Missouri, Ms. SCHAKOWSKY, and Ms. LINDA T. SÁNCHEZ of California changed their vote from ''yea'' to ''nay.''

Messrs. BLUMENAUER, CARDOZA, RUSH, Mrs. NAPOLITANO, and Mrs. JONES of Ohio changed their vote from ''nay'' to ''yea.''

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Mr. AKIN. Mr. Speaker, on Wednesday, the 29th of October, I was involved in a briefing with the Central Intelligence Agency. As a consequence, I was unavoidably detained and could not cast a vote for H. Res. 417. Had I been present at the time of the vote, I would have voted in the affirmative.

WAIVING POINTS OF ORDER AGAINST CONFERENCE REPORT ON H.R. 2691, DEPARTMENT OF THE INTERIOR AND RELATED AGENCIES APPROPRIATIONS ACT, 2004

The SPEAKER pro tempore. The pending business is the question of agreeing to the resolution, House Resolution 418, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the resolution.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 289, nays 136, not voting 9, as follows:

[Roll No. 575]

YEAS—289

Aderholt	Cannon	Feeney	Israel	Moran (KS)	Schiff
Akin	Cantor	Ferguson	Issa	Murphy	Schrock
Alexander	Capito	Flake	Istook	Murtha	Scott (GA)
Baca	Cardin	Foley	Jackson-Lee (TX)	Musgrave	Scott (VA)
Bachus	Cardoza	Forbes	Janklow	Myrick	Sensenbrenner
Baker	Carter	Fossella	Jenkins	Nethercutt	Sessions
Ballenger	Case	Franks (AZ)	John	Neugebauer	Shadegg
Barrett (SC)	Castle	Frelinghuysen	Johnson (CT)	Ney	Shaw
Bartlett (MD)	Chabot	Gallegly	Johnson (IL)	Northup	Shays
Barton (TX)	Chocola	Garrett (NJ)	Johnson, Sam	Norwood	Sherwood
Bass	Coble	Gerlach	Jones (NC)	Nunes	Shimkus
Beauprez	Cole	Gibbons	Kanjorski	Nussle	Shuster
Bereuter	Collins	Gilchrest	Keller	Oberstar	Simmons
Berkley	Cox	Gillmor	Kelly	Olver	Simpson
Berry	Cramer	Gingrey	Kennedy (MN)	Osborne	Skelton
Biggert	Crane	Goode	King (IA)	Ose	Smith (MI)
Bilirakis	Crenshaw	Goodlatte	King (NY)	Otter	Smith (NJ)
Bishop (GA)	Crowley	Gordon	Kingston	Oxley	Smith (TX)
Bishop (UT)	Cubin	Goss	Kirk	Pastor	Snyder
Blackburn	Culberson	Granger	Kline	Paul	Souder
Blunt	Cunningham	Graves	Knollenberg	Pearce	Spratt
Boehlert	Davis (AL)	Green (TX)	Kolbe	Pence	Stearns
Boehner	Davis (CA)	Green (WI)	LaHood	Peterson (MN)	Stenholm
Bonilla	Davis (FL)	Greenwood	Larsen (WA)	Peterson (PA)	Sullivan
Bonner	Davis (TN)	Gutknecht	Larson (CT)	Petri	Sweeney
Bono	Davis, Jo Ann	Hall	Latham	Pickering	Tancredo
Boozman	Davis, Tom	Harris	LaTourette	Pitts	Tauzin
Boucher	Deal (GA)	Hart	Leach	Platts	Taylor (NC)
Boyd	DeLay	Hastings (WA)	Lewis (CA)	Pombo	Terry
Bradley (NH)	DeMint	Hayes	Lewis (KY)	Pomeroy	Thomas
Brady (PA)	Diaz-Balart, L.	Hayworth	Linder	Porter	Thornberry
Brady (TX)	Diaz-Balart, M.	Hefley	LoBiondo	Portman	Tiahrt
Brown (SC)	Dicks	Hensarling	Lowey	Pryce (OH)	Tiberi
Brown, Corrine	Doolittle	Herger	Lucas (KY)	Putnam	Toomey
Brown-Waite, Ginny	Doyle	Hobson	Lucas (OK)	Quinn	Turner (OH)
Burgess	Dreier	Hoeffel	Majette	Radanovich	Turner (TX)
Burns	Duncan	Hoekstra	Manzullo	Ramstad	Udall (NM)
Burr	Dunn	Holden	Marshall	Regula	Upton
Burton (IN)	Ehlers	Hostettler	McCarthy (NY)	Rehberg	Visclosky
Buyer	Emerson	Hulshof	McCotter	Renzi	Vitter
Calvert	English	Hunter	McCrery	Reynolds	Walden (OR)
Camp	Everett	Hyde	McHugh	Rogers (AL)	Walsh
	Fattah	Isakson	McInnis	Rogers (KY)	Wamp
			McKeon	Rogers (MI)	Weldon (FL)
			Meehan	Rohrabacher	Weldon (PA)
			Meek (FL)	Ros-Lehtinen	Weller
			Mica	Rothman	Whitfield
			Miller (FL)	Royce	Wicker
			Miller (MI)	Ruppersberger	Wilson (NM)
			Miller (NC)	Ryan (WI)	Wilson (SC)
			Miller, Gary	Ryun (KS)	Wolf
			Mollohan	Sabo	Wynn
			Moore	Sandlin	Young (AK)
				Saxton	Young (FL)

NAYS—136

Abercrombie	Harman	Millender-McDonald	Van Hollen	Watt	Woolsey
Ackerman	Hastings (FL)	Miller, George	Velazquez	Waxman	Wu
Allen	Hill	Moran (VA)	Waters	Weiner	
Andrews	Hinchey	Nadler	Watson	Wexler	
Baird	Hinojosa	Napolitano			
Baldwin	Holt	Neal (MA)			
Ballance	Honda	Obey			
Becerra	Hooley (OR)	Ortiz			
Bell	Hoyer	Owens			
Berman	Inslee	Pallone			
Bishop (NY)	Jackson (IL)	Pascrell			
Blumenauer	Jefferson	Payne			
Boswell	Johnson, E. B.	Pelosi			
Brown (OH)	Jones (OH)	Price (NC)			
Capps	Kaptur	Rahall			
Capuano	Kennedy (RI)	Rangel			
Carson (IN)	Kildee	Reyes			
Carson (OK)	Kilpatrick	Rodriguez			
Clay	Kind	Ross			
Clyburn	Kleczka	Roybal-Allard			
Cooper	Kucinich	Rush			
Costello	Langevin	Ryan (OH)			
Cummings	Lantos	Sanchez, Linda T.			
Davis (IL)	Lee	Sanchez, Loretta			
DeFazio	Levin	Sanders			
DeGette	Lewis (GA)	Schakowsky			
DeLauro	Lipinski	Serrano			
Deutsch	Lofgren	Sherman			
Dingell	Lynch	Slaughter			
Doggett	Maloney	Smith (WA)			
Edwards	Markey	Solis			
Emanuel	Matheson	Stark			
Engel	Matsui	Strickland			
Eshoo	McCarthy (MO)	Tanner			
Etheridge	McCollum	Tauscher			
Evans	McDermott	Taylor (MS)			
Farr	McGovern	Thompson (CA)			
Filner	McIntyre	Thompson (MS)			
Ford	McNulty	Tierney			
Frank (MA)	Meeks (NY)	Towns			
Frost	Menendez	Udall (CO)			
Gonzalez	Michaud				
Grijalva					

NOT VOTING—9

Conyers	Fletcher	Houghton
Delahunt	Gephardt	Lampson
Dooley (CA)	Gutierrez	Stupak

□ 1236

Mr. MORAN of Virginia and Mr. EDWARDS changed their vote from ''yea'' to ''nay.''

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. SHIMKUS). Pursuant to clause 8 of rule XX, the Chair announces that he will postpone further proceedings today on each motion to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote is objected to under clause 6 of rule XX.

Any record votes on postponed questions will be taken after debate has concluded on all motions to suspend the rules.

VETERANS HEALTH CARE FACILITIES CAPITAL IMPROVEMENT ACT

Mr. SMITH of New Jersey. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1720) to authorize the Secretary of Veterans Affairs to carry out construction projects for the purpose of improving, renovating, establishing, and updating patient care facilities at the Department of Veterans Affairs medical centers, as amended.

The Clerk read as follows:

H.R. 1720

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Veterans Health Care Facilities Capital Improvement Act''.

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

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

(a) IN GENERAL.—(1) Subject to paragraph (3), 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 2004 or 2005 pursuant to subsection (e). The cost of any such project may not exceed—

(A) $100,000,000 in fiscal year 2004; and

(B) $125,000,000 in fiscal year 2005.

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

(3) The Secretary may not award a contract by reason of the authorization provided by paragraph (1) until after the Secretary has awarded a contract for each construction project authorized by section 3(a) and a contract for each lease authorized by section 3(d).

(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 one or more of the following:

(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.

(5) Establishing a new patient care facility at a location where no Department patient care facility exists.

(6) 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, update, or establish 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) The Secretary shall provide that, 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 such project to determine the project's relevance to the medical care mission of the Department and whether the project improves, renovates, repairs, establishes, 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 approves 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 subsection (g)(2) notice of such approval and the Secretary's reasons for not following the recommendation of the board with respect to that project.

(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to the Secretary of Veterans Affairs for the Construction, Major Projects, account for projects under this section—

(1) $167,900,000 for fiscal year 2004; and

(2) $600,000,000 for fiscal year 2005.

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

(g) REPORTS.—(1) Not later than April 1, 2005, 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 subsection (b) through general authorization as provided by subsection (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 2004 to select and carry out projects under this section.

(2) Not later than 120 days after the date on which the site for the final project under this section for each such fiscal year is selected, the Secretary shall submit to the committees referred to in paragraph (1) a report on the authorization process under this section. The Secretary shall include in each such report the following:

(A) 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 subsection (c), and, if that project was not recommended by the board, the Secretary's justification under subsection (d) for not following the recommendation of the board.

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

(C) 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.

(D) 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.

SEC. 3. AUTHORIZATION OF MAJOR MEDICAL FACILITY PROJECTS AND LEASES.

(a) PROJECT AUTHORIZATIONS.—The Secretary of Veterans Affairs may carry out the following major medical facility projects, with each project to be carried out in the amount specified for that project:

(1) Construction of a new bed tower to consolidate two inpatient sites of care in inner city Chicago at the West Side Division of the Department of Veterans Affairs health care system in Chicago, Illinois, in an amount not to exceed $98,500,000.

(2) Seismic corrections to strengthen Medical Center Building 1 of the Department of Veterans Affairs health care system in San Diego, California, in an amount not to exceed $48,600,000.

(3) A project for (A) renovation of all inpatient care wards at the West Haven, Connecticut, facility of the Department of Veterans Affairs health system in Connecticut to improve the environment of care and enhance safety, privacy, and accessibility, and (B) establishment of a consolidated medical research facility at that facility, in an amount not to exceed $50,000,000.

(4) Construction of a medical facility on available Federal land at the Defense Supply Center, Columbus, Ohio, in an amount not to exceed $90,000,000.

(5) Construction of a Department of Veterans Affairs-Department of Navy joint venture, comprehensive outpatient medical care facility to be built on the grounds of the Pensacola Naval Air Station, Pensacola, Florida, in an amount not to exceed $45,000,000.

(b) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary of Veterans Affairs for fiscal year 2004 for the Construction, Major Projects, account $332,100,000 for the projects authorized in subsection (a).

(c) LIMITATION.—The projects authorized in subsection (a) may only be carried out using—

(1) funds appropriated for fiscal year 2004 pursuant to the authorization of appropriations in subsection (b);

(2) funds appropriated for Construction, Major Projects, for a fiscal year before fiscal year 2004 that remain available for obligation; and

(3) funds appropriated for Construction, Major Projects, for fiscal year 2004 for a category of activity not specific to a project.

(d) AUTHORIZATION OF MAJOR MEDICAL FACILITY LEASES.—The Secretary of Veterans Affairs may enter into leases as follows:

(1) For an outpatient clinic in Charlotte, North Carolina, in an amount not to exceed $3,000,000.

(2) For facilities for a multi-specialty outpatient clinic for the Veterans Health Administration and a satellite office for the Veterans Benefits Administration in Clark County, Nevada, at an annual lease amount not to exceed $6,500,000.

(3) For facilities authorized in section 4 at the site of the former Fitzsimons Army Medical Center, Aurora, Colorado, in an amount not to exceed $30,000,000.

SEC. 4. AUTHORIZATION OF MAJOR MEDICAL FACILITY PROJECTS, FORMER FITZSIMONS ARMY MEDICAL CENTER, AURORA, COLORADO.

(a) AUTHORIZATION.—The Secretary of Veterans Affairs may carry out major medical facility projects under section 8104 of title 38, United States Code, at the site of the former

Fitzsimons Army Medical Center, Aurora, Colorado. Projects to be carried out at such site shall be selected by the Secretary and may include inpatient and outpatient facilities providing acute, sub-acute, primary, and long-term care services. The cost of projects under this section shall be limited to—

(1) an amount not to exceed a total of $300,000,000 if either direct construction or a combination of direct construction and leasing is selected by the Secretary under subsection (b); and

(2) no more than $30,000,000 per year in leasing costs if a leasing option is selected by the Secretary as the sole option under subsection (b).

(b) SELECTION OF OPTION.—The Secretary of Veterans shall select the option to carry out the authority provided in subsection (a) of either—

(1) direct construction by the Department of Veterans Affairs or a combination of direct construction and leasing; or

(2) leasing alone.

(c) CONSULTATION WITH SECRETARY OF DEFENSE.—The Secretary of Veterans Affairs shall consult with the Secretary of Defense in carrying out this section. Such consultation shall include consideration of establishing a Department of Veterans Affairs-Department of Defense joint health-care venture at the site of the project or projects under subsection (a).

(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary of Veterans Affairs for fiscal years 2004, 2005, and 2006 for ''Construction, Major Projects'' for the purposes authorized in subsection (a).

(e) LIMITATION.—The projects authorized in subsection (a) may only be carried out using—

(1) funds appropriated for fiscal year 2004, 2005, or 2006 pursuant to the authorization of appropriations in subsection (a);

(2) funds appropriated for Construction, Major Projects, for a fiscal year before fiscal year 2004 that remain available for obligation; and

(3) funds appropriated for Construction, Major Projects, for fiscal year 2004, 2005, or 2006 for a category of activity not specific to a project.

(f) REPORT TO CONGRESSIONAL COMMITTEES.—After complying with applicable provisions of the National Environmental Policy Act of 1969, but not later than one year after the date of the enactment of this Act, the Secretary shall submit to the Committees on Appropriations and the Committees on Veterans' Affairs of the Senate and House of Representatives a report on this section. The report shall include the following:

(1) Notice of the option selected by the Secretary pursuant to subsection (b) to carry out the authority provided by subsection (a).

(2) Information on any further planning required to carry out the authority provided in subsection (a).

(3) Other information of assistance to the committees with respect to such authority.

SEC. 5. LIMITATION ON DISPOSAL OF LAKESIDE DIVISION, DEPARTMENT OF VETERANS AFFAIRS MEDICAL FACILITIES, CHICAGO, ILLINOIS.

(a) LIMITATION.—The Secretary of Veterans Affairs may not make a final disposal under section 8162 of title 38, United States Code, of the Lakeside Division facility of the Department of Veterans Affairs medical facilities in Chicago, Illinois, until the Secretary has entered into a contract for the construction project authorized by section 3(a)(1).

(b) DEFINITION.—For purposes of this section, the term ''disposal'', with respect to the Lakeside Division facility, includes entering into a long-term lease or sharing agreement under which a party other than the Secretary has operational control of the facility.

SEC. 6. PLANS FOR FACILITIES IN SOUTHERN NEW JERSEY AND FAR SOUTH TEXAS.

(a) PLAN.—(1) The Secretary of Veterans Affairs shall develop—

(A) a plan to establish an inpatient facility to meet hospital care needs of veterans who reside in southern New Jersey; and

(B) a plan for hospital care needs of veterans who reside in far south Texas.

(2) In developing the plans under paragraph (1), the Secretary shall, at a minimum, consider options using the existing authorities of section 8111 and 8153 of title 38, United States Code—

(A) to establish a hospital staffed and managed by employees of the Department, either in private or public facilities, including Federal facilities; or

(B) to enter into contracts with existing private facilities and private providers for that care.

(b) REPORTS.—The Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on each plan under subsection (a) not later than January 31, 2004.

(c) DEFINITIONS.—In this section:

(1) The term ''far south Texas'' means the following counties of the State of Texas: Bee, Calhoun, Crockett, DeWitt, Dimmit, Goliad, Jackson, Victoria, Webb, Aransas, Duval, Jim Wells, Kleberg, Nueces, Refugio, San Patricio, Brooks, Cameron, Hidalgo, Jim Hogg, Kenedy, Starr, Willacy, and Zapata.

(2) The term ''southern New Jersey'' means the following counties of the State of New Jersey: Ocean, Burlington, Camden, Gloucester, Salem, Cumberland, Atlantic, and Cape May.

SEC. 7. INCREASE IN MAJOR MEDICAL FACILITY CONSTRUCTION COST THRESHOLD.

Section 8104(a)(3)(A) of title 38, United States Code, is amended by striking ''$4,000,000'' and inserting ''$6,000,000''.

SEC. 8. STUDY AND REPORT ON FEASIBILITY OF COORDINATION OF VETERANS HEALTH CARE SERVICES IN SOUTH CAROLINA WITH NEW UNIVERSITY MEDICAL CENTER.

(a) STUDY REQUIRED.—The Secretary of Veterans Affairs shall conduct a study to examine the feasibility of coordination by the Department of Veterans Affairs of its needs for inpatient hospital, medical care, and long-term care services for veterans with the pending construction of a new university medical center at the Medical University of South Carolina, Charleston, South Carolina.

(b) MATTERS TO BE INCLUDED IN STUDY.—(1) As part of the study under subsection (a), the Secretary shall consider the following:

(A) Integration with the Medical University of South Carolina of some or all of the services referred to in subsection (a) through contribution to the construction of that university's new medical facility or by becoming a tenant provider in that new facility.

(B) Construction by the Department of Veterans Affairs of a new independent inpatient or outpatient facility alongside or nearby the university's new facility.

(2) In carrying out paragraph (1), the Secretary shall consider the degree to which the Department of Veterans Affairs and the university medical center would be able to share expensive technologies and scarce specialty services that would affect any such plans of the Secretary or the university.

(3) In carrying out the study, the Secretary shall especially consider the applicability of the authorities under section 8153 of title 38, United States Code (relating to sharing of health care resources between the Department and community provider organizations) to govern future arrangements and relationship between the Department and the Medical University of South Carolina.

(c) CONSULTATION WITH SECRETARY OF DEFENSE.—The Secretary of Veterans Affairs shall consult with the Secretary of Defense in carrying out the study under this section. Such consultation shall include consideration of establishing a Department of Veterans Affairs-Department of Defense joint health-care venture at the site referred to in subsection (a).

(d) REPORT.—Not later than March 31, 2004, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the results of the study. The report shall include the Secretary's recommendations with respect to coordination described in subsection (a), including recommendations with respect to each of the matters referred to in subsection (b).

SEC. 9. NAME OF DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE FACILITY, CHICAGO, ILLINOIS.

The Department of Veterans Affairs health care facility located at 820 South Damen Avenue in Chicago, Illinois, shall after the date of the enactment of this Act be known and designated as the ''Jesse Brown Department of Veterans Affairs Medical Center''. Any reference to such facility in any law, map, regulation, document, paper, or other record of the United States shall be considered to be a reference to the Jesse Brown Department of Veterans Affairs Medical Center.

SEC. 10. NAME OF DEPARTMENT OF VETERANS AFFAIRS OUTPATIENT CLINIC, NEW LONDON, CONNECTICUT.

The Department of Veterans Affairs outpatient clinic located in New London, Connecticut, shall after the date of the enactment of this Act be known and designated as the ''John J. McGuirk Department of Veterans Affairs Outpatient Clinic''. Any reference to such outpatient clinic in any law, regulation, map, document, record, or other paper of the United States shall be considered to be a reference to the John J. McGuirk Department of Veterans Affairs Outpatient Clinic.

SEC. 11. OFFICE OF RESEARCH OVERSIGHT IN VETERANS HEALTH ADMINISTRATION.

(a) STATUTORY CHARTER.—(1) Chapter 73 of title 38, United States Code, is amended by inserting after section 7306 the following new section:

''§ 7307. Office of Research Oversight

''(a) REQUIREMENT FOR OFFICE.—(1) There is in the Veterans Health Administration an Office of Research Oversight (hereinafter in this section referred to as the 'Office'). The Office shall advise the Under Secretary for Health on matters of compliance and assurance in human subjects protections, animal welfare, research safety, and research impropriety and misconduct. The Office shall function independently of entities within the Veterans Health Administration with responsibility for the conduct of medical research programs.

''(2) The Office shall—

''(A) monitor, review, and investigate matters of medical research compliance and assurance in the Department with respect to human subjects protections and animal welfare; and

''(B) monitor, review, and investigate matters relating to the protection and safety of human subjects, research animals, and Department employees participating in medical research in Department programs.

''(b) DIRECTOR.—(1) The head of the Office shall be a Director, who shall report directly to the Under Secretary for Health (without delegation).

''(2) Any person appointed as Director shall be—

''(A) an established expert in the field of medical research, administration of medical research programs, or similar fields; and

''(B) qualified to carry out the duties of the Office based on demonstrated experience and expertise.

''(c) FUNCTIONS.—(1) The Director shall report to the Under Secretary for Health on matters relating to protections of human subjects and laboratory animals under any applicable Federal law and regulation, the safety of employees involved in Department medical research programs, and suspected misconduct and impropriety in such programs. In carrying out the preceding sentence, the Director shall consult with employees of the Veterans Health Administration who are responsible for management and conduct of Department medical research programs.

''(2) The matters to be reported by the Director to the Under Secretary under paragraph (1) include the following:

''(A) Lack of required integrity of content, validity of approach, and ethical conduct of employees in Department medical research programs.

''(B) Allegations of research impropriety and misconduct by employees engaged in medical research programs of the Department.

''(3)(A) When the Director determines that such a recommendation is warranted, the Director may recommend to the Under Secretary that a Department research activity be terminated, suspended, or restricted, in whole or in part.

''(B) In a case in which the Director reasonably believes that activities of a medical research project of the Department place human subjects' lives or health at imminent risk, the Director shall direct that activities under that project be immediately suspended or, as appropriate and specified by the Director, be limited.

''(d) GENERAL FUNCTIONS.—(1) The Director shall conduct periodic inspections and reviews, as the Director determines appropriate, of medical research programs of the Department. Such inspections and reviews shall include review of required documented assurances.

''(2) The Director shall observe external accreditation activities conducted for accreditation of medical research programs conducted in facilities of the Department.

''(3) The Director shall investigate allegations of research impropriety and misconduct in medical research projects of the Department.

''(4) The Director shall submit to the Under Secretary for Health, the Secretary, and the Committees on Veterans' Affairs of the Senate and House of Representatives a report on any suspected lapse, from whatever cause or causes, in protecting safety of human subjects and others, including employees, in medical research programs.

''(5) The Director shall carry out such other duties as the Under Secretary for Health may require.

''(e) SOURCE OF FUNDS.—Amounts for the activities of the Office, including its regional offices, shall be derived from amounts appropriated for the Veterans Health Administration for Medical Care.

''(f) ANNUAL REPORT.—Not later than March 15 each year, the Director of the Office shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the activities of the Office during the preceding calendar year. Each such report shall include, with respect to that year, the following:

''(1) A summary of reviews of individual medical research programs of the Department completed by the Office.

''(2) Directives and other communications issued by the Office to field activities of the Department.

''(3) Results of any investigations undertaken by the Office during the reporting period consonant with the purposes of this section.

''(4) Other information that would be of interest to those committees in oversight of the Department medical research program.

''(g) MEDICAL RESEARCH.—For purposes of this section, the term 'medical research' has the meaning given such term in section 7303(a)(2) of this title.''.

(2) The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 7306 the following new item:

''7307. Office of Research Oversight.''.

(b) CONFORMING AMENDMENT.—Section 7303 of title 38, United States Code, is amended by striking subsection (e).

(c) COMPTROLLER GENERAL REPORT.—(1) The Comptroller General shall conduct a study to assess—

(A) the effects of the establishment by law of the Office of Research Oversight in section 7307 of title 38, United States Code, as added by subsection (a);

(B) the effects of the specification by law of the functions of that Office; and

(C) improvements in the conduct of ethical medical research in the Veterans Health Administration.

(2) Not later than January 1, 2006, the Comptroller General shall submit to the Committees on Veterans' Affairs of the House and Senate a report on the study conducted under paragraph (1). The Comptroller General shall include in the report such recommendations for legislation and administrative action as the Comptroller General considers appropriate.

(d) REPORT BY SECRETARY OF VETERANS AFFAIRS.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committees on Veterans Affairs' of the Senate and House of Representatives a report setting forth the results of the implementation of section 7307 of title 38, United States Code, as added by subsection (a).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. SMITH) and the gentlewoman from Nevada (Ms. BERKLEY) 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, I am pleased that the House is today considering H.R. 1720, as amended, the Veterans Health Care Facilities Capital Improvement Act. Enactment of this measure would be a significant step in addressing the problem of crumbling and substandard health care facilities for our Nation's veterans.

I want to just say at the outset how very delighted and pleased I am that the gentleman from Connecticut (Mr. SIMMONS) is here. As the chairman of the Subcommittee on Health and the prime sponsor of this bill, he has worked many, many hours in crafting this legislation. I want to really pay him the highest compliment for the extraordinarily good work he did in writing this legislation. I thank the gentleman for his leadership on this. I would also like to thank my friends on the other side of the aisle for their good, hard work. This is a bipartisan bill that we present to the House today, and I hope it will get the full support and assent of this body.

Mr. Speaker, most VA hospitals, clinics, nursing homes, and research facilities have ongoing needs for maintenance, repair, and modernization to promote patient and employee safety and provide a higher standard of care for our Nation's veterans. For example, hundreds of millions of dollars are needed to address problems at many VA facilities that could suffer severe damage in the event of an earthquake. However, projects to address these and other deficiencies have been put on the shelf while VA contemplates and completes its CARES process.

The Department of Veterans Affairs is currently undertaking, as I think many Members know, a market-based national assessment to determine whether its present health care facilities meet current and future veterans' health care needs. The VA's process for achieving this goal, called the Capital Asset Realignment for Enhanced Services, or CARES, is intended to produce a national plan which the Secretary will then approve or disapprove by the end of the year. Members, I am sure, or at least some Members, are aware that while the VA has an aggressive schedule for completing the planning process, the implementation of this plan will take many years to complete. In the meantime, a number of pressing construction needs have been identified.

The committee has been vigilant to avoid authorizing projects at facilities that might not be needed to serve the future needs of our veterans. All of the projects authorized by our committee in recent authorization measures would serve veterans for many years after they have been completed. Similarly, the projects authorized in this bill would improve health care for veterans for 20 years or more and are a wise and, we believe, worthy investment for this Nation to make on behalf of our veterans.

Let me just say, Mr. Speaker, there are a number of additions to this bill that were made precisely because Members came to us and made very persuasive argument as to why they need to be included. The gentleman from Colorado (Mr. HEFLEY) and the gentleman from Colorado (Mr. BEAUPREZ), a member of the committee, really pushed hard on the Fitzsimons project. That is included in here. The gentleman from New Jersey (Mr. LOBIONDO) from my own State made a very strong estimate and gave us documentation for a study. That is included in here. There are others that came to us, again made their cases, cogent cases that they were; and those have been included in this authorization measure.

Mr. Speaker, I am pleased the House is considering H.R. 1720, as amended, the Veterans Health Care Facilities Capital Improvement Act. Enactment of this measure would be a significant step in addressing the problem

of crumbling and substandard health care facilities for our Nation's veterans.

Mr. Speaker, most VA hospitals, clinics, nursing homes and research facilities have ongoing needs for maintenance, repair and modernization to promote patient and employee safety and provide a higher standard of care for our Nation's veterans. For example, hundreds of millions of dollars are needed to address problems at many VA facilities that could suffer severe damage in the event of an earthquake. However projects to address these and other deficiencies have been ''put on the shelf'' while VA completes its CARES process.

The Department of Veterans Affairs is currently undertaking a market-based national assessment to determine whether its present health care facilities meet current and future veterans' health care needs. The VA's process for achieving this goal, called Capital Asset Realignment for Enhanced Services, or CARES, is intended to produce a national plan which the Secretary will then approve or disapprove by the end of this year. While VA has an aggressive schedule for completing the planning process, the implementation of this plan will take many years to complete. In the meantime, a number of pressing construction needs have been identified.

The VA Committee has been vigilant to avoid authorizing projects at facilities that might not be needed to serve the future needs of veterans. All of the projects authorized by our committee in recent authorization measures would serve veterans for many years after they have been completed. Similarly, the projects authorized in this bill would improve health care for veterans for 20 years or more, and are a wise and worthy investment for this Nation to make on behalf of veterans.

Mr. Speaker, we are coming to a crossroads in the pattern of funding for VA health care facilities. A consultant's report in June 1998 concluded that VA should be spending (at a minimum) from 2 percent to 4 percent of its ''plant replacement value'' on upkeep and replacement of its health care facilities. The value of VA facilities was estimated to be $35 billion in 1998; thus, VA should be spending from $700 million to $1.4 billion each year to keep pace with its capital needs. Sadly, VA only received $213 million in VA construction funding for fiscal year 2003 and only requested $421 million for fiscal year 2004.

When the Undersecretary for Health submitted his admittedly incomplete CARES plan to the Secretary's CARES commission earlier this year, it called for a minimum of $3.5 billion in new construction over the next 5 years. I say the plan was incomplete because it excluded funding for projects that would enhance VA's ability to provide veterans with long-term care. The VA Committee has called on the CARES Commission to address this serious shortcoming. Nevertheless, a plan to spend $3.5 to $4 billion over the next 5 years means that Congress will need to appropriate $700 to $800 million every year during that period. Mr. Speaker, even though the deficit outlook for the next several years is not good, this is an obligation that has been put off long enough. The failure to begin addressing this huge backlog in renovation and modernization projects can only lead to inefficiency and inferior care for veterans in the future.

Mr. Speaker, H.R. 1720, as amended, would authorize the Department of Veterans Affairs to improve, establish, restore or replace VA health care facilities where necessary. The Committee decided in the last Congress that there is a demonstrable need to provide a more flexible and responsive authorization process to address the overwhelming backlog of construction projects, and this bill continues with that approach.

Under this bill, the Secretary would be authorized to approve individual facility projects, based on the decisions of a capital investments board that must carefully and objectively consider each proposed construction project. The bill provides criteria to be used by the board that would place a premium on projects to protect patient safety and privacy, improve seismic protection, and provide barrier-free accommodations. It would also emphasize improving VA patient care facilities areas of particular concern, such as specialized care programs, in order to meet the contemporary standard of care veterans deserve and need.

H.R. 1720 would require the Secretary to report his actions on construction to this Committee and to the Committee on Appropriations, and would mandate a review of the delegated-project approach by the General Accounting Office, to ensure this is an effective mechanism to advance VA medical construction during and after the CARES process.

The bill also would authorize construction of a specific set of urgent major medical projects as follows: Clark County, NV—the lease of a multi-specialty outpatient clinic and Veterans Benefits Administration satellite office at an annual rent not to exceed $6,500,000; Columbus, OH—$90,000,000 to construct a new VA medical center; West Haven, CT—$50,000,000 to renovate inpatient wards and research facilities at the Wet Haven VA medical center; Chicago, IL—$98,500,000 to consolidate inpatient care in a new bed tower at the West Side Division; San Diego, CA—$48,600,000 for seismic corrections to Building 1 at the San Diego VA medical center; and Pensacola, FL—$45,000,000 to construct a joint-venture outpatient clinic at the Pensacola Naval Air Station. The bill would require the Secretary to move forward on these projects first before awarding construction contracts under the general construction delegation provided by the bill.

Mr. Speaker, this bill would authorize appropriations of $500 million in fiscal year 2004 and $600 million in fiscal year 2005 to accommodate construction projects under the various authorities provided. Additionally, the bill would authorize the appropriation of $300 million over 3 years for the replacement VA medical center near Denver CO, at the former Fitzsimons site.

Mr. Speaker, as I mentioned, H.R. 1720, as amended, includes the provisions of H.R. 116, a bill to authorize a joint VA–Air Force health care facility to be located on the grounds of the ''New Fitzsimons'' campus of the University of Colorado Health Sciences Center, in Aurora, CO. The bill would require the Secretary, after consulting with the Secretary of Defense, to decide how to replace the 57-year-old Denver medical center with a new Federal Regional Medical Center in Aurora. There is a unique opportunity at this location to enhance VA–DOD sharing by jointly constructing or leasing a premier health treatment facility as a joint venture of the VA, the Department of the Air Force, and the University. We certainly expect that both the Air Force and the VA will find a way to execute this plan in a manner that advances the interests of the American taxpayer and the beneficiaries served by the two Departments.

I want to commend Chairman JOEL HEFLEY and Representative BOB BEAUPREZ, a Member of the VA Committee, for spurring this project forward. We would not be considering this measure on the floor of the House today without their hard work and individual efforts to help make this project a reality.

H.R. 1720 would also require VA to conduct a study and report on the feasibility of constructing a new medical center for veterans in Charleston, SC, and a study for meeting the inpatient hospitalization needs of southern New Jersey veterans. The Committee appreciates the work of Mr. BROWN, the chairman of our Subcommittee on Benefits, and Mr. LOBIONDO, the distinguished chairman of the Subcommittee on Coast Guard and Maritime Transportation, for their insight in crafting these two provisions.

The final measures in the bill, Mr. Speaker, would designate the Department of Veterans Affairs Outpatient Clinic in New London, CT, as the John J. McGuirk Department of Veterans Affairs Outpatient Clinic, and the VA Medical Center at 820 S. Damon Street in Chicago, IL, the Jesse Brown Veterans Affairs Medical Center.

Our bipartisan bill would also honor the late Jesse Brown, former Secretary of Veterans Affairs, for his exemplary service to his country as a combat-wounded U.S. Marine Corps veteran of the Vietnam war and dedicated leader of the Department of Veterans. Mr. Brown enlisted in the Marine Corps in 1963 and was seriously wounded in Vietnam. Mr. Brown's career in veterans' advocacy spanned his entire remaining life. He served with distinction in the Clinton administration as the third Secretary of Veterans Affairs, and is buried at Arlington National Cemetery.

Naming the West Side VA Medical Center after Jesse Brown would appropriately memorialize his accomplishments and commitment to improving the quality of life of all veterans.

The final provision in this bill adds a new degree of accountability to the VA medical research program. The provision is the result of efforts by two of the Committee's Subcommittee chairmen, Mr. BUYER and Mr. SIMMONS. Their proposal is supported by Ms. HOOLEY and Mr. RODRIGUEZ, their respective ranking members.

The language of section 11, which is taken from H.R. 1585 as revised by our Subcommittee on Health requires VA to maintain a permanent and independent research compliance and assurance office. While establishment of this office may not provide a complete shield against possible future abuses, it does send a clear message that the Congress expects compliance with rules already in place to assure protection of human subjects who participate in research sponsored by VA.

Finally, I want to thank the Committee's ranking member, LANE EVANS, for his support of this legislation, and for the work of the chairman and ranking member of the Health Subcommittee, ROB SIMMONS and CIRO RODRIGUEZ, respectively, for considering this bill in a timely fashion.

Mr. Speaker, I urge my colleagues to support H.R. 1720, as amended.

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

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

Mr. Speaker, I rise in support of H.R. 1720. I would like to thank VA Committee Chairman SMITH and Health Subcommittee Chairman SIMMONS for working closely with all of us on this side of the aisle on this important issue. I also want to thank our ranking member, the gentleman from Illinois (Mr. EVANS), for his steadfast support and hard work on this legislation. I also want to thank Chairman SMITH and the entire staff for working with us to bring this measure before the House for consideration today.

This bill contains authorizations for many worthwhile, major medical construction projects.

□ 1245

Congress has put a virtual stop to appropriations for major medical construction projects over the last 4 years since the General Accounting Office released a report that suggested the VA was spending too much money maintaining buildings that were not being used to serve veterans.

Since fiscal year 2000, Congress has appropriated $121 million for major medical projects. That is about $6 million less than experts recommend for maintaining and enhancing capital assets. But while spending for major medical construction projects has declined, the number of veterans moving into States like my own, the State of Nevada, continues to explode, and the need for expanded facilities is not being met.

Southern Nevada's veterans population is one of the fastest glowing in the Nation, and is getting larger every day. The VA predicts that the number of annual visits by veterans in the Las Vegas Valley to their primary health care clinic will rise from 200,000 to more than half a million by 2010, that is a mere 7 years from now, and the number of hospital beds needed to serve the veterans in my community will increase by over 50 percent.

The VA is already struggling to address and meet the current demands of the VA health care structure in the Las Vegas Valley. Last year, 1,500 southern Nevada veterans were sent to neighboring States because they could not provide the needed services locally. This is an unfair burden on these veterans and their families. They should not have to travel hundreds much miles away for care.

In addition, due to the decrepit conditions and structural deficiencies, the VA evacuated the Guy Clinic, only 5 years old, forcing veterans to rely on a string of temporary clinics scattered across the Las Vegas Valley. Imagine, if you will, what it is like for an 80-year-old veteran waiting in the desert heat, sometimes up to 110 degrees, to be shuttled from clinic to clinic to receive the health care he needs.

For example, a veteran who needs a CT scan may have to shuttle from a temporary site which houses the CT scan technology to then another site to obtain a prescription for a controlled narcotic that he needs, and then to a third site for mental health services.

Female veterans who need mammograms have to shuttle to different clinics just for that one particular service.

As one 81-year-old World War II veteran described the situation, ''You are going from one place to another and it gets confusing. Don't our veterans deserve a permanent facility to meet all their health care needs?''

In short, southern Nevada is facing a veterans health care crisis. At the time H.R. 1720 was introduced and passed by the Committee on Veterans' Affairs, the VA recognized Las Vegas was in need of a new, multispecialty outpatient clinic. H.R. 1720 authorized $6.5 million for annual leases for that clinic. However, in the time since the legislation has been acted on by the committee, the Department of Veterans Affairs released the CARES document which proposed $4.6 billion worth of construction, reflecting only a portion of the growing backlog and veterans growing demand for services.

The VA's average healthcare facility is about 52 years old, so updates are essential. The failure to make investments has put the VA way behind in addressing such urgent needs as seismic corrections, renovations to address patient safety, and privacy concerns and problems that threaten VA's accreditation by outside quality assurance agencies.

To address the concern about underutilized buildings, the VA embarked upon a process to identify veterans needs for health care for the next 20 years. The CARES plan calls for the construction of a full-scale medical facility in Las Vegas, including a full-service patient care hospital, an outpatient clinic and a comprehensive long-term care nursing facility in Las Vegas.

In light of the VA's new plan for a veterans health care facility, I ask the committee to continue to work with me to update the authorization level to reflect the demands in southern Nevada and to allocate funds for a full-service VA medical complex.

America's veterans served our Nation, and now we must honor our commitment to those brave men and women. Providing high-quality health care is part of keeping our promise to these heroes and sends an important message to our troops now deployed at home and abroad in defense of our Nation. These future veterans, many of whom will soon call Nevada home, will also one day be eligible for VA care. Investing now will ensure that we will be able to serve the health care needs of our veterans, today and in the future.

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

Mr. SMITH of New Jersey. Mr. Speaker, I yield for the purpose of making a unanimous consent request to the gentleman from Indiana (Mr. BUYER), who wrote section 11 dealing with human research protection.

(Mr. BUYER asked and was given permission to revise and extend his remarks, and include extraneous material.)

Mr. BUYER. Mr. Speaker, I rise in support of this bill and thank the chairman for including my bill to ensure human subject protection in research.

Mr. Speaker, today we are considering H.R. 1720, the Veterans Health Care Facilities Capital Improvement Act, legislation designed to authorize the Secretary of Veterans Affairs to carry out major facilities construction projects to improve, renovate, replace, update, and establish care facilities across the Department of Veterans Affairs.

One provision I would like to draw your attention to is section 11 of the bill. Section 11 guarantees that there is an independent oversight body within the Veterans Health Administration, Department of Veterans Affairs to oversee research compliance and assurance.

This provision addresses the important issue of human subjects protection in VA medical research. Since 1999 several hearings have been held by the House Veterans' Affairs Subcommittee on Oversight and Investigations. I compliment the work of then Subcommittee Chairman Terry Everett of Alabama, who also worked to ensure that necessary actions are taken to assure that our Nation's most vulnerable veterans are protected and not subjected to harm.

This provision is the final language that was worked out by my Subcommittee on Oversight and Investigations and Subcommittee Chairman Simmons of the Health Subcommittee and it reflects the original intent of H.R. 1585, a bill I introduced because I wanted to ensure that our Nation's most vulnerable veterans are protected and not in any way harmed by the very system whose mission it is to safeguard their safety and well being.

In particular, this bill does the following:

Establishes an independent office to oversee research compliance and assurance;

Provides that the new office counsels the Under Secretary for Health on all matters related to the protection of human research subjects, research misconduct and impropriety, laboratory animal welfare; ethical conduct of research; and research safety;

That the office shall investigate allegations of research misconduct and impropriety; suspend or restrict research to ensure the safety, and ethical treatment of human subjects; preserve the integrity and validity of research; prevent mistreatment of laboratory animals used in research; and assure compliance in the conduct of research;

The director of the office shall conduct periodic inspections at research facilities; observe external accreditation site visits; investigate allegations of research misconduct and improprieties;

It requires the immediate notification of the Under Secretary for Health when endangerment of human research subjects is evident or suspected and requires that Congress be notified when research misconduct or impropriety has been discovered;

This bill provides that funding for the new office would be independent from the Office of Research and Development; and

Finally, this bill mandates that the Comptroller General of the United States conduct a study of the effectiveness of the new office

and submit a report to Congress by January 1, 2006.

This legislation has strong bipartisan support. I would like to thank all the cosponsors of the original bill. In particular, I would like to thank Chairman CHRIS SMITH and Ranking Member LANE EVANS and the Ranking Member of my Subcommittee, DARLENE HOOLEY for their cosponsorship and support. I ask my colleagues to support H.R. 1720 and strengthen VA research programs so our veterans are never placed in a harmful environment.

Mr. SMITH of New Jersey. Mr. Speaker, I yield 5 minutes to the distinguished gentleman from Connecticut (Mr. SIMMONS), the prime sponsor of this legislation and the chairman of our Subcommittee on Health.

(Mr. SIMMONS asked and was given permission to revise and extend his remarks, and include extraneous material.)

Mr. SIMMONS. Mr. Speaker, I thank the chairman and the ranking members of the Committee on Veterans' Affairs for all of their hard work on this legislation. I also thank my ranking member on the Health Subcommittee, the gentleman from Texas (Mr. RODRIGUEZ), for all of his work. This legislation constitutes a bipartisan effort to fund medical health care facilities for our Nation's veterans.

When I first assumed the chair of the Committee on Veterans' Affairs Subcommittee on Health, I was committed to providing the resources necessary to improve these health care facilities for our veterans, and this has been a bipartisan enterprise for the past 9 months. This legislation is the fruit of that work, and I think this legislation speaks very well for the bipartisan effort that we made on the subcommittee and the committee.

Among other things, this legislation would authorize specific construction projects, such as in Clark County, Nevada, where we just heard about the multispecialty outpatient clinic; in Columbus, Ohio, a new VA medical center; and in West Haven, Connecticut, renovations of a facility that was first built in 1917.

Mr. Speaker, I am proud of the fact that the State of Connecticut built this facility in 1917 as a tuberculosis and a neuropsychiatric hospital, and I am proud of the fact it is affiliated with Yale University's School of Medicine, which is one of the premier schools of medicine in the United States. But the question we have to address to ourselves, not only with this facility but these other facilities, is how efficient are they in today's day and age? How is the morale of VA employees, when they work in facilities that are almost 100 years old? How can we clean them and maintain the standards of sanitation that we want as we treat our veterans population? How can old hospital wards become more user-friendly and accommodate the new technologies for dealing with our veterans? And is there enough renovated space for these purposes?

That is why we are moving forward to authorize certain construction projects, such as in Chicago, Illinois, consolidating inpatient care in a new bed tower in the West Side Division; or in San Diego, California, doing almost $50 million worth of seismic corrections to Building I at the VA medical center; or in Pensacola, Florida, a joint-venture outpatient clinic at the Pensacola Naval Air Station where the Veterans Administration and the Department of Defense are sharing resources and sharing technologies to come up with a joint facility, something that saves our taxpayers a tremendous amount of money.

In the aggregate, Mr. Speaker, this bill would authorize appropriations of $500 million in fiscal year 2004 and $600 million in fiscal year 2005 to accommodate the construction projects under the various authorities provided.

One of these major construction projects, and you will hear from some of our other Members shortly, is the ''New Fitzsimons'' Campus of the University of Colorado Health Sciences Center. What the bill would require is that the Secretary of Defense and the Veterans Administration work together to create a new medical center in that area to serve our veterans population.

We have also authorized a joint project in Charleston, South Carolina, where we will do a feasibility study for a new medical center, I commend my colleague, the gentleman from South Carolina (Mr. BROWN) for his work on that project. And also an inpatient hospitalization needs study for southern New Jersey, something that my colleague, the gentleman from New Jersey (Mr. LOBIONDO), has been involved with.

So as we work our way through the details of this legislation, Mr. Speaker, it should become clear that this is a joint effort and a joint product by all members of the Committee on Veterans' Affairs and the Subcommittee on Health to come up with a hospital authorization bill that serves the needs of all of our veterans, north and south, east and west, nationwide.

Mr. Speaker, this legislation we are voting on today will help us improve, upgrade and even replace VA facilities in specialized areas of concern, such as spinal cord injury care, hemodialysis, long term care and medical research. Our bill also gives the VA Secretary flexibility to move forward on both high priority projects and the CARES process together. So this is a compromise bill and one that all Members can support.

This bill would also improve protection and safety of VA medical research programs. VA research is internationally recognized and has made important contributions in virtually every area of medicine and health. But it still needs watchful oversight. I thank the gentleman from Indiana, Mr. BUYER, for his leadership in crafting these provisions as part of this legislation, which I strongly support, and I thank our Full Committee Chairman for agreeing to move this measure forward as a part of our construction bill.

Mr. Speaker, this legislation would also designate the Department of Veterans Affairs Outpatient Clinic in New London, Connecticut, the ''John J. McGuirk Department of Veterans Affairs Outpatient Clinic''.

I am very pleased that our bill would memorialize the life and work of Mr. John J. McGuirk of Connecticut. John was active in promoting improved care and more available VA clinics in his beloved State of Connecticut. He was a role model to many of us in the veterans' community, and was particularly committed to working on behalf of disabled and elderly veterans—those with the greatest need for ready access to VA health care. His death in 1999 was a loss to all the veterans of my State.

John J. McGuirk, a native of the Constitution State, enlisted in the United States Navy in World War II. He served as an enlisted man in the dangerous occupation of salvage diver. Hazarding death and injury every day of his Navy service, Mr. McGuirk worked across the South Pacific from Pearl Harbor to Manila, Philippines. He served aboard the salvage ship, USS *Laysan Island*, in clearing war devastation in Manila Bay. John McGuirk was decorated with the Philippines Liberation Medal, the American Theatre Medal, the Asiatic Pacific Theatre Medal and the World War II Victory Medal.

When Mr. McGuirk's obligation to the United States Navy was discharged at the war's end, his personal obligation to his country and fellow veterans endured and became his lifelong commitment.

Mr. McGuirk's advocacy resulted in VA activating a system of community-based clinics across the State, providing primary care to thousands of veterans. John McGuirk played an instrumental role in VA's opening of the community clinic on the grounds of the U.S. Coast Guard Academy in New London.

John actively served in Post Number Nine of the American Legion of Connecticut for the entirety of his adult life, including two stints as Post Commander, as well as Finance Officer and Service Officer. He was also a member of the Disabled Veterans of America and of U.S. Submarine Veterans, Inc.

I am proud to promote this effort to memorialize the name of a good man, a war veteran and a man of peace, John J. McGuirk of Connecticut. This gesture is but a token of the esteem and affection we hold for him and his lasting contribution to our State and his service to our veterans.

Mr. Speaker, I strongly urge my colleagues to support this bill.

Ms. BERKLEY. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Illinois (Mr. EVANS), the ranking member of the Committee on Veterans' Affairs.

Mr. EVANS. Mr. Speaker, I rise in strong support of H.R. 1720, as amended. I want to thank the gentleman from New Jersey (Chairman SMITH), our Subcommittee on Health chairman, the gentleman from Connecticut (Mr. SIMMONS), and the ranking member, the gentleman from Texas (Mr. RODRIGUEZ), for allowing me the time to speak on this bill.

One provision that I am particularly pleased that the bill includes language that would rename the West Side division of VA Chicago after the Honorable Jesse Brown. The late Honorable Jesse

Brown served as Secretary for Veterans Affairs and was a strong advocate in our budgetary battles at that time in the Clinton Administration. As Secretary, Jesse made good on his promise of putting veterans first. Sadly, he left us much too soon after a struggle with Lou Gehrig's disease. It is fitting that we rename the West Side division of VA Chicago in his name.

This bill would also give Congress and the VA an opportunity to reinvigorate VA's flagging major medical construction programs. VA is at a critical juncture, where it must make billions of dollars worth of improvements to ensure its ability to provide modern, high-quality and efficient health care services.

Mr. Speaker, this is a good bill. I thank the chairman of the full committee for getting it through, and, again, for the way we work together.

Mr. SMITH of New Jersey. Mr. Speaker, I yield 1 minute to my good friend and colleague, the gentleman from Nevada (Mr. GIBBONS), and thank him for his work on behalf of the $6.5 million lease for the outpatient clinic in his area.

(Mr. GIBBONS asked and was given permission to revise and extend his remarks.)

Mr. GIBBONS. Mr. Speaker, I want to thank the chairman of the committee for yielding me time.

No doubt all of us in this Chamber realize and recognize the fact that our veterans risk their lives for our great Nation, and especially for the freedoms we all enjoy. We owe them much. Today, we take yet another step toward providing them with the health care services they deserve.

For example, H.R. 1720 authorizes funding for a Veterans Administration medical clinic in Clark County, Nevada, allowing the VA to lease space and provide desperately needed health care services to one of the fastest growing veterans populations in the country.

While this authorization best serves the short-term needs of Nevada's veterans, the long-term needs recognized by myself and Veterans Administration Secretary, Anthony Principi, call for the construction of a permanent, full-service veterans hospital in southern Nevada. Until this long-term goal is realized, the establishment of a medical clinic in Clark County will provide critical health care services to those veterans in southern Nevada.

I applaud my colleagues for bringing this bill to the floor, and remain committed to providing our veterans with the best health care services we can afford.

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

Mr. FILNER. Mr. Speaker, I thank the gentlewoman, sometimes not so gentle, for yielding me time.

In fact, I thank the not-so-gentle woman for fighting for these facilities in her district. She has fought long and hard, and this is just one of the fruits. She has done a tremendous job.

I want to thank the chairman of the full committee and chairman of the Subcommittee on Health, the gentleman from New Jersey (Mr. SMITH) and the gentleman from Connecticut (Mr. SIMMONS) for creating the environment on our committee that we could talk about these issues and work towards solving them without partisan rancor. I sincerely appreciate the efforts by the majority side on these bills.

I too rise in support of H.R. 1720, the Veterans Health Care Facilities Capital Improvement Act. I think it goes without saying that if the VA is to provide excellent health care, it must have excellent health facilities. We simply cannot allow our veterans and our VA employees to work and be treated in buildings that are unsafe.

Another such building on the list that you have heard is the Medical Center Building Number 1 in the VA health care system in San Diego, the medical facility used by veterans in all of San Diego and in my congressional district.

This building is in desperate need of seismic corrections, including new exterior bracing enhancements to the existing seismic structures, with an estimated cost of almost $50 million. Not an insignificant sum—but the cost of not doing this project would be much higher in real human lives. The VA has identified more than 60 projects that require seismic fortification.

□ 1300

We cannot continue to turn our heads away while VA patients and employees are in harm's way.

So I compliment all of those who have worked on this, and I urge my colleagues to support H.R. 1720.

Mr. SMITH of New Jersey. Mr. Speaker, I yield 2 minutes to my good friend and colleague, the gentleman from Florida (Mr. MILLER), and thank him because he was very instrumental in helping us work on the language that provides $45 million for an outpatient clinic in Pensacola. I want to thank him for that outstanding work he did.

Mr. MILLER of Florida. Mr. Speaker, I thank the chairman for yielding me this time.

Mr. Speaker, I do rise today in full support of H.R. 1720, as amended, and thank our full committee chairman, the gentleman from New Jersey (Mr. SMITH) and our Subcommittee on Health chairman, the gentleman from Connecticut (Mr. SIMMONS), whom we have already heard from today, for their leadership and their efforts to bring this bill to authorize major medical construction to final passage today. This is a good bill, Mr. Speaker, truly a bipartisan compromise, as we have already heard, and one that deserves the full support of each and every Member on the House floor.

Mr. Speaker, I represent the first district of Florida, an area of record growth and a high concentration of active duty servicemembers, military retired families, and veterans. This bill, as amended, provides a critical and important first step to providing veterans and the military communities that I serve in northwest Florida with state-of-the-art health care in a new, combined Navy-VA clinic in Pensacola.

In VA's budget submission for the fiscal year 2004, the Pensacola facility is described as ''obsolete'' and ''less than half the required space for the current and future workload.'' This description does not paint the true picture of a crowded and totally inadequate facility. The time to move forward on a new, combined facility is now. Our bill sets the stage for that progress on behalf of veterans in my district.

I wish to acknowledge the effort of Julie Catellier, the director of the VA Biloxi and Pensacola facilities, and Captain Richard Buck of the Pensacola Naval Hospital for their creative and tenacious work and cooperation to provide a state-of-the-art VA facility and improve the quality of care for our veterans and military families.

A year ago, the director of the VA Gulf Coast Health Care System and the commanding officer of the naval hospital in Pensacola coauthored an innovative DOD–VA joint business plan. The essential groundwork has been laid; and H.R. 1720, as amended, would authorize a $45 million health care facility as a joint venture between DOD and VA.

Mr. Speaker, I urge strongly that my colleagues support this important legislation for not only the veterans in my district, but for others across the Nation.

Ms. BERKLEY. Mr. Speaker, I yield 3 minutes to the distinguished gentleman from Illinois (Mr. DAVIS).

Mr. DAVIS of Illinois. Mr. Speaker, I want to thank the gentlewoman from Nevada for yielding me this time.

I rise in support of H.R. 1720, the Veterans Health Care Improvement Act. Incorporated in this legislation is a bill to rename the health care facility of the Department of Veterans Affairs located at 820 South Damen Avenue in Chicago, Illinois, as the ''Jesse Brown Department of Veterans Affairs Medical Center.''

I am pleased to have introduced this legislation with the ranking member of the Committee on Veterans' Affairs, the gentleman from Illinois (Mr. EVANS.) This legislation is supported by the veterans community and all of my colleagues in the Illinois delegation.

The late Honorable Jesse Brown was sworn in by President Clinton as the Secretary of Veterans Affairs on January 22, 1993. Secretary Brown directed the Federal Government's second largest Department, responsible for a nationwide system of health care services, benefits, programs, and national cemeteries for America's more than 26 million veterans. Under Secretary Brown's leadership, the VA expanded

benefits for veterans who were prisoners of war or were exposed to agent orange, radiation, or mustard gas. He successfully worked for the enactment of laws authorizing the VA to pay compensation for those with undiagnosed illnesses from the Persian Gulf War. His vision and commitment led to improved technology and redesigned work processes in an effort to reduce the backlog of veterans benefit claims. His leadership led to the first national summit meeting on homeless veterans. Out of the summit, the VA began to award grants to groups that aid the homeless and added homeless programs to medical centers.

Secretary Brown understood the plight of veterans as well as anyone because he was a veteran. He was a Marine who was wounded in combat in 1965 while patrolling in Vietnam. He was a true patriot, giving his best on behalf of his country. His work as executive director of the Disabled American Veterans prepared him for the challenges that he would confront at the VA. And let me add that his education at Chicago City College, Roosevelt University in Chicago, and Catholic University in Washington, D.C. helped to prepare him for his later success in life.

Perhaps Secretary Brown's greatest accomplishments would be that he was a family man, a man of integrity, and a father. The honor that we bestow on him by renaming the VA facility after him is symbolic in nature, but substantive in reality for the lives of the people he touched. He gave the best of himself in service to others. Now we say thank you.

Finally, Mr. Speaker, I want to thank the members of the Committee on Veterans' Affairs for moving this legislation. I personally happen to know several members of Secretary Brown's family, a professor from Roosevelt University, his mother, his sister and brother-in-law, the recently retired superintendent of police in Chicago, Terry Hilliard; and I know that they are all proud of his accomplishments and appreciate this recognition and would want to extend their thanks to the Committee on Veterans' Affairs.

Mr. SMITH of New Jersey. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Ohio (Mr. HOBSON) and thank him for his work on the medical center, a $90 million authorization that he worked so hard to procure.

(Mr. HOBSON asked and was given permission to revise and extend his remarks.)

Mr. HOBSON. Mr. Speaker, I first want to thank the distinguished chairman and the distinguished subcommittee chairman and ranking member for inclusion of this provision in the bill. This was a bill initially sponsored by me and the gentleman from Texas (Mr. ORTIZ), and we have included his facility. I also should note that it was sponsored by the other two members of the Ohio delegation from Columbus, Ohio, the gentleman from Ohio (Mr. TIBERI) and the gentlewoman from Ohio (Ms. PRYCE).

Mr. Speaker, I rise in strong support of H.R. 1720, which authorizes the Secretary of Veterans Affairs to carry out major medical facility construction projects. I rise not only as a veteran, but as a member of the Subcommittee on VA, HUD, and Independent Agencies of the Committee on Appropriations that helps determine the funding priorities of the Department of Veterans Affairs.

However, no matter which hat I am wearing, I can see clearly that something needs to be done for the ever-increasing veteran population in central Ohio. One provision contained in this very important act will help central Ohio take a huge step toward alleviating serious problems by authorizing construction of a new VA medical facility in Columbus, Ohio. Actually, it is in White Hall, Ohio, which is in my district.

The current Chalmers P. Wylie VA Outpatient Clinic in White Hall, or actually it is in Columbus; the new one will be in White Hall, has a high-quality professional medical staff, but the facility is woefully inadequate for the needs of the area's veterans. Originally, this clinic was to handle 135,000 annual visits; but last year, it saw more than 192,000, fully 42 percent more than intended in the original design, and we do not own the ground, and the lease is up in 10 years.

Over the years, far too many veterans have had to travel up to 3 hours to receive treatment at larger VA medical centers in either Cleveland, Cincinnati, or elsewhere because of the limited medical services offered by the current clinic. The cost to transfer these veterans has reached several million dollars per year.

This bill includes the authority to build a new 260,000 square foot facility on the Defense Supply Center on the White Hall, Ohio, campus, which will house a wide variety of new and expanded services that are not currently offered at the Chalmers P. Wylie facility.

In conclusion, Mr. Speaker, it is vitally important that we move forward with this legislation and subsequently on the new facility in White Hall. I am grateful to the members of the Committee on Veterans' Affairs and this subcommittee, once again, for their expeditious movement of this bill. I urge everyone to support this bill.

Ms. BERKLEY. Mr. Speaker, I yield 3 minutes to the gentleman from Texas (Mr. ORTIZ).

(Mr. ORTIZ asked and was given permission to revise and extend his remarks.)

Mr. ORTIZ. Mr. Speaker, let me begin by thanking members of the Committee on Veterans' Affairs, the subcommittee, the ranking member and the chairman, and especially the gentleman from New Jersey (Mr. SMITH), and the ranking member, the gentleman from Illinois (Mr. EVANS), and my colleague, the gentleman from Texas (Mr. RODRIGUEZ). I also want to thank my good friend, the gentleman from Ohio (Mr. HOBSON), who has been a champion for our veterans and their interests, both in Ohio and south Texas and the rest of the Nation.

Finding a way to get inpatient health care services for our veterans in south Texas has been a long journey, and it is a labor of love for all involved. We first began this journey 21 years ago.

We know the debt we owe our veterans today. The soldiers we send forth in today's war on terrorism are tomorrow's veterans. As liberty must be defended, the population of veterans in the United States and south Texas will continue to grow.

I have worked with the Department of Veterans Affairs for a long time to bring improved services to the long-ignored population of veterans living in the tip of Texas. The VA has responded with their approach through the CARES program. It is long overdue for the VA to look seriously at the long-term needs and service delivery for the population they serve. Can my colleagues imagine, those who served the military from the Second World War, the Korean War, and the Vietnam War, they have to travel all the way to San Antonio, a journey of about anywhere from 2½ to 7 hours. Some of them are bedridden. There is no ambulance service. We are working on that. But thanks to the support that the VA has given me and the other Members who have needs in their districts, we really thank them for all the help that they have given us.

There are presently no inpatient services in this market, other than a limited contract in the Lower Rio Grande Valley, and limited access to specialty care patients. Patients must now travel a long, long journey. Opportunities exist to reduce this gap by working with DOD in Corpus Christi, as well as the University of Texas Regional Health Care Academic Center in Harlingen. Two submarkets were identified: Coastal Bend, Corpus Christi and surrounding area, and Rio Grande Valley, including Brownsville, Harlingen and surrounding areas, because transportation between these areas is difficult, involving secondary roads which take considerable travel time. It was an area that we had no interstate highways, no freeways until the last 10, 12 years. So to travel to get to the facility was long and hard.

So I want to thank again the subcommittee and the full committee for addressing this need and for working with us. Again, I thank my good friend, the gentleman from Ohio (Mr. HOBSON), so much for the help he gave me on this bill.

Mr. SMITH of New Jersey. Mr. Speaker, I yield 6 minutes to the distinguished gentleman from Colorado (Mr. HEFLEY), who is the author of H.R. 116, which is included as section 4 of this bill, which authorizes a $300 million Fitzsimons Hospital System, along

with the gentleman from Colorado (Mr. BEAUPREZ), who is the chief cosponsor.

(Mr. HEFLEY asked and was given permission to revise and extend his remarks.)

Mr. HEFLEY. Mr. Speaker, I appreciate the gentleman yielding me this time.

I rise today in complete support of H.R. 1720, the Veterans Health Care Facilities Capital Improvement Act, which is a 2-year authorization bill that will authorize the Secretary of Veterans Affairs to carry out major medical facility construction projects to improve, renovate, replace, and update our established patient care facilities within the Department of Veterans Affairs.

Certainly it is not before it is needed. If my colleagues have visited many of these facilities, as our chairman has, they would know how badly this updating and renovation is needed. I want to thank the chairman particularly. No one could have been more gracious and helpful than he has been to me in my particular part of this bill, and I appreciate that so much. The gentleman is so dedicated to better health care for veterans. The gentleman is the expert in the House of Representatives, and I look to him for guidance on these subjects. He has been just great with this. As a matter of fact, I appreciate the gentleman's whole committee, both Democrats and Republicans. They are trying to get a job done for the veterans, and they are doing an excellent job of it.

Again, I appreciate the gentleman from Colorado (Mr. BEAUPREZ), who is on the committee and is one of my dear friends and colleagues from the State of Colorado and who has been absolutely dedicated to this project as well.

As the gentleman indicated, in addition to authorizing $168 million for fiscal year 2004 and $600 million for fiscal year 2005 for construction of undesignated major projects, H.R. 1720 also authorizes the Secretary of Veterans Affairs to carry out a major medical facility project at the former Fitzsimons Army Medical Center site in Aurora, Colorado. H.R. 1720 would authorize this project to be carried out, using a total of approximately $300 million.

The Veterans Medical Center in Denver and the University of Colorado hospitals have been in a partnership, a next-door partnership since the Second World War. They have shared expensive and specialized medical equipment and facilities, such as surgical suites and imaging equipment and expensive specialty diagnostics and medical treatments; but due to the lack of space and the landlockness of the hospitals there, when the University of Colorado needed to modernize and build on a new site, they went out to the Fitzsimons Army Medical Center and began building in 1995.

Mr. SMITH of New Jersey. Mr. Speaker, I yield 6 minutes to the distinguished gentleman from Colorado (Mr. HEFLEY), who is the author of H.R. 116, which is included as section 4 of this bill, which authorizes a $300 million Fitzsimons Hospital System, along with the gentleman from Colorado (Mr. BEAUPREZ), who is the chief cosponsor.

(Mr. HEFLEY asked and was given permission to revise and extend his remarks.)

□ 1315

And the university's move will create a state-of-the-art medical campus which, in turn, will develop many of the very best services of in the United States. The Anschutz Cancer Pavilion, which is already open, is among the best institutions in the Nation for all types of cancer treatment and research.

The University of Colorado Health Science Center is well known throughout the country for its organ transplant programs, for instance. Unfortunately, the University's move created an 8-mile separation between the University of Colorado and the old veterans hospital that had been so close before.

This 8-mile separation creates a very real and significant barrier to quality care for veterans who have been working in cooperation all these years, the two hospitals.

A study commissioned by the Veterans Integrated Service Network indicated that high demand for medical services by veterans at the Denver Veterans Medical Center will continue unabated for at least the next 20 years. The cost of maintaining the current Denver Veterans Medical Center, to satisfy minimal accreditation levels until 2020, has been estimated to be $233 million, and estimates to rebuild the facility in 2020 are $377 million in today's dollars.

So if we put this $233 million into it, at the end of this period, this 20-year period, we still have an old facility, and we have put almost as much into it as it would take to build a new facility.

Planning studies have shown that a move of the Denver Veterans Medical Center to the Fitzsimons campus is the most cost-effective of the reasonably accepted alternatives.

The Denver Veterans Medical Center relocation to the Fitzsimons campus will solve aging facilities issues, cap new facilities cost, enhance quality of medical care, increase flexibility and reduce operational costs. Veterans who have highly specialized medical needs must have easy access to the best diagnostic and treatment programs that America provides.

In a medical school environment, doctors tend to be better informed of the latest treatment procedures and protocols. They are closer to the cutting edge of modern medicine. Quality of medical care for veterans is enhanced in a medical school teaching hospital. University physicians and special residency programs provide a significant amount of care in the Denver veterans medical center. To date, some 90 percent of the physicians that work at the VA Medical Center also work at the University of Colorado Health Science Center. And most VA doctors have faculty appointments in the medical school.

Colocating the University of Colorado hospital in the Denver Veterans Medical Center will allow university doctors to continue their close relationship in treating veterans.

Mr. Speaker, let me just summarize real quickly. This is an opportunity that you do not get very often, to have a medical campus which is, in essence, right in the middle of a metropolitan area like Denver, Colorado. If it was not for the closing of Fitzsimons Hospital, which we all hated at the time, this would never have come about. But right here, in the middle of this metropolitan area, you will have the one of the finest, state-of-the-art, cutting edge health medical facilities in the whole United States. It is going to mean cutting edge, quality care for veterans. The gentleman from New Jersey (Mr. SMITH) can take a lot of credit when this comes about.

The new VA Medical Center at Fitzsimons site will be veteran-friendly and will provide a practicable alternative to the Denver Veterans Medical Center remaining at its current, outdated facility.

The new Veterans Medical Center at Fitzsimons will be a free-standing ambulatory and impatient care federal tower building for veterans, clearly identified as the Veterans Administration Medical Center.

New veterans research facilities will be constructed and there will be a new veterans long-term care unit located next to the new 180-bed State veterans nursing home currently being constructed at the site.

Given the rising demand for veterans health care, and the significant challenges of an aging and increasingly less-efficient Denver Veterans Medical Center facility, my interest and my efforts are aimed at continuing the collaboration between the Denver Veterans Medical Center, University of Colorado Health Sciences Center and University of Colorado Hospital.

I believe that the opportunity to co-locate the Denver Veterans Medical Center with the University of Colorado Health Sciences Center and the University of Colorado Hospital at the Fitzsimons campus will meet the demand for veteran care in this area through 2020 and beyond; provide significant savings in both capital and operational costs for the Department of Veterans Affairs and the taxpayer; continue to meet the Denver Veterans Medical Center commitment to education and research; and potentially create a national model for the future of veterans' care dealing with both a new concept for facilities and collaboration with long-established partners. More importantly, this move will retain veteran ''identity'' while also providing optimum patient care.

To date, over 45 local, state and national Veterans' Service Organizations and the American Federation of Government Employees, Local 2241, have expressed their support for this proposal.

I believe that co-locating the Denver Vetrans' Medical Cebter with the University of Colorado Hospital will achieve the goals of providing the up-most modern, comprehensive

and cost-efficient medical care that we as a nation owe our veterans.

Congress has a duty to provide the best medical care it can to our nation's veterans and we must always strive for the very best health care services it can by utilizing the most cost-effective measures available.

The fact is, aging facilities, lack of funds, and the growing demands on the veterans health system are proving to be daunting obstacles in meeting Congress' responsibilities to our nation's veterans.

However, the possibility for the Denver Veterans Medical Center to move to Fitzsimons and co-locate with University of Colorado Health Sciences Center and University of Colorado Hospital is a unique opportunity to provide solid and constructive solutions to these challenges.

Mr. SMITH of New Jersey. Mr. Speaker, I want to thank the gentleman from Colorado (Mr. HEFLEY) again, Mr. Speaker, for the outstanding work that he has done. He has been indefatigable in promoting this project along with the gentleman from Colorado (Mr. BEAUPREZ). And we are very, very grateful on the committee to have that kind of advocacy coming our way on behalf of the veterans.

Mr. Speaker, I would inquire as to our remaining time and ask if the gentlewoman from Nevada (Ms. BERKLEY) might yield some of her time. We have an additional speaker, the gentleman from Colorado (Mr. BEAUPREZ).

The SPEAKER pro tempore (Mr. TERRY). The gentleman from New Jersey (Mr. SMITH) has 30 seconds. The gentlewoman (Ms. BERKLEY) from Nevada has 5 minutes.

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

Mr. Speaker, I would be delighted to yield to the gentleman the balance of our time so that all of his members can speak on behalf of this legislation. If I could take 30 seconds to sum up.

Mr. Speaker, the gentleman from California (Mr. FILNER) in his remarks referred to me as the not-so-gentlelady from Nevada. I take great pride in that characterization. I do not think any of us should be gentle when it comes to issues that affect the health care of our veterans.

We owe these veterans, men and women, a tremendous debt of gratitude. We are going to have far more veterans once our war against terrorism is over. I applaud my colleagues on both sides of the aisle for being steadfast on this piece of legislation. We should not rest. And none of us should be able to go back to our districts and look our veterans in the face if we do not deliver for them now.

Mr. Speaker, I yield the balance of my time to the gentleman from New Jersey (Mr. SMITH).

Mr. SMITH of New Jersey. Mr. Speaker, I thank the gentlewoman from Nevada (Ms. BERKLEY) for her gracious yielding.

Mr. Speaker, I yield 3 minutes to the gentleman from Colorado (Mr. BEAUPREZ). He has been a very strong supporter of this legislation in general, but particularly for Fitzsimons.

Mr. BEAUPREZ. Mr. Speaker, I also am proud to speak today in strong support of H.R. 1720, the Veterans Health Care Facilities Capital Improvement Act. Many facilities in the VA health care system are run-down, decrepit buildings that are not conducive to providing quality health care to our veterans.

The Denver Veterans Medical Center in Colorado was constructed approximately 50 years ago to provide fairly low-volume inpatient care to our veteran population. In Colorado today, as my distinguished colleague, the gentleman from Colorado (Mr. HEFLEY) just outlined, we have an opportunity to provide health care in a much more efficient manner.

The Denver Veterans Medical Center is in decaying state. It is faced with two main alternatives with regard to this facility. The first alternative is to invest in renovation of this facility and make it capable of handling the medical needs of our current veteran population and the changing needs of that population over the next 20 or so years. After such a renovation, not only would the VA still be left with a 50-year-old building, but as the gentleman from Colorado (Mr. HEFLEY) pointed out, it would also be an orphaned medical center.

The second alternative is to relocate the building to the new Fitzsimons campus. Such a relocation would allow for a modern facility to deliver modern health care on a state-of-the-art medical campus, one that we think will be a standard for the whole Nation.

The VA would be able to take advantage of the University of Colorado partnership which will provide numerous operational efficiencies, as well as access to an extensive staff of doctors, technicians, and specialists.

This legislation would also authorize this critical relocation. The cost to restore the Denver facility far outweighs the cost of constructing a new hospital. It is estimated that the savings in operational efficiencies at Fitzsimons itself will pay for construction of the new hospital. Regardless of where our veterans happen to live, they deserve the best care possible.

Mr. Speaker, I want to compliment the gentleman from New Jersey (Mr. SMITH), the gentleman from Connecticut (Mr. SIMMONS), the gentleman from Colorado (Mr. HEFLEY), my colleague, for bringing this important legislation to the floor.

Again, Mr. Speaker, we believe that the Fitzsimons Veterans Hospital will become a standard for delivering better health care to our veterans for years and years to come.

Mr. Speaker, I am proud to speak today in support of H.R. 1720, the Veterans Health Care Facilities Capital Improvement Act. During my time serving on the Veterans Affairs Committee I have learned first hand the difficulties and challenges the VA faces in order to provide healthcare to our nations veterans. It is my belief H.R. 1720 is one of many steps we in Congress can take to address the challenges of the VA by authorizing major medical construction for certain VA facilities.

Many facilities in the VA healthcare system are run-down, decrepit buildings that are not conducive to providing quality healthcare to our veterans. It is inconceivable to think the VA system should be expected to handle an increased amount of patients without the proper medical facilities in which to do so. We must remember that before we place increased demands on the VA we must provide the system with the tools to succeed in their mission of quality, timely healthcare.

As military operations continue to be carried out by the United States overseas, we will be creating a new generation of veterans in need of medical services from the VA. As medical costs continue to rise in the United States, many people, unable to afford private medical care will enroll for medical care with the VA. Also, as described by Deputy Secretary Leo Mackay, ''the VA's record of achievement in medical care has been so dramatic that we are now confronted with unprecedented demand for our services.'' The population dynamics that have been taking place in terms of VA enrollment are staggering. We have record levels of enrollment for VA Health Care today. In many parts of the country, those numbers will be leveling off, and slowly decreasing in the years to come. In my home state of Colorado, the enrollment numbers will only continue to rise.

The history of the VA is a unique one, especially when it comes to the medical care of our Nation's veterans. The Denver Veterans Medical Center in Colorado was constructed primarily to provide low-volume inpatient care to our veteran population. Over time, the VA has worked to adapt this center to the ways of modern medicine, and to provide primarily high-volume outpatient care to our veterans. Unfortunately, the costs associated with the necessary renovations are extremely high, and this building is finding little potential for further renovation to address current medical needs with modern medical equipment.

The issues faced by this center are not unique, and are exactly the types of issues that prompted the CARES process to be initiated. In 1999, the General Accounting Office reported that the ''VA could enhance veterans' health care benefits if it reduced the level of resources spent on underused or inefficient buildings, and used these resources instead. To provide health care more efficiently.'' In Colorado today, we have just such an opportunity to provide health care in a much more efficient manner.

Since the construction of this medical center fifty years ago, the VA has established a partnership with the University of Colorado-Health Science Center to enhance the quality of care provided here. I am told that approximately 90 percent of the doctors providing care here are University doctors. Most research initiatives carried out in this hospital are carried out with the help of University researchers. Cutting edge medical procedures are carried out at this hospital through collaboration between the VA, and the University of Colorado. After the University's decision to relocate to Fitzsimons was made a few years ago, the 50-year partnership between CU and the VA has begun to erode. The VA is losing access to the fine medical staff from CU that they have relied upon for such a long time.

The University saw the potential to create numerous operational efficiencies in their

move to Fitzsimons, and they acted on it. Today, the VA has the potential to benefit from many of these same efficiencies by moving to Fitzsimons, and create other ones through an extended collaboration with the University and the Department of Defense. Congress, through H.R. 1720, should authorize the VA to act on this opportunity in much the same way the University did. This House has already begun the process of action by approving four million dollars in the DoD appropriation, and an additional nine million dollars in the VA/HUD appropriation this year.

The Denver Veterans Medical Center is faced with two main alternatives with regard to their facility. The first alternative is to invest in the renovation of this facility to make it capable of handling the medical needs of our current veteran population, and the changing needs of that population over the next 20 years. After such a renovation, not only would the VA still be left with a 50-year old building, but it would also be an orphaned medical center. The second alternative is to relocate to the new Fitzsimons campus. Such relocation would allow for a modern facility to deliver modern health care in a preferred location. The VA would once again be able to take advantage of the University partnership, which will provide numerous operational efficiencies as well as access to an extensive staff of doctors, technicians, and specialists.

It is my belief that the savings in operational efficiencies of Fitzsimons in itself will pay for the construction of the new hospital. Of greater importance, the quality of care that could be provided to our veterans will be much higher at Fitzsimons.

Construction of a new hospital at Fitzsimons also allows for the ability to build a much needed Spinal Cord Injury center. Such a center is highly desired not only by the veterans in our district, but it would also be well suited for ideal research opportunities with the university. Currently, the closest Spinal Cord Injury center to our region is a great distance away in Albuquerque, New Mexico.

One final reason construction of a new VA hospital at Fitzsimons is a better option, lies in the hospital's potential for cutting-edge enhancements in veteran health care through collaborative research with the university.

As you know, the Department of Defense has recently expressed an interest in joining in the collaborative arrangement already espoused by the University and the VA. The benefits of this arrangement for our active duty and their families currently stationed at Buckley Air Force Base would be profound. Aside from having access to a full spectrum of medical services not available on base, these soldiers and their family will not have to worry about the potential loss in medical care caused by deployments of those who serve in the medical corps. The benefits to the base doctors will also increase significantly, allowing them to experience medical situations not typically found in a military community, while also having quick access to some of the greatest medical resources, references, and research in the country.

Regardless of where our veterans happen to live, they deserve the best care possible. As the House votes on this measure today, I ask that we all keep in mind the long-term planning mission of the VA: ''to improve access to, and the quality and cost effectiveness of, veterans health care.'' This message cannot be forgotten when addressing the needs of our veterans living in rural and outlying network areas.

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

Mr. Speaker, I thank the gentleman from Colorado (Mr. BEAUPREZ), a good friend, for his statement and for his fine work.

Mr. Speaker, I remind my colleagues we are at a crossroads. We have not done our due diligence in ensuring that sufficient funds were available to renovate, to update, to modernize our aging infrastructure of VA health care and other facilities within the VA, that is to say, those dealing with research and development.

There was a consultants' report as far as back as June of 1998 that suggested we spend 2 to 4 percent on plant replacement value to upkeep these vital facilities. We have not done that. We need to now do some hurry-up-and-catch-up baseball here. This legislation is certainly a step in the right direction. I hope it has the full support of our colleagues.

Mr. TIBERI. Mr. Speaker, I rise today to express my support for H.R. 1720, the Veterans Health Care Facilities Capital Improvement Act. I am pleased that the House of Representatives acted today to approve this important bill.

H.R. 1720 includes language originally included in legislation introduced by my colleague, Congressman DAVID HOBSON, that authorizes the construction of an expanded VA medical facility on the campus of the Defense Supply Center in Columbus, OH.

I have been deeply and personally committed to improving health care for veterans for nearly 20 years, going back to my days as a congressional staffer handling veteran's casework. I know first hand the difficulties our veterans have had receiving the level of care they earned through their service to our country.

Columbus is the 15th largest city in America. Central Ohio, a metropolitan area of 1.2 million people, has over 135,000 veterans who reside here. Yet we have never had a VA hospital, and our clinic has always been too small to provide the services needed for our veterans. As one of the fastest growing areas in the country, we continue to see the number of veterans in central Ohio increase each year.

On the day it opened in 1995, our existing clinic was already too small to meet all the health care needs of our veterans. It was designed to handle 135,000 annual visits. Last year there were 192,000 visits, and this year the clinic is handling 823 visits per day, which will total approximately 205,000 visits in 2003. Furthermore, the current veterans population projection data does not account for veterans of Operation Enduring Freedom, Noble Eagle or Iraqi Freedom. In Ohio alone we have mobilized over 6,000 National Guard and Reserve Forces who are now eligible for health care, as well as the hundreds of thousands of Active Duty soldiers of those operations who will be returning home in the near future. These new veterans will dramatically swell the rolls at our local facilities.

While our local VA officials do the best they can with the resources they have been given, the existing facility is simply too small to meet our current needs, much less the growing needs of the future.

A continued piecemeal approach to veterans' needs both wastes taxpayer dollars, and provides substandard care to the central Ohio men and women who have given so much to our country. The VA spends nearly $3 million a year shipping our veterans around the State, admitting emergency cases to a local hospital, and paying for outpatient specialty care because they lack adequate facilities. Additionally, the current facility is leased, and the lease will expire in just over 10 years. I believe it is not a good use of taxpayer money to invest dollars in a facility the VA will not control over the long term.

I want to tell you about a veteran I know who lives in Pataskala, OH. Mr. Stanley Folk is 78 years old, and is a 60 percent service connected World War II veteran who is forced to travel to the Cincinnati VA hospital twice a month. He gets up at 4:30 a.m. to catch a shuttle down to Cincinnati to get the treatment he needs. He is forced to stay there all day until the shuttle returns him to Columbus. He does not get home until well after 7 p.m. The strain of this trip makes him so tired and ill that he is in bed for several days after to recover. This would be a hardship on anyone, but is doubly so for the elderly and disabled. It is unconscionable that veterans must go through this to get the care they deserve. The sad part is Mr. Folk is not alone. I could go on and on with stories of veterans who have faced similar hardship.

Furthermore, there are many veterans who will not seek emergency care at night and on weekends, because the VAOPC is closed, and they are afraid to go to private hospitals with no prior guarantee the VA will pay the private hospital expense. These veterans have no health insurance and they are afraid they will be stuck with a large bill they cannot pay, so they delay treatment at risk to their health.

I believe the facts clearly show that these facilities and services are desperately needed to meet the health care needs of veterans in central Ohio. I would like to thank Chairman SMITH and Ranking Member EVANS, as well as Subcommittee Chairman SIMMONS and Ranking Member RODRIGUEZ for their hard work on this legislation. My colleagues in the central Ohio delegation, Congressman DAVID HOBSON and Congresswoman DEBORAH PRYCE, as well as Ohio Senators MIKE DEWINE and GEORGE VOINOVICH, also deserve a great deal of credit for their hard work on this issue and steadfast support for the interests of central Ohio's veterans.

Mr. BROWN of South Carolina. Mr. Speaker, Chairman SIMMONS has done a fine job of explaining the bill under consideration. I would like to thank him, Full Committee Chairman SMITH, and my colleagues on the Veterans Affairs Committee for their excellent bipartisan work on this legislation.

We all understand the significant needs of our VA medical facilities across this great Nation. Many Members of this Congress have a VA building in their district that is old and in need of renovation, maintenance, and repair. The practice of medicine requires constant modernization of equipment and facilities, and we need to do our best to ensure that our veterans continue to receive the quality of care that they deserve. Although there are never enough resources for our veterans and their medical centers, this bill will authorize much needed help for those areas most in need.

In addition to the projects authorized in this bill, I think we can all agree that more needs to be done to encourage VA to coordinate with the Defense Department, the academic community, and maybe even the private sector

when medical facilities are constructed or renovated. During the consideration of this bill in full committee, I offered an amendment that was adopted without objection. It would require the Secretary of Veterans Affairs to conduct a study to examine the feasibility of coordination by the Department of Veterans Affairs with the Department of Defense's Naval Hospital Charleston and the pending construction of a new university medical center at the Medical University of South Carolina in Charleston, SC.

Our VA Hospital, located in downtown Charleston, was built in 1966. It was a good facility for its time, and the staff there does a great job, but it definitely needs a major facelift. The building is located right next to the Medical University of South Carolina (MUSC), a modern and growing facility that is in the process of a large expansion project. MUSC and the VA work well together in many areas, especially in providing outstanding patient care.

On the old Naval Base, which was closed as a result of the last BRAC, the Naval Hospital Charleston remains a few miles away. The Navy has considerably downsized this facility, which mainly serves military retirees now. It is my understanding that the building may shut down in the future and move to a new, consolidated clinic location at the Naval Weapons Station Charleston. The proposed site would be a single 156,000-square-foot facility valued at greater than $30 million, but there are no plans that I am aware of to coordinate with the VA. It is clear that there is a tremendous opportunity for the VA, DOD and MUSC to work together for the good of our veterans and American taxpayers. I am certain that there are other similar examples throughout the United States.

I feel very strongly that this is the right thing to do for our active military personnel, retirees, and veterans. Earlier this year, we held a hearing on the Presidential Task Force Report, which focused heavily on VA–DOD resource sharing efforts. Both Undersecretaries McKay and Chu acknowledged that more could be done in this area, and Charleston was cited as one of many examples. The VA cannot afford to always go it alone in the future when planning and constructing new medical facilities.

For the sake of our veterans and the men and women who serve them in VA medical facilities, I urge my colleagues to support this bill.

Mr. KIRK. Mr. Speaker, I rise in strong support of the Veterans Health Care Facilities Capital Improvement Act of 2003. Every American knows that the face of health care has changed dramatically over the past decades. This is no less true for military and veterans' health care. This legislation is vital because it will improve, renovate, and update patient care facilities at Department of Veterans Affairs medical centers. More important, this legislation demonstrates the continued support of Congress for our nation's veterans by providing the best health service facilities possible.

My district is home to the North Chicago VA Medical Center. On June 19, 2001, the VA released its Capital Asset Realignment for Enhanced Services (CARES) study. The CARES study developed four options to improve veterans' heath care in the Chicago area, each of which recommended the preservation of services offered at North Chicago. The CARES study also recommended increasing the level the cooperation between North Chicago VA and the Navy's Great Lakes Naval Hospital.

H.R. 1720 will assist the VA in cases where the department enters into resource sharing agreements with the DoD. H.R. 1720 is critical to this mission because the legislation includes a modest adjustment of the definition of what constitutes a ''major'' construction project. This legislation will raise the threshold for ''major'' construction projects to $6 million, and thus allow cooperative sharing agreements between the VA and DoD continue moving forward with minor projects without being subjected to burdensome bureaucratic time tables. Avoiding delays and moving forward with capital improvements to VA health care facilities will save valuable resources and time, which will continue the quality of services offered our Nation's active and veteran population.

In the case of the North Chicago VA Medical Center and Great Lakes Naval Hospital, integration of the two medical facilities is practical and urgent. These facilities both sit underutilized and less than a mile away from each other. Combining these two facilities, state of the art, Federal health care center will maximize the use of tax dollars, enhance the training opportunities for young naval medical corps personnel, and, most important, bring the health care we promised our service men and veteran population into the 21st century. Changing the definition of ''major'' construction may allow the VA to move forward with plans to redesign and construct operating rooms and the emergency room at North Chicago.

I would like to thank the chief sponsor of this bill Representative ROB SIMMONS, and Chairman CHRIS SMITH of the VA Committee for their work and dedication to America's veterans.

Mr. Speaker, H.R. 1720 will allow the VA to continue moving forward by providing our Nation's veterans, and in some cases our active duty personnel, with new improved health care facilities. I urge my colleagues to support this legislation.

Mrs. SUSAN DAVIS of California. Mr. Speaker, I rise today in strong support of H.R. 1720, legislation to provide funding for a project crucial to the veterans' community in the San Diego region.

The Veterans' Affairs Medical Center in La Jolla, California serves one of the largest veterans communities in the nation. Nearly 240,000 retired military personnel in the San Diego area receive treatment from at the La Jolla hospital and nearby VA medical facilities.

I can't stress enough how important it is to ensure these facilities can provide veterans with the treatment they need even at times of disaster.

Just this week, the dedicated medical staff at area VA medical facilities worked hard to care for our veterans—despite the poor air quality and other dangers caused by the horrible wildfires burning in Southern California. It is crucial that they have the resources to continue their important work during such difficult times.

H.R. 1720 will help the VA prepare in case another type of disaster strikes. This legislation provides 50 million dollars to make necessary seismic corrections to the La Jolla VA medical center.

Mr. Speaker, this project will help ensure that both our veterans and the medical staff will be safe if a large earthquake strikes. And it will ensure that the hospital can continue treating our veterans in the aftermath.

I encourage my colleagues to join me in supporting this legislation on behalf of our veterans' community and dedicated VA medical personnel in San Diego.

Mr. SMITH of New Jersey. Mr. Speaker, I yield back the balance of our time.

The SPEAKER pro tempore. 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. 1720, 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 on H.R. 1720, as amended.

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

There was no objection.

CONFERENCE REPORT ON H.R. 2115, VISION 100–CENTURY OF AVIATION REAUTHORIZATION ACT

Mr. MICA submitted the following conference report and statement on the bill (H.R. 2115) to amend title 49, United States Code, to reauthorize programs for the Federal Aviation Administration, and for other purposes:

CONFERENCE REPORT (H. REPT. 108–334)

The committee of conference on the disagreeing votes of the two Houses on the amendment of the Senate to the bill (H.R. 2115), to amend title 49, United States Code, to reauthorize programs for the Federal Aviation Administration, and for other purposes, having met, after full and free conference, have agreed to recommend and do recommend to their respective Houses as follows:

That the House recede from its disagreement to the amendment of the Senate and agree to the same with an amendment as follows:

In lieu of the matter proposed to be inserted by the Senate amendment, insert the following:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Vision 100—Century of Aviation Reauthorization Act''.

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