

smaller companies. Particularly for small cap companies, an opportunity to list on a developmental tier is an important component to their ability to raise the capital necessary to grow their business and to continue to innovate.

Mr. Speaker, in 1996, Congress passed the National Securities Market Improvement Act in an effort to streamline the regulatory process and eliminate duplication. Common sense. This act included an important provision that granted preemption from State security regulation to the national exchanges: the New York Stock Exchange, NASDAQ, and the American Stock Exchange. Because these listings were national in scope on the major U.S. exchanges, Congress deferred regulation to the Securities and Exchange Commission. However, as the markets have evolved, that legislation has created a legislative barrier to the establishment of developmental tiers on national exchanges.

Because developmental tiers have less stringent listing standards, securities offered on those exchanges should in fact be subject to State regulatory oversight in addition to the SEC oversight. The legislation provides the national exchanges a legislative pathway that currently exists for regional domestic exchanges and foreign exchanges to offer a marketplace for small cap companies. By allowing the national exchange to establish this new tier, it will grant small cap companies a new alternative to London's AIM market and to other marketplaces that may be less regulated and less transparent.

This legislation represents sound policy. It puts all of our domestic exchanges on equal footing and removes a roadblock to progress. In addition, the bill represents an important approach to addressing American competitiveness. It grants the flexibility to develop new offerings without creating a regulatory race to the bottom. These new tiers would be subject to State security regulations, and any proposed new listing will be subject to oversight and approval from the SEC. Additionally, investor protections are upheld. As public companies, small cap companies seeking to list on a developmental tier will be required to fully comply with U.S. securities laws.

Let me just say in closing, Mr. Speaker, I want to thank Mr. MEEKS. We here in Congress, regardless of our party affiliation or where we are from, know that this country is the engine of the world, and we want to keep it such. We understand that financial markets, in particular the securities industry, is a vital component of our national economy.

And it is not just about Wall Street. As mentioned, many of us, whether you are from Queens, Brooklyn or Staten Island, many of our constituents benefit from a vibrant financial service industry. Much of that tax revenue disproportionately in New York City goes

to fund schools and parks and roads. This is just a small way in which we can maintain that competitive edge, give entrepreneurs and small companies the opportunity to access our capital markets, put us on equal footing to compete with London's AIM and other emerging market exchanges across the world, and understand that the American people, the American businessman and woman, can compete with anyone if given the tools and the barriers are diminished.

Mr. Speaker, I have no speakers. Mr. MEEKS, thank you very much. As well, I would like to add my thanks to his staff and that of Mr. FRANK, Mr. BACHUS, and on my staff, Ryan McKee, and urge my colleagues to adopt the underlying legislation.

With that, I yield back the balance of my time.

Mr. MEEKS of New York. Mr. Speaker, again, I would like to thank Mr. FOSSELLA for all of his hard work, because that is what we are talking about. We are talking about basically the backbone of America has always been its small businesses. So when we have these firms, we want them to invest and grow their businesses right here in the United States of America.

It makes great sense, because as they are investing and expanding their businesses, it creates jobs for Americans. When you look at the services, the financial services in particular, that is where the jobs are being created, that is where we are the most competitive, and that is where we have got to stay and keep our competitive edge. It makes great sense for us to make sure that tomorrow continues to be the great day for our financial services industry, because it is the key to the economic security, as well as to the jobs of tomorrow for many of our young people.

Mr. Speaker, I urge all of my colleagues to vote for this bill. It makes great sense, and it helps us maintain the competitive edge and helps us maintain being the financial capital of the world.

Mrs. MALONEY of New York. Mr. Speaker, I rise today in support of H.R. 2868, bipartisan legislation that would enhance the competitiveness of U.S. capital markets by allowing exchanges to establish developmental tiers to expand listing opportunities in the U.S. for smaller companies.

H.R. 2868 would remove the barrier to creating developmental listing tiers on several of the major exchanges in the U.S. by amending Section 18 of the National Securities Markets Improvement Act (NSMIA). Under the bill, all securities listed on a developmental tier would be subject to Securities and Exchange Commission (SEC) oversight and state blue-sky regulations in an effort to uphold investor protections.

Right now, the inability to develop an additional, developmental tier can be a significant impediment to an exchange's ability to compete in the global marketplace. These barriers make our markets less competitive for small cap listings and can drive companies to list outside the United States.

London's Alternative Investment Market (AIM) for example, is attracting capital worldwide and recruiting U.S. IPO's. According to a recent International Herald Tribune report, companies listed on London's AIM raised \$30 billion in capital in 2006. The exchange has tripled its number of listed companies to 1,640 since 2000, with about one-third of them international. A total of 63 companies worth about \$11 billion are from the United States—the highest representation on AIM.

The U.S. must take the necessary steps to maintain our capital markets as the premiere choice for companies large and small, within our country and throughout the world. The New York Stock Exchange (NYSE) previously offered a developmental tier through Arca, but is currently in the process of getting out of that business, while the AMEX has expressed an interest in developing a second tier.

I am proud to co-sponsor H.R. 2868, which was introduced by my esteemed colleagues from New York, Congressman MEEKS and Congressman FOSSELLA. I urge all of my colleagues to support this important legislation, level the playing field, and ensure our domestic exchanges can compete in the global marketplace.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New York (Mr. MEEKS) that the House suspend the rules and pass the bill, H.R. 2868, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

JOSHUA OMVIG VETERANS SUICIDE PREVENTION ACT

Mr. FILNER. Mr. Speaker, I move to suspend the rules and concur in the Senate amendment to the bill (H.R. 327) to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to develop and implement a comprehensive program designed to reduce the incidence of suicide among veterans.

The Clerk read the title of the bill.

The text of the Senate amendment is as follows:

Strike out all after the enacting clause and insert:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Joshua Omvig Veterans Suicide Prevention Act".

SEC. 2. SENSE OF CONGRESS.

It is the sense of Congress that—

(1) suicide among veterans suffering from post-traumatic stress disorder (in this section referred to as "PTSD") is a serious problem; and

(2) the Secretary of Veterans Affairs should take into consideration the special needs of veterans suffering from PTSD and the special needs of elderly veterans who are at high risk for depression and experience high rates of suicide in developing and implementing the comprehensive program under this Act.

SEC. 3. COMPREHENSIVE PROGRAM FOR SUICIDE PREVENTION AMONG VETERANS.

(a) IN GENERAL.—

(1) COMPREHENSIVE PROGRAM FOR SUICIDE PREVENTION AMONG VETERANS.—Chapter 17 of

title 38, United States Code, is amended by adding at the end the following new section:

“§1720F. Comprehensive program for suicide prevention among veterans

“(a) ESTABLISHMENT.—The Secretary shall develop and carry out a comprehensive program designed to reduce the incidence of suicide among veterans incorporating the components described in this section.

“(b) STAFF EDUCATION.—In carrying out the comprehensive program under this section, the Secretary shall provide for mandatory training for appropriate staff and contractors (including all medical personnel) of the Department who interact with veterans. This training shall cover information appropriate to the duties being performed by such staff and contractors. The training shall include information on—

“(1) recognizing risk factors for suicide;

“(2) proper protocols for responding to crisis situations involving veterans who may be at high risk for suicide; and

“(3) best practices for suicide prevention.

“(c) HEALTH ASSESSMENTS OF VETERANS.—In carrying out the comprehensive program, the Secretary shall direct that medical staff offer mental health in their overall health assessment when veterans seek medical care at a Department medical facility (including a center established under section 1712A of this title) and make referrals, at the request of the veteran concerned, to appropriate counseling and treatment programs for veterans who show signs or symptoms of mental health problems.

“(d) DESIGNATION OF SUICIDE PREVENTION COUNSELORS.—In carrying out the comprehensive program, the Secretary shall designate a suicide prevention counselor at each Department medical facility other than centers established under section 1712A of this title. Each counselor shall work with local emergency rooms, police departments, mental health organizations, and veterans service organizations to engage in outreach to veterans and improve the coordination of mental health care to veterans.

“(e) BEST PRACTICES RESEARCH.—In carrying out the comprehensive program, the Secretary shall provide for research on best practices for suicide prevention among veterans. Research shall be conducted under this subsection in consultation with the heads of the following entities:

“(1) The Department of Health and Human Services.

“(2) The National Institute of Mental Health.

“(3) The Substance Abuse and Mental Health Services Administration.

“(4) The Centers for Disease Control and Prevention.

“(f) SEXUAL TRAUMA RESEARCH.—In carrying out the comprehensive program, the Secretary shall provide for research on mental health care for veterans who have experienced sexual trauma while in military service. The research design shall include consideration of veterans of a reserve component.

“(g) 24-HOUR MENTAL HEALTH CARE.—In carrying out the comprehensive program, the Secretary shall provide for mental health care availability to veterans on a 24-hour basis.

“(h) HOTLINE.—In carrying out the comprehensive program, the Secretary may provide for a toll-free hotline for veterans to be staffed by appropriately trained mental health personnel and available at all times.

“(i) OUTREACH AND EDUCATION FOR VETERANS AND FAMILIES.—In carrying out the comprehensive program, the Secretary shall provide for outreach to and education for veterans and the families of veterans, with special emphasis on providing information to veterans of Operation Iraqi Freedom and Operation Enduring Freedom and the families of such veterans. Education to promote mental health shall include information designed to—

“(1) remove the stigma associated with mental illness;

“(2) encourage veterans to seek treatment and assistance for mental illness;

“(3) promote skills for coping with mental illness; and

“(4) help families of veterans with—

“(A) understanding issues arising from the readjustment of veterans to civilian life;

“(B) identifying signs and symptoms of mental illness; and

“(C) encouraging veterans to seek assistance for mental illness.

“(j) PEER SUPPORT COUNSELING PROGRAM.—

(1) In carrying out the comprehensive program, the Secretary may establish and carry out a peer support counseling program, under which veterans shall be permitted to volunteer as peer counselors—

“(A) to assist other veterans with issues related to mental health and readjustment; and

“(B) to conduct outreach to veterans and the families of veterans.

“(2) In carrying out the peer support counseling program under this subsection, the Secretary shall provide adequate training for peer counselors.

“(k) OTHER COMPONENTS.—In carrying out the comprehensive program, the Secretary may provide for other actions to reduce the incidence of suicide among veterans that the Secretary considers appropriate.”.

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by adding at the end the following new item:

“1720F. Comprehensive program for suicide prevention among veterans.”.

(b) REPORT TO CONGRESS.—

(1) REPORT REQUIRED.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to Congress a report on the comprehensive program under section 1720F of title 38, United States Code, as added by subsection (a).

(2) CONTENTS OF REPORT.—The report shall contain the following:

(A) Information on the status of the implementation of such program.

(B) Information on the time line and costs for complete implementation of the program within two years.

(C) A plan for additional programs and activities designed to reduce the occurrence of suicide among veterans.

(D) Recommendations for further legislation or administrative action that the Secretary considers appropriate to improve suicide prevention programs within the Department of Veterans Affairs.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. FILNER) and the gentleman from Arkansas (Mr. BOOZMAN) each will control 20 minutes.

The Chair recognizes the gentleman from California.

Mr. FILNER. Mr. Speaker, I yield myself 5 minutes.

Mr. Speaker, before I introduce the author of the legislation, I just want to say in introduction, unfortunately, suicide prevention has become a major part of our responsibilities to both active duty and our veterans.

It is a terrible statistic, Mr. Speaker, but as many Vietnam veterans have now committed suicide as died in the original war. That is over 58,000. We have to do as a Nation a better job. The Army just announced recently that the suicide rate among active duty and recently discharged has now reached Vietnam proportions. So we have to do a far better job and we intend to do that.

The author of the original legislation, Mr. BOSWELL from Iowa, saw this very clearly and introduced this bill.

Mr. Speaker, one of the top priorities of the Committee on Veterans’ Affairs in this Congress is to address the needs of our returning servicemembers. The House passed H.R. 327, the Joshua Omvig Veterans Suicide Prevention Act, on March 21st of this year. I’m pleased the Senate also made it a priority to act on this important legislation. I believe the bill shows a clear compromise in our efforts to provide help to those in need.

One of the most pressing issues facing our men and women is mental health care. I believe that if we send our men and women off to war, we must, as a nation, do all we can to address their health care needs when they return. We cannot ask them to fight and then forget them when they return from battle. Veterans suffer a higher risk of suicide than the general population. The stress of combat, combined with the stigma that exists for servicemembers and veterans seeking mental health care services can have disastrous consequences.

We must do everything possible to improve the VA’s mental health services, and its ability to detect, and help, those veterans most at risk. H.R. 327 will provide the important tools to assist the VA in strengthening suicide prevention, education, and awareness programs within the VA by mandating a comprehensive program for suicide prevention among veterans.

I thank my colleague Mr. BOSWELL for introducing this bill, and I thank my colleagues for their support.

Mr. Speaker, I yield such time as he may consume to the gentleman from Iowa (Mr. BOSWELL).

Mr. BOSWELL. I thank the chairman for yielding.

Mr. Speaker, this is a very important moment for our veterans as we think of their service to our country. Of course, we all wouldn’t be here, I believe, I think we would agree with that, if it wasn’t for our veterans, who have been willing to put it on the line.

Mr. Speaker, as Chairman FILNER has spoken here, this legislation came up after a very tragic thing. Joshua Omvig, returning after an 11-month tour, a good young fellow, a member of the Grundy Center Volunteer Fire Department, the Grundy Center Police Reserves, he was concerned about the safety of others, but because of the situation, he took his life.

I can’t help but be thoughtful of Ellen, his mother.

□ 1230

She would like to have had more training. She knew there was a problem, and so did his dad. She was with Josh when he went out to his pickup truck that day to go to work to try to talk to him, to try to help. And he took his life right in her presence.

Well, they could have just kind of backed off in their great grief and sorrow and done nothing, but we reached out to them and they reached back. They want to participate in doing something for others. And so out of that came what is now known as H.R. 327. It is pretty simple: Improve early detection for incidence of suicide among veterans, provide those veterans

with the assistance they need, which was not there for Joshua.

This bill also requires the Veterans Administration to develop a comprehensive program to address the rate of suicide among veterans. And it also underscores the importance for further research, peer counseling, family education and involvement, and education for all staff at the Veterans Administration. There is an urgent need for this bill to pass.

You have heard the report that Mr. FILNER gave us. The statistics are astounding. Stress disorder has jumped like 70 percent.

Also, I want to thank our two Iowa Senators, Senator HARKIN and Senator GRASSLEY, for their support; and I especially want to thank Randy and Ellen Omvig, the mom and dad of Joshua. They have suffered a lot over this, as we all would. But at the same time, they found the courage and strength to want to help others and want to reach out. They want to do anything they can possibly do to prevent this from happening to another individual and another family.

It is almost with relief for me, Mr. Speaker, that we are passing this today and moving it on because we know there are hundreds of other veterans out there who need help, and this ought to set that in motion. There is no doubt there is more we can do, but this is a good beginning. With that, I would like to yield back and let other Members speak to this very important piece of legislation.

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

Mr. Speaker, I rise in support of H.R. 327, the Joshua Omvig Veterans Suicide Prevention Act as amended by the Senate. I also want to thank Mr. BOSWELL for his hard work in bringing this forward.

H.R. 327 was originally passed by the House unanimously in March. The legislation was slightly modified by the Senate to ensure that referrals for mental health counseling and treatment considered the request of the veteran concerned.

Preventing suicide among our veterans is a top priority of this Congress and the Nation. The Veterans Health Administration estimates there are 1,000 suicides per year among veterans receiving VA health care, and as many as 5,000 per year among all living veterans. These are alarming statistics.

H.R. 327, as amended, establishes requirements for a multifaceted VA suicide prevention plan that strengthens early detection measures, staff education initiatives, and counseling and treatment assistance to reach out and help at-risk veterans to prevent suicides among those who have so bravely served our Nation.

VA has already begun to implement a national suicide prevention lifeline as required by this legislation. The hotline became operational in July of this year. Veterans experiencing thoughts of suicide can call 1-800-273-TALK

(8255) for help. The first call, according to the VA, was received on July 25. Since that time and through September 1, as a result of calls to the suicide prevention hotline, 346 callers were referred to a VA suicide prevention coordinator, and there were 56 rescues.

Mr. Speaker, H.R. 327, as amended, is important legislation that responds to the need to strengthen suicide prevention, education and awareness programs within the VA. I urge my colleagues to support H.R. 327, as amended.

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

Mr. FILNER. Mr. Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. HARE).

Mr. HARE. Mr. Speaker, I rise today in strong support of H.R. 327, the Joshua Omvig Veterans Suicide Prevention Act.

I would like to express my heartfelt appreciation to the family of Joshua, both for their tireless efforts to pass this legislation and for their son's brave service to our Nation.

Too many soldiers are returning from the battlefield with hidden injuries. According to the Department of Defense, 60,000 troops have been diagnosed with posttraumatic stress disorder or traumatic brain injuries. Sadly, only a small number of our veterans receive or seek the help that they need.

H.R. 327 strengthens cooperation between the Departments of Defense and Veterans Affairs, it creates a comprehensive program to screen veterans for mental health and suicide risk factors, and increases training for suicide prevention.

This bill is the first step in ensuring that we treat the psychological wounds of our troops by improving mental health coordination and our outreach to veterans. I urge all of my colleagues to join me in voting for H.R. 327.

Mr. BOOZMAN. Mr. Speaker, I yield 3 minutes to the gentlewoman from Florida (Ms. GINNY BROWN-WAITE).

Ms. GINNY BROWN-WAITE of Florida. Mr. Speaker, I rise today to express my overwhelming support for H.R. 327. This bill addresses a glaring need for mental health support at the Department of Veterans Affairs.

Medical personnel easily identify and treat physical injuries related to combat. However, more difficult to identify are those brave men and women that bear the mental scars of war. Posttraumatic stress disorder is a very real and potentially deadly condition if not properly treated.

The reality is we as a Nation ask a great deal of the men and women who serve in our Armed Forces. They deal with extreme conditions, heavy body armor and separation from their families. In addition, these soldiers are constantly looking over their shoulders not knowing when or where the next attack or IED will come from. Many times, they witness firsthand the deaths of those they serve beside.

Under these extreme conditions, it is no wonder that those who have served so bravely come home and find it very difficult to put these experiences behind them. PTSD is gaining more attention, and rightly so.

As a member of the House Veterans Affairs' Committee, we are seeing more servicemembers returning home with these types of stress disorders. If not properly treated, those suffering from PTSD may turn to drugs or alcohol to cope. Some may even take their life.

That is why the Joshua Omvig Suicide Prevention Act is such an important piece of legislation. It ensures when a veteran is having trouble with any mental illness they have a place to turn. It ensures that at each VA medical facility there is a designated suicide prevention counselor who will engage in community outreach to veterans and improve the coordination of mental health services.

The bill also makes available mental health care 24 hours a day, 7 days a week. There is also a toll-free hotline for veterans staffed by appropriate mental health personnel.

In conclusion, Mr. Speaker, H.R. 327 provides a necessary service to our Nation's veterans, and I would urge all of my colleagues to support this measure.

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

Ms. BERKLEY. I thank the chairman of the VA Committee for yielding me this time.

I rise in strong support of H.R. 327, the Joshua Omvig Veterans Suicide Prevention Act. I listened to what Mr. BOSWELL had to say. He is the prime sponsor of the bill. I heard him in committee and I heard him again on the floor, and I appreciate so much the fact that he has brought this to Congress' attention. And a special thank you to Joshua's family and his parents. I am not sure if my child had committed suicide after his service in Iraq that I would have the strength to not only go on as they have, but to try to bring PTSD to the attention of the American people and actually do something about it.

I want to share why this is important to me and why I am supporting this bill. More than 1,600 Nevada veterans have returned from serving in Iraq and Afghanistan. Many of these brave men and women suffer from PTSD. Nationally, one in five veterans returning from Iraq and Afghanistan are suffering from PTSD; 35 percent have been diagnosed with some sort of mental disorder. It is vital that our veterans receive the help they need to deal with this condition.

A few years ago a constituent of mine, Lance Corporal Justin Bailey, returned from Iraq with some physical injuries as well as a diagnosis of PTSD. He struggled with addiction to legal prescription and illegal drugs. After consultation with his parents, he checked himself into the West L.A. VA facility where he was given five additional prescription drugs, including

methadone, without proper oversight. The next day, the man was dead.

I can't understand, it is incomprehensible to me why a facility would give anyone with a substance abuse problem a 30-day supply of medication unsupervised under a self-medication policy. This devastating loss of life could have been and should have been prevented. This is a systemic problem in our VA system, and that's why this issue needs immediate attention.

One other quick story, if you can call it a story. About a month ago I called a grandmother in Pahrump, Nevada. It is a small town outside of Las Vegas. Her grandson lived with her. He came home from his first tour of duty in Iraq, and he was messed up mentally. He was suffering from PTSD. It was apparent to anybody who spoke to him. He didn't want to go back. He felt he couldn't handle it. He was emotionally and physically drained, and he begged not to go back.

So the military's response was they gave him Prozac because he was depressed and they sent him back to the front lines in Iraq. The day he got back to Iraq, he blew his brains out. That is a very difficult thing to come to grips with if you are the grandmother of a grandson who begged you not to let him go back to Iraq.

We have problems with PTSD. It is imperative that we provide adequate mental health services for those who have and are currently sacrificing for our great Nation. This bill takes a step in the right direction in providing our veterans with the health care they have earned.

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

Mr. FILNER. Mr. Speaker, I yield 2 minutes to Mr. WALZ of Minnesota.

Mr. WALZ of Minnesota. Mr. Speaker, I thank Chairman FILNER for his strong support of this piece of legislation and to all members of the committee. Mr. BOOZMAN has been a strong supporter of our veterans, and I appreciate the support for this piece of legislation.

Mr. BOSWELL so clearly illustrated the need for this piece of legislation. I urge my colleagues to stand in support of this compromise that has come back from the Senate, and thank Senator HARKIN for moving it towards us.

As I spoke on this piece of legislation in March, the numbers show that veterans' suicide and mental health issues are urgent issues that require Congress' immediate attention. Although veterans make up 10 percent of our population, one in five people who commits suicide in the United States is a veteran.

A full 35 percent of our veterans returning from Iraq are seeking counseling for mental health issues within the first year. PTSD is fast becoming a signature injury of the wars in Iraq and Afghanistan, and the Veterans' Affairs Committee has seen in countless hearings that the need to expand care is there.

H.R. 327 will meet this need. By directing the Department of Veterans Affairs to offer mental health screening to veterans, providing education to VA staff, contractors and medical personnel, and making available 24-hour mental health care for veterans who are at risk, we will alleviate some of these hardships.

I urge my colleagues to support this legislation because of the critical service it will provide. Although we often have bitter debates in this House and are deeply divided over issues like the war in Iraq, there is one issue that we all agree on and has the potential to unite us and this Nation, and that is the care for our veterans. No one in this body questions the incredible sacrifice each of the veterans has made on behalf of the United States. And no one questions the responsibility that we have in Congress to provide them with the resources and the help necessary to live healthy and prosperous lives.

With this legislation, the 110th Congress will again demonstrate its commitment on behalf of our veterans.

Mr. BOOZMAN. Mr. Speaker, I continue to reserve the balance of my time.

Mr. FILNER. Other Members from the State of Iowa want to express support for the Iowa family that helped inspire this legislation. I would yield 2 minutes to the gentleman from Iowa (Mr. BRALEY).

(Mr. BRALEY of Iowa asked and was given permission to revise and extend his remarks.)

□ 1245

Mr. BRALEY of Iowa. Mr. Speaker, I thank the gentleman for the opportunity to address this very important issue, and I want to congratulate and thank my colleague and friend, Congressman BOSWELL, for his persistence in seeing this bill to its conclusion and, again, thank the ranking member for the bipartisan support for this bill.

One of the most moving experiences I've had in this body is standing on the floor when we first spoke about this bill and heard overwhelming support and great personal testimony from people on both sides of the aisle.

I want to put a human face on the bill we are talking about. This is Joshua Omvig, and these are his parents, Randy and Ellen Omvig. I've known Randy and Ellen for almost 20 years. They're warm, caring, decent Iowans who loved their son and who are with us here in spirit as this bill makes its final journey through Congress on its way to the White House.

Joshua was a brave young man who served in a military police unit in Davenport, Iowa, which is in the First District that I happen to represent, and Joshua's face has become a national face for the issue and the crisis that brings us here today.

People who deal with post-traumatic stress disorder, especially PTSD involving veterans, will tell you this is the hidden combat wound. When these

veterans return with PTSD, they can be walking on the streets of your city, your town, your community; and you will not know that they are suffering because of the nature of the disease.

What's even more significant is that people suffering from PTSD are frequently the last people to know they've got a problem, and that's why this bill is so important, so that people coming back and veterans who are suffering from PTSD get the resources, the early screening and the early prevention and intervention necessary to make a difference in their lives and to save the next Joshua Omvig who faces this struggle without the necessary resources and support.

I'm proud to be part of this overwhelming bipartisan effort in the House of Representatives to take care of our wounded veterans, our aging veterans, and our new veterans coming back from Iraq and Afghanistan. You've heard the statistics about the overwhelming nature of this problem among current combat veterans. That's why this bill is so important, and I ask my colleagues to join me today.

I rise to speak in support of H.R. 327, the Joshua Omvig Veterans Suicide Prevention Act. I am proud to be an original cosponsor of this crucial legislation, introduced by my friend and colleague from Iowa, Congressman BOSWELL, and I am very pleased that the Senate has acted and that the House is again passing this bill today.

Named in honor of 22-year-old Joshua Omvig, an Army Reservist from Iowa who tragically took his own life after serving an 11-month tour of duty in Iraq, this legislation is an essential and overdue step in ensuring adequate mental health care for our troops who return home from serving in combat zones. The need for this legislation could not be more urgent, as more and more soldiers are returning home from Iraq and Afghanistan suffering from PTSD, TBI, and other combat-related mental health problems.

This bill is very near to my heart, as I know Joshua's parents, Randy and Ellen Omvig, very well. It is my hope that the passage of this bill in the House today means that the tragic death of their son will not be in vain.

I would like to thank Congressman BOSWELL for his leadership on this bill, and the Omvigs for their tremendous advocacy and commitment. I urge all of my colleagues to vote in favor of this bill today, and I urge President Bush to swiftly sign this bill into law so that we can give all of our returning veterans—who have sacrificed so much for our country—the mental health care and treatment that they deserve.

Mr. FILNER. Mr. Speaker, I would like to yield 2 minutes to another gentleman from Iowa (Mr. LOEBSACK) to add his support.

Mr. LOEBSACK. Thank you, Chairman FILNER, and thank you, Congressman BOSWELL, Congressman BRALEY, and Congressman BOOZMAN, for your bipartisan support on this bill.

I rise today in strong support of H.R. 327, the Joshua Omvig Suicide Prevention Act.

This bill was one of the very first bills that I cosponsored as a new Member of Congress, and I did so because I

believe we have a moral obligation to care for those who have worn our country's uniform. Indeed, just yesterday, early yesterday, I visited the mental health unit at our military hospital in Landstuhl, Germany.

The incidence of suicide among our Nation's veterans is indeed staggering. In fact, it has reached the highest rate in 28 years, and we've already heard about Joshua Omvig, himself one of Iowa's own.

By directing the VA to implement screening, counseling, and other mental health services for returning veterans, this legislation will reach those who are most in need of our help.

I urge the passage of this legislation, and I urge the President to quickly sign it into law so that these vital mental health services can reach our Nation's veterans.

Mr. FILNER. We have no further speakers except my closing, if the gentleman would like to close.

Mr. BOOZMAN. Mr. Speaker, again, I want to thank Congressman BOSWELL for his hard work in bringing this forward, Chairman FILNER, Ranking Member BUYER, Mr. MICHAUD, Mr. MILLER, all of them for reaching a compromise with the Senate as we go forward on this.

I think this is a great example that out of a terrible tragedy something good can happen, and we've heard the story of this young guy, and because of his tragedy, because of that family's tragedy, hopefully in putting programs like this in place we will help other families, other individuals, other service men not go through this and prevent future tragedies.

So, again, I urge my colleagues to vote "yes" and urge the President to sign this so that we can go forward completely.

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

GENERAL LEAVE

Mr. FILNER. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 327, as amended.

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

There was no objection.

Mr. FILNER. Mr. Speaker, I want to thank Mr. BOSWELL for his ongoing support.

As a Nation, in the name of Joshua Omvig and for his family and for all the families who have suffered from suicide, we have got to do a better job as a Nation. We have just got to do a better job. We know what will happen if we fail.

Vietnam veterans have paid a heavy price for our refusal to look at mental health as important as physical health, for our refusal to look into the souls of our young veterans and recognize that they are crying out for help.

So we have to get this right, and this is a good step in doing it.

Again, I thank Mr. BOSWELL and all the Iowa Representatives for taking a tragedy that befell Joshua Omvig and his family and turning it into a positive that will help all of us in America achieve better health care for our veterans.

I urge my colleagues to support H.R. 327.

Mr. LATHAM. Mr. Speaker, I rise in strong support of the Joshua Omvig Veterans Suicide Prevention Act. I first want to thank my friend and colleague LEONARD BOSWELL for his service to our Nation, and his efforts to bring this legislation forward on behalf of Iowa veterans. I was pleased to be an original cosponsor of this legislation when it was introduced.

The bill contains many important provisions to ensure that the VA health system is better equipped to identify soldiers at risk for suicide and respond with appropriate counseling and care. The bill also mobilizes federal government agencies to pool their expertise on this issue in order to identify the best strategies for suicide prevention.

The bill is named in honor of SPC Joshua Omvig, who served his country as part of the Army Reserve 339th Military Police Company from Davenport, IA. A little over a year after his return from a tour in Iraq, Joshua Omvig took his own life on December 22, 2005. While his death was tragic, we are grateful for his service to our Nation.

Our soldiers encounter enormous stress and mental health challenges in the course of their duties. We have a crucial obligation to do all we can to ensure that our veterans are given proper care and to prevent such tragedies from occurring.

No one has done more to secure our Nation's freedom than our veterans and military personnel. Their sacrifice and service must be matched with greater commitment to them on our part. With that, I urge my colleagues to support H.R. 327.

Mr. EMANUEL. Mr. Speaker, today I rise in strong support of H.R. 327, the Joshua Omvig Veterans Suicide Prevention Act. As our soldiers continue to defend our country's freedom overseas, it is imperative that we at home continue to recognize their sacrifice by providing them with the support and services that they have earned.

H.R. 327 is named after an Iraq veteran Joshua Omvig, a 22-year-old Army Reservist who served honorably in Iraq, but returned home unable to cope with his memories of the war. Only months after his return from Iraq, he committed suicide.

The story of Joshua Omvig is not an isolated occurrence. In 2004, a study conducted by the New England Study of Medicine concluded that over 15 percent of veterans returning from a year in Iraq met screening criteria for major depression, generalized anxiety, or post traumatic stress disorder. Today, our soldiers are serving much longer than a single year and are returning from combat with severe psychological trauma.

H.R. 327 implements a comprehensive program that takes into consideration the special needs of veterans who are at high risk of depression and experience high rates of suicide. By directing and training the staff of Veterans Affairs in the proper screening, monitoring, and tracking of veterans, this legislation will lead to earlier diagnosis for those who may be prone to suicide.

Mr. Speaker, we have a responsibility to support our Nation's veterans. I stand in strong support of H.R. 327, and I encourage my colleagues to join me in voting for the Joshua Omvig Suicide Prevention Act.

Mr. VAN HOLLEN. Mr. Speaker, I rise in support of H.R. 327, the Joshua Omvig Veterans Suicide Prevention Act.

Mr. Speaker, the measures in this bill are designed to reduce the alarming incidence of suicides among our vets. According to a recent study conducted by Portland State University, male U.S. military veterans are twice as likely to commit suicide as men who haven't served in the armed forces. The report is a painful reminder of why we must adopt the measures outlined in this bill to assist our military personnel returning from Afghanistan and Iraq.

The Portland State study followed 320,000 men over age 18 for 12 years collecting data on those who participated in the National Health Interview Survey. The researchers found that men who had served in the military at some time between 1917 and 1994 were twice as likely to die from suicide than men in the general population. In addition, veterans who committed suicide were more likely to be older, white, better educated, and married. But the report offered few clear indicators for the high suicide rates. That in part is the purpose of this legislation—to locate the root cause of the high suicide rates and to reverse the situation.

There are approximately 25 million veterans in the United States, and 5 million veterans who receive care within the Veteran's Health Administration (VHA). Based on CDC data, VHA mental health officials estimate 1000 suicides per year among veterans receiving care with VHA and as many as 5000 per year among all living veterans.

Representative BOSWELL's bill is a bipartisan effort to get at the root of this troubling trend and to find solutions.

This bill requires the Veterans Administration to consider the special needs of veterans who suffer from post traumatic stress disorder and mandates the development and implementation of a comprehensive program to reduce the incidence of suicide among all veterans.

The bill accomplishes this by requiring that appropriate Veterans Administration staff are able to recognize risk factors for suicide and are aware of the proper protocols and best practices for responding to crisis situations involving veterans who may be at high risk.

The legislation also requires the designation of a suicide prevention counselor at each department medical facility and authorizes the availability of 24-hour mental health care; a hotline, staffed with trained mental health personnel; and expanded outreach and education services for veterans and their families.

We must put an end to this tragedy affecting the many vulnerable men and women who have worn our country's uniform and who serve this country proudly today. I believe this legislation is an important step in that direction, and I am happy to support it.

Mr. SHULER. Mr. Speaker, I rise today in support of H.R. 327, the Joshua Omvig Veterans Suicide Prevention Act, which will expand suicide-prevention services to our nation's veterans.

Joshua Omvig was an Army Reservist who committed suicide in 2005 after serving his

Nation in Iraq. My thoughts and prayers are with the family of this fallen hero, who have responded to this tragedy by championing efforts to improve mental health care for returning war veterans.

It is widely understood that suicide among veterans suffering from post-traumatic stress disorder (PTSD) is a serious and pressing problem facing our veterans' community. Our Nation's men and women returning from service abroad deserve the highest quality care that this Nation can provide, including access to top quality mental health programs.

H.R. 327 directs the Secretary of Veterans Affairs to take a comprehensive approach to combating the negative long-term effects of PTSD.

Specifically, this Act requires the Secretary of Veterans Affairs to develop a program that includes screening for suicide risk factors for veterans receiving medical care at all Department facilities, referral services for at-risk veterans for counseling and treatment, designation of a suicide prevention counselor at each Department facility, a 24-hour veterans' mental health care availability, peer support counseling, and mental health counseling program for veterans who have experienced sexual trauma while in military service.

I ask my colleagues to join me in supporting this measure to improve suicide-prevention programs through the Department of Veterans Affairs. I commend the House and Senate Veterans' Affairs Committee for their hard work on this bill.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. FILNER) that the House suspend the rules and concur in the Senate amendment to the bill, H.R. 327.

The question was taken.

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

Mr. FILNER. 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.

CHARLIE NORWOOD DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER

Mr. FILNER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1808) to designate the Department of Veterans Affairs Medical Center in Augusta, Georgia, as the "Charlie Norwood Department of Veterans Affairs Medical Center".

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1808

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

SECTION 1. FINDINGS.

Congress finds the following:

(1) Charlie Norwood volunteered for service in the United States Army Dental Corps in a time of war, providing dental and medical

services in the Republic of Vietnam in 1968, earning the Combat Medical Badge and two awards of the Bronze Star.

(2) Captain Norwood, under combat conditions, helped develop the Dental Corps operating procedures, that are now standard, of delivering dentists to forward-fire bases, and providing dental treatment for military service dogs.

(3) Captain Norwood provided dental, emergency medical, and surgical care for United States personnel, Vietnamese civilians, and prisoners-of-war.

(4) Dr. Norwood provided military dental care at Fort Gordon, Georgia, following his service in Vietnam, then provided private-practice dental care for the next 25 years for patients in the greater Augusta, Georgia, area, including care for military personnel, retirees, and dependents under Department of Defense programs and for low-income patients under Georgia Medicaid.

(5) Congressman Norwood, upon being sworn into the United States House of Representatives in 1995, pursued the advancement of health and dental care for active duty and retired military personnel and dependents, and for veterans, through his public advocacy for strengthened Federal support for military and veterans' health care programs and facilities.

(6) Congressman Norwood co-authored and helped pass into law the Keep our Promises to America's Military Retirees Act, which restored lifetime healthcare benefits to veterans who are military retirees through the creation of the Department of Defense TRICARE for Life Program.

(7) Congressman Norwood supported and helped pass into law the Retired Pay Restoration Act providing relief from the concurrent receipt rule penalizing disabled veterans who were also military retirees.

(8) Throughout his congressional service from 1995 to 2007, Congressman Norwood repeatedly defeated attempts to reduce Federal support for the Department of Veterans Affairs Medical Center in Augusta, Georgia, and succeeded in maintaining and increasing Federal funding for the center.

(9) Congressman Norwood maintained a life membership in the American Legion, the Veterans of Foreign Wars, and the Military Order of the World Wars.

(10) Congressman Norwood's role in protecting and improving military and veteran's health care was recognized by the Association of the United States Army through the presentation of the Cocklin Award in 1998, and through his induction into the Association's Audie Murphy Society in 1999.

SEC. 2. DESIGNATION OF CHARLIE NORWOOD DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER.

(a) DESIGNATION.—The Department of Veterans Affairs Medical Center located at 1 Freedom Way in Augusta, Georgia, shall after the date of the enactment of this Act be known and designated as the "Charlie Norwood Department of Veterans Affairs Medical Center".

(b) REFERENCES.—Any reference in any law, regulation, map, document, record, or other paper of the United States to the medical center referred to in subsection (a) shall be considered to be a reference to the Charlie Norwood Department of Veterans Affairs Medical Center.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. FILNER) and the gentleman from Arkansas (Mr. BOOZMAN) each will control 20 minutes.

The Chair recognizes the gentleman from California.

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

I'm going to allow the author of the legislation, Mr. KINGSTON, to go into the career of our good friend Charlie Norwood.

I just want to say that we all loved him as a Member. I didn't know he had this incredible career in the United States Army in the dental corps, and I will let you go through that, but it was a very incredible story of his devotion to our Nation.

We saw his heart and soul here. He always wanted to take care of veterans, and I'm pleased to support your motion to name the Department of Veterans Affairs Medical Center in Augusta, Georgia, as the Charlie Norwood Department of Veterans Affairs Medical Center.

Mr. FILNER. Mr. Speaker, I rise today to offer my support of H.R. 1808, a bill to name the VA Medical Center in Augusta, Georgia, after our former colleague, Charlie Norwood.

Charlie Norwood served as a Captain in the United States Army from 1967 to 1969, beginning with an assignment to the U.S. Army Dental Corps at Sandia Army Base in Albuquerque, New Mexico. In 1968 he was transferred to the Medical Battalion of the 173rd Airborne Brigade in Vietnam and served a combat tour at Quin Yon, An Khe, and LZ English at Bon Son.

During his tour, he participated in experimental military dental practices that are now standard procedure for the armed forces. Captain Norwood was one of the first participants in the Army's outreach program that delivered dentists to forward fire bases in lieu of transferring patients to rear treatment areas. He provided some of the first field-based dental treatment of military guard dogs, and assisted in non-dental trauma care in Mobile Army Surgical Hospitals.

In recognition of his service under combat conditions, he was awarded the Combat Medical Badge and two Bronze Stars. After Vietnam, Captain Norwood was assigned to the Dental Corps at Fort Gordon, Georgia, where he served until his discharge in 1969.

He remained a member of The American Legion, the Veterans of Foreign Wars, and the Military Order of the World Wars until his death. H.R. 1808 would name the Department of Veterans Affairs Medical Center in Augusta, Georgia, as the "Charlie Norwood Department of Veterans Affairs Medical Center".

Naming a VA facility after this hero and strong veterans advocate is a proper honor for an honorable soldier.

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

Mr. BOOZMAN. Mr. Speaker, H.R. 1808, a bill to designate the VA Medical Center in Augusta, Georgia, as the "Charlie Norwood Department of Veterans Affairs Medical Center," would honor one of our colleagues who was taken from us all too soon.

Charles "Charlie" Whitlow Norwood, Jr., was born on July 27, 1941. A Georgia native, Charlie Norwood attended Georgia Southern University in Statesboro, Georgia, and Georgetown University in Washington, and was a dentist prior to serving in the House of Representatives.

Charlie Norwood served as a captain in the United States Army from 1967 to