents regarding their eligibility for benefits and health care services under laws administered by the Secretary of Veterans Affairs, (2) institute a legislative mandate that surviving spouses and dependents be included in the subset of populations targeted by the Department for outreach efforts, (3) require a full range of outreach efforts for surviving spouses and require dedicated staff at regional offices to assist with their needs, and (4) require periodic evaluation of the Department's efforts to address the needs of eligible dependents. Given the concerns that spurred me to author H.R. 336, I am most appreciative that aspects of my legislation involving the expanded and clarified term of eligible dependent and the specific means by which the Department can meet their informational needs are identified in Section 204 of H.R. 801.

I would, however, have preferred to also see included the cooperative effort text of H.R.

336 which speaks to the importance of encouraging all elements within the Department to work with private and public sector entities—most notably veterans service organizations and veterans widows organizations—to inform surviving spouses and dependents of deceased veterans regarding their eligibility. I would also have liked to see language speaking to the need to have staff at the local level available to assist these individuals with filing a claim, reconstructing incomplete records, and bridging language barriers included. These represent follow-up efforts designed to ensure that individuals fully understand and properly utilize the information they receive.

In closing, I believe there are shortcomings in current outreach efforts conducted by the Department, and thus I support the related improving language contained in H.R. 801. I am pleased that members of the Committee have paid attention to the need to bolster the Department's outreach efforts and hope that H.R. 801 will be expeditiously signed into law.

Mr. BUYER. Mr. Speaker, I would like to thank you and Ranking Member EVANS for agreeing to "Fast-Track" H.R. 801, the Veterans Opportunities Act.

I am especially pleased because I represent a district that is rural, with a large agricultural base.

As such, I fully support the Veterans Opportunities Act, because it finally addresses the issue of "means testing" veterans' agricultural possessions.

In my district, many farmers are land rich, but lack liquid assets to readily pay for health care services at the Department of Veterans Affairs.

H.R. 801 will greatly assist in remedying this problem, and allow them the opportunity to access the VA Health Care system without being penalized.

In addition, I am pleased that this bill finally addresses the issue of allowing veterans to use their GI Bill education benefits for certain private technology entities.

This expansion of benefits will allow veterans to receive benefits for various certification type courses that have previously not been recognized.

As a result, veterans can now pursue non-traditional educational programs that usually require intense study and certification.

This will ultimately level the playing field for veterans by allowing them to compete in the high-tech environment.

Lastly, this bill will increase the burial benefits for both service-connected and non-service-connected veterans.

This is truly important!

World War II veterans are dying at a rate of a thousand a day.

Many of these World War II veterans are living on fixed incomes, and the high costs of burying these veterans places a financial burden on their surviving spouses and families.

Mr. Speaker, this bill and its provisions are long overdue.

Again, I thank the Chairman and the Ranking Member for giving this bill such quick consideration early in the 107th Congress.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise in strong support of H.R. 801, The Veterans Opportunity Act. The bill provides for essential benefits related to retirement privileges

that our veterans desperately need. I am pleased that the legislation has swiftly come before the House for consideration.

H.R. 801 expands and increases payout amounts for several Veterans Affairs Department (VA) death and retirement benefits and extends coverage under the Service Members' Group Life Insurance program to dependent spouses and children.

The bill reflects a strong consensus in America that our veterans simply need to be taken care of. The legislation increases from \$2,000 to \$3,400 the maximum allowable annual ROTC award for benefits under the Montgomery GI bill; expands the VA's work-study program for veterans who are students; includes certain private technology entities as education institutions; allows a disabled spouse or surviving spouse of a severely disabled service-connected veteran to receive special restorative training; permits a veteran to use VA educational assistance benefits for a certificate program offered by an institution of higher learning by way of independent study; and provides for other needed necessities.

The measure contains other much-needed reforms. For instance, the bill expands the Service Members' Group Life Insurance (SGLI) program to include spouses and children. Upon termination of the SGLI, the policy could be converted to a private life insurance policy. Finally, the bill makes such changes retroactive to October 1, 2000, for service members killed in the line of duty.

Mr. Speaker, I urge my colleagues to support this important measure for our veterans.

The SPEAKER pro tempore (Mr. BASS). The question is on the motion offered by the gentleman from New Jersey (Mr. SMITH) that the House suspend the rules and pass the bill, H.R. 801, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. SMITH of New Jersey. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

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

GENERAL LEAVE

Mr. SMITH of New Jersey. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 801, as amended.

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

There was no objection.

VETERANS HOSPITAL EMERGENCY REPAIR ACT

Mr. SMITH of New Jersey. Mr. Speaker, I move to suspend the rules

and pass the bill (H.R. 811) to authorize the Secretary of Veterans Affairs to carry out construction projects for the purpose of improving, renovating, and updating patient care facilities at Department of Veterans Affairs medical centers, as amended.

The Clerk read as follows:

H.R. 811

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 "Veterans Hospital Emergency Repair Act".

SEC. 2. AUTHORIZATION OF MAJOR MEDICAL FACILITY PROJECTS FOR PATIENT CARE IMPROVEMENTS.

(a) *IN GENERAL.*—(1) The Secretary of Veterans Affairs is authorized to carry out major medical facility projects in accordance with this section, using funds appropriated for fiscal year 2002 or fiscal year 2003 pursuant to section 3. The cost of any such project may not exceed \$25,000,000, except that up to two projects per year may be carried out at a cost not to exceed \$30,000,000 for the purpose stated in subsection (c)(1).

(2) Projects carried out under this section are not subject to section 8104(a)(2) of title 38, United States Code.

(b) *TYPE OF PROJECTS.*—A project carried out under subsection (a) may be carried out only at a Department of Veterans Affairs medical center and only for the purpose of—

- (1) improving a patient care facility;
- (2) replacing a patient care facility;
- (3) renovating a patient care facility;
- (4) updating a patient care facility to contemporary standards; or

(5) improving, replacing, or renovating a research facility or updating such a facility to contemporary standards.

(c) *PURPOSE OF PROJECTS.*—In selecting medical centers for projects under subsection (a), the Secretary shall select projects to improve, replace, renovate, or update facilities to achieve one or more of the following:

- (1) Seismic protection improvements related to patient safety (or, in the case of a research facility, patient or employee safety).
- (2) Fire safety improvements.
- (3) Improvements to utility systems and ancillary patient care facilities (including such systems and facilities that may be exclusively associated with research facilities).
- (4) Improved accommodation for persons with disabilities, including barrier-free access.
- (5) Improvements at patient care facilities to specialized programs of the Department, including the following:
 - (A) Blind rehabilitation centers.
 - (B) Inpatient and residential programs for seriously mentally ill veterans, including mental illness research, education, and clinical centers.
 - (C) Residential and rehabilitation programs for veterans with substance-use disorders.
 - (D) Physical medicine and rehabilitation activities.
 - (E) Long-term care, including geriatric research, education, and clinical centers, adult day care centers, and nursing home care facilities.
 - (F) Amputation care, including facilities for prosthetics, orthotics programs, and sensory aids.
 - (G) Spinal cord injury centers.
 - (H) Traumatic brain injury programs.
 - (I) Women veterans' health programs (including particularly programs involving privacy and accommodation for female patients).
 - (J) Facilities for hospice and palliative care programs.

(d) *REVIEW PROCESS.*—(1) Before a project is submitted to the Secretary with a recommendation that it be approved as a project to be carried out under the authority of this section, the project shall be reviewed by a board within the Department of Veterans Affairs that is independent of the Veterans Health Administration and that is constituted by the Secretary to evaluate capital investment projects. The board shall review each such project to determine the project's relevance to the medical care mission of the Department and whether the project improves, renovates, repairs, or updates facilities of the Department in accordance with this section.

(2) In selecting projects to be carried out under the authority provided by this section, the Secretary shall consider the recommendations of the board under paragraph (1). In any case in which the Secretary selects a project to be carried out under this section that was not recommended for such approval by the board under paragraph (1), the Secretary shall include in the report of the Secretary under section 4(b) notice of such selection and the Secretary's reasons for not following the recommendation of the board with respect to that project.

SEC. 3. AUTHORIZATION OF APPROPRIATIONS.

(a) *IN GENERAL.*—There are authorized to be appropriated to the Secretary of Veterans Affairs for the Construction, Major Projects, account for projects under section 2—

- (1) \$250,000,000 for fiscal year 2002; and
- (2) \$300,000,000 for fiscal year 2003.

(b) *LIMITATION.*—Projects may be carried out under section 2 only using funds appropriated pursuant to the authorization of appropriations in subsection (a), except that funds appropriated for advance planning may be used for the purposes for which appropriated in connection with such projects.

SEC. 4. REPORTS.

(a) *GAO REPORT.*—Not later than April 1, 2003, the Comptroller General shall submit to the Committees on Veterans Affairs and on Appropriations of the Senate and House of Representatives a report evaluating the advantages and disadvantages of congressional authorization for projects of the type described in section 2(b) through general authorization as provided by section 2(a), rather than through specific authorization as would otherwise be applicable under section 8104(a)(2) of title 38, United States Code. Such report shall include a description of the actions of the Secretary of Veterans Affairs during fiscal year 2002 to select and carry out projects under section 2.

(b) *SECRETARY REPORT.*—Not later than 120 days after the date on which the site for the final project under section 2 is selected, the Secretary shall submit to the committees referred to in subsection (a) a report on the authorization process under section 2. The Secretary shall include in the report the following:

(1) A listing by project of each such project selected by the Secretary under that section, together with a prospectus description of the purposes of the project, the estimated cost of the project, and a statement attesting to the review of the project under section 2(c), and, if that project was not recommended by the board, the Secretary's justification under section 2(d) for not following the recommendation of the board.

(2) An assessment of the utility to the Department of Veterans Affairs of that authorization process.

(3) Such recommendations as the Secretary considers appropriate for future congressional policy for authorizations of major and minor medical facility construction projects for the Department of Veterans Affairs.

(4) Any other matter that the Secretary considers to be appropriate with respect to oversight by Congress of capital facilities projects of the Department of Veterans Affairs.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. SMITH) and the gentleman from Illinois (Mr. EVANS) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey (Mr. SMITH).

Mr. SMITH of New Jersey. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, as chairman of the Committee on Veterans Affairs, I rise in strong support of this legislation, H.R. 811, as amended, the Veterans Hospital Emergency Repair Act.

This bill would authorize the Secretary of Veterans Affairs to carry out urgently needed medical facility construction projects over the next 2 fiscal years, and would authorize appropriations of \$250 million in fiscal year 2002 and \$300 million in fiscal year 2003 for those projects.

I will briefly discuss the bill, and then would ask our distinguished chairman of the Subcommittee on Health, the gentleman from Kansas (Mr. MORAN), to provide a more detailed expansion explanation. He has done a great deal of work on this bill.

On March 1, 2001, Mr. Speaker, I introduced the Veterans Hospital Emergency Repair Act with our ranking member, the gentleman from Illinois (Mr. EVANS), and a number of our colleagues, including the gentleman from Kansas (Mr. MORAN).

We are concerned, Mr. Speaker, that the flow of appropriated funds for VA construction programs, at one time in the hundreds of millions of dollars every year, in recent years slowed to barely a trickle, and then bottomed out last year.

No funding was provided through the appropriations process for VA major construction in fiscal year 2001. However, as construction funding for veterans' hospitals and other medical facilities dried up, they continued to age. Hundreds of VA medical buildings are over 50 years old and have become run-down, substandard and, in some cases, unsafe.

Part of the reason funding has not been appropriated for construction projects has been the VA's Capital Assets Realignment for Enhanced Services, or CARES, initiative. CARES is expected to provide comprehensive planning for VA facilities across the country.

While the VA committee supports CARES, it is a phased process that could take 3 to 5 years to produce just the plans for some VA medical centers. Then it would take more time for projects to go forward through the authorization and the construction process.

Among these identified construction needs are some 67 VA buildings currently used by patients and staff that could be damaged or collapse in the event of an earthquake, including three

that suffered damage several weeks ago at the American Lake Medical Center in the State of Washington.

Mr. Speaker, I think my colleagues know the urgency we are talking about. Hopefully it is self-evident to all of us. Our Nation's veterans simply cannot wait any longer, the CARES process notwithstanding. They need our health care today, as well as tomorrow. As a country we have obligations to these men and women who have served in the military uniform and have done so with honor, and deferring these obligations is the same thing as not keeping those obligations.

Mr. Speaker, as chairman of the committee, I am going to do my best to see that our veterans have high-quality health care in modern, well-maintained, and safe buildings. All of our committee members are together on this.

H.R. 811, as amended, is an important step that would provide a temporary authority to the Secretary to set aside for 2 years existing authorization requirements. It would allow the Secretary some discretion to approve repair projects based on recommendations of the VA Capital Investments Board.

This legislation, frankly, would depart from current authorization practice by effectively eliminating congressional influence in deciding how this money should be spent. We call it an emergency because it is.

I know the media likes to sometimes focus on pork in bills we consider. We hope that the Secretary of Veterans Affairs will make the most meritorious choices, those facilities that need repairs the most. Again, that is why we call it an emergency repair act.

The major veterans' organizations, Mr. Speaker, testified in support of this bill at the Committee on Veterans' Affairs' legislative hearing on March 13 of this year. The administration supports the bill, so long as it aligns with the President's overall budget.

I am very pleased, Mr. Speaker, and encouraged that the proposed budget resolution that we begin debating later on today fully accommodates the amount of money that we anticipate will be required to do this work.

Mr. Speaker, I would like to thank again, as I did on the previous bill, my good friend and colleague, the gentleman from Illinois (Mr. EVANS) and his staff, and our staff, as well, for working in a bipartisan way in ensuring that this legislation meets the needs of our crumbling infrastructure.

Finally, just let me say, there have been studies done as to what we actually have in the inventory of the VA; the Pricewaterhouse study, for example, done a couple of years ago. They estimated that we have about \$35 billion worth of assets, and in order to keep those assets up and running and in fine shape, it would require about

\$700 million to \$1.4 billion a year. We have been nowhere near that amount. Hence, we have a crumbling infrastructure crying out for repair, crying out for the money, the down payment for which is contained in this legislation.

This is a modest bill, even though it is over half a billion dollars, a modest bill vis-a-vis the need, the unmet need, for repairing the physical infrastructure of the VA. If we want to care for veterans, if we want world-class health care for our veterans, we need the physical plant to accommodate that. This legislation takes us forward in that process.

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

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

Mr. Speaker, I rise in strong support for this piece of legislation. As an original cosponsor of it, I thank and commend the gentleman from New Jersey (Mr. SMITH) for his leadership on this issue.

I think this is about the 30th time today that the gentleman has been saluted, Mr. Chairman, and he deserves each and every one. We know what work he has put into this and his staff has put into this as we introduce the legislation. So we are really pleased that the gentleman has moved it quickly to the floor and has taken his leadership role.

The Veterans Hospital Emergency Repair Act provides an opportunity for needed construction of VA facilities to be completed in a more timely manner. I also want to thank the gentleman from Kansas (Mr. MORAN), the gentleman from California (Mr. FILNER), and the gentleman from Arkansas (Mr. SNYDER) for their important contributions to this legislation. This is a better bill because of their efforts.

The legislation addresses a serious problem. While the VA reviews facility needs for the future, there has been a virtual moratorium on major construction projects. The VA has 5,000 buildings that on average are 50 years old. Many of these facilities need substantial improvements to continue serving the needs of our veterans. Unfortunately, the de facto moratorium has placed veterans and VA employees at risk to just work in the hospital or to be a patient there.

H.R. 811 allows the VA to expedite selection, funding, and completion of smaller construction projects within certain guidelines developed by the committee. Prioritized projects will improve safety and support VA's capacity for the programs most important to its mission.

Mr. Speaker, clearly the House should support H.R. 811. I urge my colleagues to approve this measure.

Mr. Speaker, I rise in strong support of H.R. 811 and thank the gentleman from New Jersey, the Chairman of our Committee, for his leadership on this important legislation. As an

original cosponsor of the Veterans' Hospitals Emergency Repair Act, I believe this legislation provides for undertaking many existing VA construction needs in a more timely manner.

Because of the willingness of the Chairman to fully consider and accept a number of suggestions offered during Committee consideration of this legislation, this bill has been improved and perfected. Our Ranking Member on the Subcommittee on Health, BOB FILNER, recognized this measure as originally proposed might not enable VA to address the system's many needs for seismic corrections. As a result, the bill now before the House is intended to allow several of the more expensive seismic projects to be undertaken promptly. The Ranking Member of our Subcommittee on Oversight and Investigations, VIC SNYDER also identified the need to address research facility construction needs as research is integral to the VA's patient care mission. As reported, this measure now includes research facilities as candidates for emergency repair and construction activities.

This legislation addresses a serious problem confronting VA. While VA is undertaking a process to review its infrastructure needs for the future, known as CARES (Capital Asset Realignment for Enhanced Services), there has been a virtual moratorium on its major construction projects. In a system with 5,000 buildings that have an average age of 50, it is clear that too little investment in infrastructure has taken place in recent years. The effect of this de facto moratorium likely has placed veterans and VA employees at risk as buildings age and deteriorate without necessary renovation and fortification.

From my perspective, the current construction funding process has clearly had a dampening effect on both the quality and quantity of projects that have been routed through and recommended by the agency. As major construction funds have virtually evaporated, VA employees have recognized proposals they develop are unlikely to be funded—not because they lack merit—but because of the lack of availability of funds. I believe that the availability of designated funding will encourage more proposals from facilities, thereby enhancing the quality of projects from which VA may select.

The legislation we are considering today will allow VA to expedite selection, funding, and completion of "smaller" construction projects it believes are in the best interest of the system within certain guidelines developed by the Committee. The Committee has prioritized projects that will improve facilities' safety and barrier-free access and develop its capacity for the programs most integral to its mission—blind rehabilitation, programs for the seriously mentally ill, substance use disorder treatment, other rehabilitation, long-term care, amputation care, spinal cord injury, traumatic brain injury, and women's health. These categories are largely consistent with the priority VA's Capital Investment Board now assigns to various construction projects it reviews. Within these priorities, it will be possible for VA to choose a range of projects that need not be held up by completion of the CARES process.

I believe it is appropriate to delegate the selection of these projects to VA as an interim approach until the system has results from its

CARES process for a number of reasons. CARES will produce guidelines for restructuring system assets within market-basket areas—ultimately across the country. It is clear that some of the guidance it will produce will have significant implications for local markets, but some areas (those with only one VA medical center and high levels of acute workload) will be largely unaffected. VA also is aware of the areas (those in less populated areas whose mission has largely shifted to outpatient care and areas with more than one medical center) that may have some significant changes brought on by the CARES process. CARES may be a long-term project and projects must not be postponed indefinitely because of it.

While it is appropriate for the agency to make investments in locations that are likely to be less affected by the potential outcome of CARES, it is not appropriate to delay construction indefinitely awaiting the outcome of a process that may take a decade to complete. I am concerned that some networks, such as VISN 12, may be delaying any projects pending the outcome of the process there. I am hopeful there will be a reasonable proposal available for the Chicago area soon, however, options for this area have been considered for almost a decade. Viable construction projects, such as replacement of the badly deteriorated blind center at Hines, must be advanced to uphold safety standards and assure quality.

I understand that, within the guidelines of this legislation, the Department will have more authority. It is my hope that Headquarters use a centrally guided and administered process, such as the Capital Investment Board, to select those projects it believes best advance the mission of the agency overall. It should not be a process which allocates funds to networks for use at the directors' discretion. We have seen, on too many occasions that allocation of funds requested by the agency for special initiatives, such as waiting times or Hepatitis C, may not be used for these purposes.

Any construction planning exercise inevitably leads to the question of mission. What should VA be doing now and in the future? To be sure, the veterans' health care system has undergone many changes in the last few years—some reflect better practices from the private sector; some have redefined long-standing VA programs, such as mental health and long-term care, throughout the system, and perhaps not for the better.

To the extent that construction planning and the CARES process do not adequately "maintain the capacity" of VA's long-term care programs and services for veterans with special disabilities, I believe VA's planning outcomes will continue to face opposition from Congress and the veterans who have come to rely upon VA for its health care services. We cannot turn back the clock on these services, but we must ensure that adequate resources are available to meet veterans' needs—if not on an inpatient basis than in the community or home.

I have heard from one network director who believes it is not his responsibility to "maintain capacity". Unfortunately, it is evident from the October 2000 Capacity Report that he is not alone in believing that the maintenance of capacity does not apply to him. The report shows that VISNs 3 and 21 have not main-

tained capacity in the number of patients they treat for spinal cord injury. VISNs 3 and 22 have significantly reduced their blind rehabilitation workloads. Only a few networks have bolstered traumatic brain injury workloads or dollars.

I am most concerned about VA's substance abuse treatment capacity for mentally ill patients. It's not just about dollars which are overall 64 percent of the funds spent for these services in FY 1996. Very few networks treated as many individuals with serious mental illnesses for substance use disorders in fiscal year 1999 as in fiscal year 1996. This disturbing trend must be reversed now.

I am also concerned about long-term care capacity. There is no question that VA has closed a number of its nursing home beds in recent years and diverted the mission of many others to subacute or rehabilitative care. VA is in the process of identifying measures that indicate its maintenance of capacity. VA long-term care programs have been considered one of its finest activities. If VA is to be responsive to veterans needs and not just duplicate services that may already be available to them in the private sector, it must continue to make these services a priority in its infrastructure and resource utilization plans.

Mr. Speaker, there is clearly a need for approving H.R. 811 to begin to facilitate addressing some of many existing infrastructure needs within VA. I am pleased to recommend to this body the approval of the Veterans' Hospitals Emergency Repair Act.

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

Mr. SMITH of New Jersey. Mr. Speaker, I yield such time as he may consume to the gentleman from Kansas (Mr. MORAN), the distinguished chairman of our Subcommittee on Health.

Mr. MORAN of Kansas. Mr. Speaker, I would like to express my gratitude to the chairman of the committee, the gentleman from New Jersey (Mr. SMITH); our ranking member, the gentleman from Illinois (Mr. EVANS); and the gentleman from California (Mr. FILNER), our ranking member of the Subcommittee on Health Care, for their leadership on this legislation.

The Veterans Hospital Emergency Repair Act is very much a bipartisan measure. Health care for our American veterans is a high priority for this Congress, and that is demonstrated by this legislation being on the floor so early in this Congress.

Presenting this bill and the earlier benefit measure, H.R. 801, prior to our spring district work period shows we are dedicated to attempting to do what is right for America's veterans and doing it early in this Congress.

H.R. 811 provides us a map out of the forest, authorizing the VA to improve and upgrade veterans' hospitals with smaller projects while the VA and Congress decide the larger question about what to do for veterans' facilities in the longer term. We should not halt facility maintenance and improvements while the VA takes several years to come to decisions on redeployment of old VA facilities.

A variety of factors have combined to result in a de facto moratorium on VA medical facility construction. Last year only one project was proposed, and no projects were funded. As the gentleman from New Jersey (Chairman SMITH) indicated, the Committee on the Budget has supported the committee's underlying basis of this bill. Two of the members of our Committee on Veterans' Affairs sit on the Committee on the Budget, the gentleman from Florida (Mr. CRENSHAW) and the gentleman from South Carolina (Mr. BROWN). The Committee on Veterans' Affairs appreciates their support for this measure within the deliberations of the Committee on the Budget.

The key components of H.R. 11 are, it authorizes the Secretary of Veterans Affairs to carry out major medical facility maintenance and rehabilitation projects during the next 2 years, and authorizes appropriations of \$250 million in the fiscal year 2002 and \$300 million in fiscal year 2003 for those purposes.

This bill also authorizes the Secretary to select patient care projects and, in certain circumstances, VA research facilities for such construction under this authority, not to exceed \$25 million for any single project, with the exception that the Secretary could authorize up to \$30 million for two seismic correction projects.

This legislation limits the types of projects that could be funded under the authority to those that would improve, replace, renovate, or update facilities, including research facilities, for patients' safety, seismic protection, improvements, and accommodations for those with disabilities.

The Secretary would be authorized to improve the various high-priority specialty disability programs within the Department, such as spinal cord, blind rehabilitation, traumatic brain injury, programs for seriously mentally ill. These veterans also deserve decent and upgraded facilities.

This legislation requires the Secretary to consider recommendations to the VA Independent Board that reviews capital investment proposals in selecting projects under the Secretary's authority.

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And this legislation permits the Secretary to use Advanced Planning Funds to design programs selected by him under the purposes of this bill.

Mr. Speaker, this bill provides for accountability. It requires the Secretary and the Comptroller General to report to Congress the projects selected under this authority, their purposes and their costs and the results of the authorization process and recommendations for amending or extending that authority so that Congress will have full opportunity to watch what the VA does with this new authority.

Again, let me thank the gentleman from New Jersey (Mr. SMITH), chairman of the Committee on Veterans' Affairs, for his leadership and compliment his assertiveness in the Committee on Veterans' Affairs.

Mr. Speaker, the new Committee on Veterans' Affairs is making a good start in the 107th Congress under the gentleman's leadership.

Mr. Speaker, I also look forward to working closely with the gentleman from New Jersey (Mr. SMITH) and the gentleman from Illinois (Mr. EVANS), ranking member of the Committee on Veterans' Affairs, and also to the gentleman from California (Mr. FILNER), the ranking member on the Subcommittee on Health in advancing VA health care in the 107th Congress.

Mr. EVANS. Mr. Speaker, I yield 3 minutes to the gentleman from California (Mr. FILNER).

Mr. FILNER. Mr. Speaker, I thank the gentleman from Illinois (Mr. EVANS) for yielding the time to me.

Mr. Speaker, I rise today also in support of the Veterans Hospital Emergency Repair Act. I, too, want to thank the gentleman from New Jersey (Mr. SMITH), Chairman of the Committee on Veterans' Affairs, and the gentleman from Illinois (Mr. EVANS), the ranking member, and the gentleman from Kansas (Mr. MORAN), chairman of the Subcommittee on Health, for their leadership in developing what I think is a very important bill.

Mr. Speaker, I particularly want to thank the gentleman from New Jersey (Mr. SMITH) for supporting a provision that I strongly advocated to allow more seismic correction projects to be completed.

VA's Capital Investment Board has given the San Diego VA Medical Center one of its highest priorities for funding in the fiscal year 2000, but this project and many other seismic projects have exceeded the threshold the original bill would have authorized.

Mr. Speaker, I am pleased that the amendment on the floor today allows the Secretary of Veterans Affairs to identify four seismic projects that exceed the \$25 million threshold by as much as \$5 million and use this authority to address them in fiscal years 2002 and 2003.

The damage sustained, Mr. Speaker at the VA Puget Sound Health Care system in Seattle, Washington recently reminds many of us of the risk and disruption that VA staff and veterans using VA services may experience as a result of an earthquake. Sadly, we were also reminded of the tragedy experienced back in 1971, when 46 VA patients lost their lives during the San Fernando earthquake.

The VA has identified more than 60 projects that require seismic fortification. We cannot continue to turn our heads while VA patients and employees are in harm's way. The damage sus-

tained at Puget Sound might typify the type of damage we would see up and down the West Coast in the event of seismic activities, at Palo Alto, at Long Beach, at San Francisco, at West Los Angeles and, of course, at San Diego. San Diego's VA Medical Center requires new exterior bracing and enhancements to the existing seismic structures. The costs of not completing these projects, Mr. Speaker, may be measured in lives, rather than in dollars.

Again, I would like to thank the gentleman from New Jersey (Mr. SMITH) and the gentleman from Illinois (Mr. EVANS) and the gentleman from Kansas (Mr. MORAN) for working on this much-needed legislation.

Mr. Speaker, I urge all of my colleagues to vote for H.R. 811.

Mr. SMITH of New Jersey. Mr. Speaker, I yield such time as he may consume to the gentleman from Florida (Mr. BILIRAKIS).

Mr. BILIRAKIS. Mr. Speaker, and I, again, want to thank the gentleman from New Jersey (Mr. SMITH) for yielding the time to me.

Mr. Speaker, I also want to, along with the others, recognize the leadership of the gentleman from New Jersey (Mr. SMITH) for advancing this bill to final passage so early in our new Congress, along with, of course, the gentleman from Kansas (Mr. MORAN), chairman of the Subcommittee on Health, who has been ill and had to go out of his way to get here in time to speak here today.

Mr. Speaker, the Committee on Veterans' Affairs looks to the Capital Asset Realignment for Enhanced Services, which we fondly refer to as CARES as a map for restructuring VA capital facilities and to enhance services to veterans. That is good, Mr. Speaker.

In fact, my colleagues may recall that VA's CARES program was developed as an adaptation of early language in one of our bills, H.R. 2116, in the last Congress.

CARES should eventually reach all the major facilities, but some VA medical centers are not going to have the benefit of the results of these studies any time soon. VA has a list of patient care and research buildings that need upkeep, replacement, restoration and modernization. Some of these projects are shown in our bill report filed yesterday, which we know that VA is doing some of its heavy maintenance work by using minor construction and maintenance accounts, but funds Congress appropriates for small-scale maintenance and routine upkeep should not be bundled and used to support major construction requirements.

VA spending is still a "zero sum gain" and in the long run managing this way poorly serves veterans and VA. Even with such creative juggling of accounts, VA is falling behind. Many

of VA's 4,700 patient-care buildings with a "present replacement value" of \$35 billion, according to one report, are outdated. Frankly, some are beginning to look a bit threadbare, inefficient and very crowded. But it is more than the mere cosmetics, Mr. Speaker. As the gentleman from New Jersey (Mr. SMITH) pointed out, dozens of VA buildings currently in use could be damaged or even collapse in the event of an earthquake.

The Veterans Hospital Emergency Repair Act, the bill we are discussing here today, is an acknowledgment that much of the VA health care system is showing its age. The flow of appropriated funds for VA's construction programs, at one time in the hundreds of millions of dollars every year, has slowed to barely a trickle.

H.R. 811 would provide a temporary authority to the Secretary by setting aside for 2 years the existing Congressional authorization requirements. It would allow the Secretary to approve repair projects based on recommendations of VA's independent Capital Investments Board.

The bill provides strong guidance to the Secretary to give priority to projects that improve, restore, replace, and repair patient care facilities, facilities housing VA's special programs, facilities needed by VA's women patients and facilities that are at risk of seismic failure or other dangers, including VA's research facility.

Mr. Speaker, the Committee on Veterans' Affairs has concluded that VA has urgent construction needs that are not being met. Reported conditions at various VA medical centers tell the story best, crowded and inadequate treatment areas, unsafe conditions that impact quality of care, lack of maintenance and improvements and patient care buildings that clearly need seismic corrections for patients' and staff safety.

The bipartisan bill that we consider today authorizes VA to identify and remedy some of the most serious problems so that quality and safety may be maintained, or if need be, restored.

Mr. EVANS. Mr. Speaker, I yield 3 minutes to the gentleman from Texas (Mr. RODRIGUEZ).

Mr. RODRIGUEZ. Mr. Speaker, I just rose on the previous measure to stress the importance of improving educational, burial, and outreach programs for the departing service members, veterans, and their dependents.

There exists another matter which deserves our immediate attention, the state of our patient care facilities in the VA health care system.

The Veterans Hospital Emergency Repair Act authorizes \$550 million over the next 2 years for major VA medical facility construction projects.

The Secretary of the Veterans Affairs will be given discretionary authority to improve, repair and renovate dilapidated patient care facilities, including some research centers.

To ensure that the process selecting these construction projects does not get caught up in politics, I am pleased also to see the accountability provisions that have been placed into effect.

The Secretary will be required to submit reports to Congress detailing which projects were funded and the criteria used to select these projects for funding purposes.

There is no doubt that H.R. 811 is only a short-term solution to improving the VA infrastructure, which in this case is 50 years old. As the veterans' population gets older, their long-term health care needs become even more acute.

It is imperative that the VA hospitals and the clinics be maintained to provide the quality of care our veterans need and deserve. Congress, therefore, must make a long-term financial commitment to address the VA construction and renovation needs.

This is a first step. And I know we all recognize the importance of this step, but we also recognize how much farther we need to go.

Mr. Speaker, and I want to take this opportunity in closing to congratulate the gentleman from New Jersey (Mr. SMITH), chairman of the Committee on Veterans' Affairs, on his efforts; and I know, in quoting the gentleman, that the infrastructure is crumbling, and there is need for more resources.

I look forward to continuing to working with the chairman and also the gentleman from Illinois (Mr. EVANS), the ranking member on the Committee on Veterans' Affairs, as well as the gentleman from California (Mr. FILLNER) and the gentleman from Kansas (Mr. MORAN) on their efforts.

Mr. SMITH of New Jersey. Mr. Speaker, I yield 3 minutes to the gentleman from New York (Mr. GILMAN), a good friend.

Mr. GILMAN. Mr. Speaker, I thank the gentleman from New Jersey (Mr. SMITH) for yielding me the time.

Mr. Speaker, I am pleased to rise today in strong support of H.R. 811, the Veterans Hospital Emergency Repair Act, and I urge my colleagues to join in full support of this important legislation.

Mr. Speaker, I want to commend the gentleman from New Jersey (Mr. SMITH) our distinguished Chairman of the Committee on Veterans' Affairs, and the gentleman from Illinois (Mr. EVANS), the ranking minority member on the Committee on Veterans' Affairs, for bringing this measure to the floor at this time.

This bill authorizes \$250 million in fiscal year 2002, \$300 million in fiscal year 2003 to the Department of Veterans Affairs for major long overdue medical facility construction projects.

Furthermore, it authorizes our VA Secretary to select patient-care projects for construction, which are not to exceed \$25 million for any one

project. The VA's Secretary is also authorized to improve the various high-priority special disabilities programs, which is so urgently needed.

Over the last few years, the VA has found it increasingly difficult to obtain funding to update, to modernize, and repair its medical facilities as they treat a record number of veterans who are using the veterans medical facilities throughout the Nation. In order to address this problem, the VA initiated the Capital Assets Realignment for Enhanced Services, CARES, study to see how best VA services could be enhanced. However, this study is not going to be completed for several years and will not be able to enhance the VA budget for fiscal year 2002.

Recent annual budgets for VA health care have had little or no funding for major medical construction projects. Only one such project was requested in fiscal year 2001, and no funds were appropriated by the Congress for this period, despite the fact that \$115.9 million was authorized for construction efforts.

Mr. Speaker, it is critical that we act swiftly to address the immediate funding shortage within the VA for capital construction projects. Accordingly, for that reason, I strongly support this bill and I urge its immediate passage.

Mr. Speaker, I want to thank the gentleman from New Jersey (Mr. SMITH) for bringing it to the floor at this time.

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

Mr. SMITH of New Jersey. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. CUNNINGHAM).

Mr. CUNNINGHAM. Mr. Speaker, I rise in strong support of H.R. 811, and I am happy to see it is in a bipartisan fashion. It is so much more to come to the well when we are not throwing slings and arrows at each other.

Secretary Principi is from San Diego, and he knows full well the problems we have with seismic problems in the State of California. This will go a long way, but I would like to thank the gentleman from New Jersey (Mr. SMITH), chairman of the Committee on Veterans' Affairs and the gentleman from Illinois (Mr. EVANS), the ranking member for working on this bill.

Mr. Speaker, I would also have a plea to my colleagues that subvention for our veterans TRICARE are merely still Band-Aids, especially if you live in a rural area. I feel that if we work on an FEHBP bill that gives access to all veterans, it will be much better off.

Since I am not on the committee, I would also like to speak to the gentleman from New Jersey (Mr. SMITH) that we once had a male-dominated military force, and since then, it is men and women, especially women at a much higher rate, which means our facilities need to be upgraded with the increased number of women serving in

our Armed Forces that are retiring; that health care is important and there is especially needs to that.

I would like to mention one other area that I hope the committee addresses. Over 50 years ago, and I think this is also in a bipartisan fashion, General MacArthur promised our fellow Filipino Americans they would have health care. That promise has not been held.

My colleagues on both sides of the aisle are working currently with Filipino health care from a time of Corregidor and Baguio when they gave their lives for the Filipino Islands and for the United States and their service to the United States, I think it is fair time that we bring that forward.

There is other things that help them, Impact Aid, COLAs for the veterans in active duty and a partnership that we have in San Diego where the Children's Hospital with UCSD working with our current VA medical facility, those kinds of things are helping, but I still feel, Mr. Speaker, we still have a long way to go in supplying and providing our veterans with adequate health care.

Mr. SMITH of New Jersey. Mr. Speaker, I yield myself such time as I may consume.

First of all, let me just again thank the gentleman from Illinois (Mr. EVANS) and all the Members who have helped fashion this legislation.

I especially want to thank our staff: Pat Ryan, our general counsel and staff director; Kingston Smith; Jeannie McNally; Darryl Kehrer; Paige McManus; John Bradley; Sarah Shigley; Michael Durishin; Debbie Smith; Todd Houchins; Beth Kilker; Susan Edgerton; Mary Ellen McCarthy; Sandra McClellan; and Jerry Tan. I hope I did not miss anybody, but it really does make a difference to have staff and Members working so well together.

These two pieces of legislation, in all candor, would not be possible without the good work of our very professional staff, and I want to thank them very deeply; all the veterans are better served because of the expertise, as well as the compassion of our staff. I want to thank them for their work.

Mr. CRENSHAW. Mr. Speaker, I rise in strong support of two important bills under consideration today, both of which are important to maintaining our commitment to our nation's veterans.

The first, the Veterans' Opportunities Act makes great strides in improving the benefits we provide to veterans. Whether they are for disability or housing or education or burial, these benefits are but a small token of the gratitude that we owe them for their service to our nation. H.R. 801 runs the gamut of these programs, addressing inadequacies in pensions and transitional programs, education and work-study programs, and burial and funeral allowances.

By maintaining good benefits, Mr. Speaker, we also help our armed services to recruit and

retain the very best. We must never forget that for all the expensive weaponry and high-tech gadgetry, the men and women who wear the uniforms are the backbone of our military.

In that respect, perhaps the most important provision of this bill is one that makes retroactive an increase in the maximum annuity available to servicemembers' families through the Servicemembers' Group Life Insurance (SGLI). Though this increase was signed into law on November 1, 2000, the effective date of this increase is not until April 1, 2001. Regrettably, for many of our servicemembers and families—most notably, the 21 National Guard members killed in a plane crash earlier this month, the 17 sailors killed in the terrorist bombing of the U.S.S. *Cole*, and personnel lost in training accidents in Hawaii and Kuwait—this is too late.

For all these reasons, I urge my colleague to support H.R. 801. But, I also rise in strong support, Mr. Speaker, of the second veterans' bill on the floor today, the Veterans' Hospital Emergency Repair Act.

The Veterans' Health Administration operates the largest federal health care delivery system in the country with 172 medical centers, 409 domiciliaries, 132 nursing homes, and 829 outpatient clinics. In 1999, these providers treated 3.6 million veterans.

Just as our veterans have been aging, so too has the infrastructure this grateful nation established to care for them. So many of the hospitals and facilities to which these veterans must go for care are simply unsafe or clearly distressed. We must not sacrifice the health and welfare of our veterans in such facilities.

The Veterans' Hospital Emergency Repair Act would complement an ongoing review within the Veterans' Health Administration, the Capital Asset Realignment for Enhanced Services (CARES). To borrow a phrase from the President's address to Congress last month: Our veterans health vision should drive our veterans health budget.

Congress made an informed decision in its last session to move the veterans' health system into the 21st century by enacting the Veterans' Millennium Health Care and Benefits Act. CARES, is a realistic way to determine how we move from the old system of medicine that revolved around hospital-based care to the new which relies upon outpatient and community-based care without sacrificing quality and without sinking dollars into infrastructure that we can reasonably expect to fall by the wayside. H.R. 811 can help to make that happen.

Mr. Speaker, I want to thank Veterans' Committee Chairman CHRIS SMITH and Ranking Member, LANE EVANS, for their leadership in moving both H.R. 801 and H.R. 811 to the floor so quickly. I urge my colleagues to support both these bills.

Mr. REYES. Mr. Speaker, as an original co-sponsor and strong supporter of H.R. 811, the Veterans Hospital Emergency Repair Act, I am pleased that this bill is being considered today. Like any large organization, the Department of Veterans Affairs has many facilities which, as they age, require periodic repairs to assure that patients are cared for in an appropriate, safe, accessible setting.

Our Nation's veterans need to be assured that their care will not be jeopardized because

funds are not available to make necessary and appropriate emergency repairs. This bill will provide that assurance.

I thank Chairman SMITH and our Ranking Democratic Member Mr. EVANS, as well as the Chairman and Ranking Democratic Member of the Subcommittee on Health, Mr. MORAN and Mr. FILNER for this timely bill. I urge my colleagues to support it.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise today in support of H.R. 811, Veteran's Emergency Hospital. This legislation cures a shortfall in funding that should have been allocated to veterans last year.

No funding was provided through the appropriation process for Veterans Affairs Department (VA) major construction in FY 2001, despite Congress having authorized \$116 million for four major projects. This occurred partly because the appropriators chose to wait for the VA's "Capital Assets Realignment for Enhanced Services," or CARES initiatives, to deliver a plan for alternative uses of un-needed VA facilities. That plan, however, may take a number of years to complete. In the meantime, the VA is funding its building projects by using the minor-construction, minor-miscellaneous and non-recurring maintenance accounts.

H.R. 811 basically authorizes as much as \$250 million in fiscal year 2002 and \$300 million in fiscal year 2003 to fund various major medical facility construction projects. The measure actually authorizes the VA to select patient care projects for construction and cap project costs at \$25 million for any single project, except for seismic corrections. The bill specifies that the authorized funds should improve, replace, renovate or update facilities, including research facilities that need to be upgraded.

The measure also requires the VA to consider recommendations of the department's independent board for capital investments in selecting projects; to permit it to use the Advance Planning Fund to design projects selected under this bill; and requires the VA and the General Accounting Office to report to Congress on projects selected under the new authority, their purposes and costs, the results of the authorization process, and recommendations for changing this authority as needed.

I urge my colleagues to support the legislation.

□ 1515

Mr. SMITH of New Jersey. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. BASS). The question is on the motion offered by the gentleman from New Jersey (Mr. SMITH) that the House suspend the rules and pass the bill, H.R. 811, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. SMITH of New Jersey. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

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

GENERAL LEAVE

Mr. SMITH of New Jersey. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 811, as amended.

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

There was no objection.

REPORT OF CORPORATION FOR PUBLIC BROADCASTING, CALENDAR YEAR 2000—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, without objection, referred to the Committee on Energy and Commerce:

To the Congress of the United States:

Pursuant to section 19(3) of the Public Telecommunications Act of 1992 (Public Law 102-356), I transmit herewith the report of the Corporation for Public Broadcasting covering calendar year 2000.

GEORGE W. BUSH.
THE WHITE HOUSE, March 27, 2001.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12 of rule I, the Chair declares the House in recess until approximately 4 p.m.

Accordingly (at 3 o'clock and 16 minutes p.m.), the House stood in recess until approximately 4 p.m.

□ 1602

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. PETRI) at 4 o'clock and 2 minutes p.m.

PROVIDING FOR EXPENSES OF CERTAIN COMMITTEES OF THE HOUSE OF REPRESENTATIVES IN THE ONE HUNDRED SEVENTH CONGRESS

Mr. NEY. Mr. Speaker, I ask unanimous consent that it be in order at any time on the legislative day of March 27, 2001, without intervention of any point of order, to consider House Resolution 84; that the resolution be considered as