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House of Representatives

VETERANS PROGRAMS EXTENSION ACT OF 2006

HON. BOB FILNER

OF CALIFORNIA
IN THE HOUSE OF
REPRESENTATIVES

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

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

The Chair recognizes the gentleman from South Carolina.

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

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

As in H.R. 6314, the bill would reauthorize health care services for veterans exposed to chemical and biological testings under Project 112 and SHAD, and extends treatment and rehabilitation programs for seriously mentally ill and homeless veterans until December 31, 2007. The bill also extends VA grants and per diem programs for homeless veterans until September 30, 2007. Further, it would extend until December 31, 2007 VA's Advisory Committee on Homeless Veterans, and a program to provide government markers for veterans interred in private cemeteries.

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

Mr. Speaker, section 3 of the legislation contains provisions to authorize VA to provide educational benefits under chapter 35 to spouses and dependent children of severely injured service members prior to the member's discharge. These are service members who, in

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

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

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

Finally, the bill makes technical and clerical amendments to title 38, and codifies the payment

amount of the already enacted Veterans Disability Compensation COLA.

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

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

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

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

December 5, 2006.

Hon. *Steve Buyer,*

*Chairman, Veterans' Affairs Committee,
Washington, DC.*

Hon. *Lane Evans,*

*Ranking Member, Veterans' Affairs Committee,
Washington, DC.*

Dear Chairman Buyer and Ranking Member Evans: On behalf of American veterans and all those who struggle with the effects of multiple sclerosis (MS) and Parkinson's disease (PD), we appreciate your strong leadership in protecting the Veterans Affairs Multiple Sclerosis Centers of Excellence (MSCoE) and Parkinson's Disease Research, Education and Clinical Centers (PADRECCs). We commend you for working to enact legislation that will formally establish the MSCoEs and PADRECCs for the first time in statute. We believe that this bill must be enacted to ensure that the PADRECCs and MSCoEs will

continue providing valuable services to veteran patients, family members, and the entire Parkinson's disease and MS communities.

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

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

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

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

Amy C. Comstock,
Chief Executive Officer, Parkinson's Action Network.

Joyce Nelson,
President and CEO, National Multiple Sclerosis Society.

Thomas R. Swift, MD, FAAN,
President, American Academy of Neurology.

Carl Blake,
Acting National Legislative Director, Paralyzed Veterans of America.

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

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

As we have heard, this bill before us today permanently establishes VA's Parkinson's Disease Centers and VA's Multiple Sclerosis Centers of Excellence. The work of these centers has benefited more than 80,000 veterans across our Nation. I am proud that the VA medical facility in San Diego, which I represent, is affiliated with the VA's Southwestern Parkinson's Research Center in Los Angeles. Not only do

these centers conduct groundbreaking research, they also advance the State's clinical and rehabilitative care. The innovations and rehabilitation designed for veterans who are battling chronic disorders may also yield gains and care for veterans with traumatic brain injury. The good work of these centers must continue. Through this legislation we are sending a clear signal that the VA must continue to fund and support the clinical and the research work done at all the existing centers.

In addition, this bill authorizes VA programs for homeless veterans and veterans who need mental health care. I am proud and I am also grateful that this legislation will help the families of these very severely wounded service members by providing education benefits to eligible spouses and dependent children before these service members are actually released from military service. The bill also gives urgently needed authorization for VA outpatient clinics across the Nation.

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

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

to the maintenance and repair of their buildings. As a result, veterans access to needed services suffers, and VA staff is stretched even more thin in providing quality care.

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

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

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

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

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

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

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

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

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

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

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

Mr. Speaker, this legislation is a product of negotiation between the House and Senate and

includes several key provisions already passed by this body and agreed to by the other body.

Mr. Speaker, Chairman *Buyer* asked me to share his appreciation for the hard work of the subcommittee chairmen, Mr. *Boozman*, Mr. *Bilirakis*, and Mr. *Miller*, and the ranking members of the committee, Ms. *Herseth*, Ms. *Berkley*, Mr. *Michaud* and Mr. *Strickland* during these negotiations and this Congress.

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

I also want to recognize the leadership and cooperation of the acting ranking member, Mr. *Filner*, and of the ranking member Mr. *Evans*.

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

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

GENERAL LEAVE

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

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

There was no objection.

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

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

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

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

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

I am pleased that the bill includes the provision championed by our retiring ranking member, **LANE EVANS**, whom Mr. *Filner* spoke so glowingly of, which authorizes specialized VA facilities for research and treatment of Parkinson's disease. This issue is particularly important to all of us because it is of particular importance to Mr. *Evans*.

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

Veterans in my Las Vegas district benefit from the affiliation that Las Vegas VA facilities have with the Southwestern PADRECC, which provides treatment for Parkinson's disease and is

located at the West Los Angeles VA Medical Center.

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

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

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

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

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

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

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

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

This legislation also puts VA specialized programs for homeless veterans on a more secure footing. I am proud that this Congress is acting to extend the soon-to-expire authorization of VA's grants and per diem program for homeless veterans. Extending these authorizations until the end of 2007 is an important step, but is not enough.

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

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

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

Today is a bittersweet day because it may mark the end of an era. This may be the last veterans

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

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

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

It is troubling that some 73,000 of our returning veterans who have come home to VA for medical care have received an initial diagnosis of a mental health disorder, and I am concerned that VA appears to want to deny that its veterans centers and medical facilities are straining to meet the needs of these veterans. Many are calling traumatic brain injury the signature wound of this war. Veterans with TBI and their families deserve state-of-the-art care from the VA.

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

bill must be revamped and updated to meet the needs of current veterans.

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

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

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

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

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

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

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

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

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

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

The Congressional Working Group on Parkinson's Disease learned earlier this year that the Centers' existence was in jeopardy—seriously threatening the institutions' valuable research, education, and clinical care programs that benefit all Americans affected by Parkinson's disease.

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

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

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

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

As a former Marine, Ranking Member on the VA Committee, and person battling Parkinson's disease, Representative **LANE EVANS** has a strong sense of mission about providing the

highest standards of care for both constituencies. I commend the PADRECCs for doing just that.

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

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

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

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

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

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

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

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

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

A motion to reconsider was laid on the table.