

among other things, Congressman KENNEDY spoke of the importance of properly addressing the needs of veterans and servicemembers.

As a Nation, we will never be fully healthy, never fully productive, until we eliminate all barriers to good mental health care for all our citizens, and especially those who have put themselves in harm's way to serve our country.

This amendment requires the Secretary of Defense to develop a plan to reduce the likelihood that personnel in combat will develop post-traumatic stress disorder or other stress-related psychopathologies, what we might call psychological Kevlar.

Prevention, how nice. No, how necessary. It is what we do in the military. Successful generals win. Then they go to war.

This is what we must do to ensure that our soldiers are properly prepared, not just physically with the right Kevlar but, also, thanks to the knowledge developed through the peer-reviewed research called for in this amendment, with the proper psychological Kevlar. We must treat both physical and mental care of our troops the same.

I urge my colleagues to support this amendment.

I reserve the balance of my time.

Mr. SKELTON. Mr. Chairman, will the gentleman yield?

Mr. SESTAK. I yield to the gentleman from Missouri.

Mr. SKELTON. Mr. Chairman, I have examined this amendment. I think it is an excellent one, and I compliment you. It is certainly acceptable on our side.

Mr. KENNEDY. Mr. Chairman, I ask unanimous consent to claim the time in opposition, although I am not in opposition to the amendment.

The Acting CHAIRMAN. Without objection, the gentleman from Rhode Island is recognized for 5 minutes.

There was no objection.

Mr. KENNEDY. Mr. Chairman, I only asked for the opportunity to speak in opposition just to claim the time in opposition. This is my amendment, so I won't be speaking in opposition to it.

Of course, I do want to speak in favor of this, because clearly this is the leading cause of disability, I believe, and will be the leading cause of disability for this war. As we have seen our soldiers come back, more and more of them are reporting mental health as the leading cause of disability; and, of course, this has been underreported in so many instances.

Why? It has been underreported because of the stigma, Mr. Chairman. Continued in this country is the fact that our society continues to stigmatize the treatment of mental illness. So even our soldiers who have every right to feel that they have been stressed by the experience of having suffered through the trauma of war, even those that have been through this experience and have every right to seek

mental health treatment, even they feel stigmatized by having to need mental health treatment, and that is the reason why so many of them don't actually go and seek mental health treatment.

But in spite of the stigma, we still find that 35 percent of those returning from Iraq and Afghanistan have sought treatment for mental health services. This is an enormous number, and I think it points very much to the fact that this is a very enormous challenge for our country.

Mr. Chairman, we need to deal with this problem before we even have these soldiers returning from Iraq, and that is why we are looking to have the psychological Kevlar act adopted in this legislation.

I want to identify Kristen Henderson, who is a spouse of a member of our military who came to my office and said, why is it that we are waiting until our soldiers get back from Iraq until we deal with their post-traumatic stress disorder? Why don't we start helping them become resilient, and how come we don't start preparing them for the trauma of war before they even get into the trauma of war? We do so much to put them into boot camps to train them physically for war. Why don't we do more to put them together and train them mentally for war?

This is what this amendment says. It puts the Department of Defense in the position where they have to put together a program where our military men and women are put into a curriculum where they are better prepared to deal with the conflicts and the stresses of war before they actually see the trauma of combat.

Mr. Chairman, I think that this is something that we need to do, because we need to make sure that when our soldiers come back that they don't have that sense of stigma attached to seeking mental health services. And if they understand that in order for them to be good soldiers that they need to be of sound mind and sound body and that is part of their being part of a *esprit de corps*, then they will be more forthcoming in seeking help when they need it. That will mean they will be better soldiers in the long run.

Mr. Chairman, just a few years ago, I had the opportunity to go down to Fort Bragg and see our Green Berets. Mr. Chairman, they have psychiatrists available 24 hours, 7 days a week.

You might ask, why do the best and brightest in the military have that? The reason they do is because the military has figured out that if they have anything else on their mind bothering them, they can't do their job the way they are best trained to do their job. I think, Mr. Chairman, if it is good enough for the Green Berets, then why isn't it good enough for the rest of our Armed Forces?

That is what this psychological Kevlar bill puts in place. It says we need to protect the mind as well as the body of our soldiers before battle, and

we need to make sure that they are prepared for every eventuality when it comes to wartime.

I ask my colleagues to vote for this and destigmatize mental health and help the Department of Defense lift the veil of the stigma of mental illness and vote for the psychological Kevlar bill. For that reason, I will ask for a recorded vote on this amendment.

□ 1530

The Acting CHAIRMAN. The question is on the amendment offered by the gentleman from Pennsylvania (Mr. SESTAK).

The amendment was agreed to.

Mr. SKELTON. Mr. Chairman, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Ms. HOOLEY) having assumed the chair, Mr. ROSS, Acting Chairman of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 1538) to amend title 10, United States Code, to improve the management of medical care, personnel actions, and quality of life issues for members of the Armed Forces who are receiving medical care in an outpatient status, and for other purposes, had come to no resolution thereon.

PERMISSION TO OFFER AMENDMENTS OUT OF ORDER DURING CONSIDERATION OF H.R. 1538, WOUNDED WARRIOR ASSISTANCE ACT OF 2007

Mr. SKELTON. Madam Speaker, I ask unanimous consent that during further consideration of H.R. 1538 in the Committee of the Whole pursuant to House Resolution 274, any of the amendments printed in House Report 110-78 may be considered at any time.

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

There was no objection.

WOUNDED WARRIOR ASSISTANCE ACT OF 2007

The SPEAKER pro tempore. Pursuant to House Resolution 274 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the further consideration of the bill, H.R. 1538.

□ 1532

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the further consideration of the bill (H.R. 1538) to amend title 10, United States Code, to improve the management of medical care, personnel actions, and quality of life issues for members of the Armed Forces who are receiving medical care in an outpatient status, and for other purposes, with Mr. ROSS (Acting Chairman) in the chair.

The Clerk read the title of the bill.

The Acting CHAIRMAN. When the Committee of the Whole rose earlier today, amendment No. 7 printed in House Report 110-78 by the gentleman from Pennsylvania (Mr. SESTAK) had been disposed of.

Pursuant to the order of the House of today, amendments may be considered in any sequence.

AMENDMENT NO. 6 OFFERED BY MS. EDDIE BERNICE JOHNSON OF TEXAS

The Acting CHAIRMAN. It is now in order to consider amendment No. 6 printed in House Report 110-78.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Chairman, I offer an amendment.

The Acting CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 6 offered by Ms. EDDIE BERNICE JOHNSON of Texas:

In section 107(a), in the first sentence, strike “modification of the training” and insert “improvement of the training”.

In section 107(a), strike the second sentence and insert the following: “The recommendations shall include, at a minimum, specific recommendations to ensure that such health care professionals, medical care case managers, and service member advocates are adequately trained and able to detect early warning signs of post-traumatic stress disorder (PTSD), suicidal tendencies, and other mental health conditions among recovering service members.”.

AMENDMENT NO. 6, AS MODIFIED, OFFERED BY MS. EDDIE BERNICE JOHNSON OF TEXAS

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Chairman, I ask unanimous consent that my amendment be modified with the text that I have at the desk that proposes text changes in section 107 of the bill.

The Acting CHAIRMAN. The Clerk will report the modification.

The Clerk read as follows:

Modification to amendment No. 6 offered by Ms. EDDIE BERNICE JOHNSON of Texas:

The amendment, as modified, is as follows: In section 107(a), in the first sentence, strike “modification of the training” and insert “improvement of the training”.

In section 107(a), strike the second sentence and insert the following: “The recommendations shall include, at a minimum, specific recommendations to ensure that such health care professionals, medical care case managers, and service member advocates are adequately trained and able to detect early warning signs of post-traumatic stress disorder (PTSD), suicidal tendencies, and other mental health conditions among recovering service members and make prompt notification to the appropriate health care professionals.”.

The Acting CHAIRMAN. Without objection, the amendment is modified.

There was no objection.

The Acting CHAIRMAN. Pursuant to House Resolution 274, the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Texas.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Chairman, this amendment

proposes text changes to section 107 of the bill, the section that deals with improved training for health care professionals, medical care case managers and servicemember advocates on particular conditions of recovering servicemembers.

As of March 1 of this year, over 24,000 servicemembers have been wounded in action since the onset of Operation Enduring Freedom and Operation Iraqi Freedom, according to the Department of Defense. The Government Accountability Office has found that servicemembers injured in combat face an array of medical and financial challenges as they begin their recovery process in the health care systems of the Department of Defense and the Department of Veteran Affairs. A GAO report was recently released on March 5 and entitled “DoD and Va Health Care, Challenges Encountered By Injured Service Members During Their Recovery Process.”

According to the report, Mr. Chairman, the Department of Defense screens servicemembers for post-traumatic stress disorder, but it does not ensure that further mental health evaluations occur.

DoD health care providers review questionnaires, interview service-members, and use clinical judgment in determining the need for further mental health evaluation. Sadly, DoD found that only 22 percent of the service members who may have been at risk for developing post-traumatic stress syndrome were actually referred by the Defense Department health care providers for further evaluation. In addition, the Defense Department never identified the factors as health care actually used to determine which servicemembers needed the referrals.

Although our wounded warriors may obtain mental health evaluations for treatment for post-traumatic stress through the VA, and the VA may face a challenge in meeting the demand for these services, VA officials estimated that follow-ups for veterans to get treatment for this stress syndrome may be delayed up to 90 days.

Now, Mr. Chairman, I spent my professional career as a psychiatric nurse with the Veterans Administration. I can tell you that we could save time and money if we had the proper people in place to diagnose early, or at least get a referral. We miss a lot of early symptoms that later causes long-term unemployment, long-term financial stress and long-term hospitalization simply because we have not put the well-trained people in place, professional social workers, professional nurses that would diagnose and know that something needs to be done to prevent further deterioration, and that is my reason for bringing this.

My 15 years of hands-on inpatient program care were specialized in mental health. And I have my credentials to show that. And my amendment strengthens this section because I feel that more emphasis needs to be made

on adequate training by health care professionals to recognize these signs, including suicidal tendencies, so that the early intervention can come, and it will shorten the recovery period.

I urge my colleagues to support this amendment.

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

Mr. TIM MURPHY of Pennsylvania. Mr. Chairman, I ask to claim the time allotted for debate of the amendment offered by Ms. JOHNSON, although I do not oppose the amendment.

The Acting CHAIRMAN. Without objection, the gentleman from Pennsylvania is recognized for 5 minutes.

There was no objection.

Mr. TIM MURPHY of Pennsylvania. Mr. Chairman, I certainly support this and so many other amendments on this bill which are so very, very important not only to our veterans, but it serves as a model, as do so many veterans programs, of something we could be doing for other Americans.

Let me speak first to the point of what these do when we manage and coordinate patient care. We had an issue recently in the Energy and Commerce Committee which I serve on doing this, another aspect, and it was a very lively discussion. But recognize that someone who is wounded, as well as someone who has other medical illnesses, a single diagnosis is usually not something that stands loan. For example, a person with diabetes may have several other endocrine problems, problems with their kidneys, with their diet, their circulation, their limbs, their mobility, and of course there are emotions, too, all of which can be very, very complex to deal with.

When the University of Pittsburgh Medical Center did a study on coordinating the care of people with diabetes, for example, they found when they assign people to work on these cases, they reduce rehospitalization by 75 percent. Washington Hospital in Washington, Pennsylvania reduced rehospitalization of folks with heart disease by 50 percent. These are extremely important aspects. And we have to look upon these as things that not only save money, but they save lives and they save a lot of care.

Let me also point to an amendment offered by my dear friend, Mr. KENNEDY of Rhode Island, when he talked about mental illness. When we are talking about the wounds of war or the wounds of life, not all of these wounds are visible. They are not necessarily scars one can see, they are not something you can put a bandage on, but they are very real. The psychological wounds of war are such that they can break up a family, keep someone from holding a job, perhaps lead someone to try to self-medicate their problems away with drugs or alcohol, all too common problems among our veterans.

And then when they are not dealt with, we find people who become more dependent upon others, that with difficulties with their families, with their

children, perhaps become hopeless, have trouble holding a job. And all of those continued effects of wounds of war go on.

It is extremely important that we recognize in Mr. KENNEDY's amendment, as well as Ms. JOHNSON's amendment and other aspects of this whole bill that what is vitally important is we treat the whole person.

The time is long past due in this country where we look at medical symptoms and medical disease as something that shows up on an x-ray or a blood test or some other sophisticated test. Indeed, the wounds of war are not always visible, nor are they things that appear soon after the battle. Post traumatic stress disorder, other anxiety disorders can remain latent for years and suddenly reappear. I remember meeting a veteran at a VA hospital who ended up with some problems after 20 or 30 years after the Vietnam War. He had recently had a liver transplant.

Under the medications and other aspects, he suddenly began having nightmares that he never had before. He had all this psychological trauma that was never showing up before.

What is so important is that we work to train people to understand these issues, which the gentlelady's amendment talks about, that we work to deal with the mental illness issues, which Mr. KENNEDY's amendment talks about, and we work as a unit, as a whole, as a Congress, as a Nation to recognize that many times the illnesses and wounds of war are things that may not be there now, may not be visible, but are aspects we have to treat in the long run.

I call on all of my colleagues to enthusiastically support these amendments.

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

Ms. EDDIE BERNICE JOHNSON of Texas. I yield 1 minute to Mr. ANDREWS from New Jersey.

Mr. ANDREWS. I thank my friend. With the authority of the chairman of the full committee, I would like to indicate the committee enthusiastically supports this well-thought-out amendment and thanks the gentlelady for offering it.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Chairman, I have no further requests for speakers. I want to thank both sides for their support, and I urge adoption.

The Acting CHAIRMAN. The question is on the amendment offered by the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON), as modified.

The amendment, as modified, was agreed to.

AMENDMENT NO. 8 OFFERED BY MS. HOOLEY

The Acting CHAIRMAN. It is now in order to consider amendment No. 8 printed in House Report 110-78.

Ms. HOOLEY. Mr. Chairman, I offer an amendment.

The Acting CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 8 offered by Ms. HOOLEY:

At the end of title I, add the following new section (and conform the table of contents accordingly):

SEC. 113. OPTION FOR MEMBERS OF RESERVE COMPONENTS TO USE MILITARY MEDICAL TREATMENT FACILITIES CLOSEST TO HOME FOR CERTAIN INJURIES.

The Secretary of Defense shall provide that, in the case of members of the reserve components returning from a combat theater, if a member requires treatment on an outpatient basis for injuries or wounds sustained in theater, the member may be provided treatment at the military medical treatment facility closest to the member's home rather than closest to the base from which the member was deployed.

The Acting CHAIRMAN. Pursuant to House Resolution 274, the gentlewoman from Oregon (Ms. HOOLEY) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Oregon.

Ms. HOOLEY. Mr. Chairman, with four in 10 members of the military in Iraq and Afghanistan serving in the Reserve component, it is clear that our National Guard is no longer a strategic reserve, but an operational reserve. And as such, we must change the way we treat the Guard if we want to maintain recruitment and retention because it is the right and fair thing to do.

After 5 years of mobilization, both involuntary and voluntary, our National Guardsmen are still navigating the system that was intended for use by the active duty rather than our current nearly even blend of Reserve and active components.

My amendment to H.R. 1538, the Wounded Warriors Act, is simple. It allows members of the National Guard and Reserve who are returning from theater with minor injuries or other outpatient care needs the option to seek treatment at the military medical treatment facility closest to the member's home rather than closest to the base from which the member was deployed.

□ 1545

When an active duty soldier with certain injuries comes back to the United States, he gets treated at the medical facility closest at his home base where his family lives. But for Oregon Guardsmen and Reservists and soldiers from about a dozen other States that have no bases, our troops must remain for weeks at the base they deployed from for follow-up care. These can be hundreds or even thousands of miles away from home and family.

In 2004, I spoke with Monica Davey of the New York Times about the problem as she covered the issues in a series of front-page news stories. She quoted one spouse as saying, "Having him in Iraq was hard enough. When he got hurt, I said, 'Well, at least he can come home now and get better here with us.' But it is a strange thing. He came home, but he is not home at all."

This problem is old news and no longer on the front page, but it still goes on. Here are a couple examples of what happens when these Guard troops request treatment upon demobilization:

An Oregon Guardsman who returned months ago is still on the east coast base with medical issues. He and his wife have several young children; and, as can happen with lengthy deployments, the separation has strained their relationship to the breaking point. He has seen his family only once in the last 3 months. That soldier should have the option of seeking treatment at Fort Lewis in Washington State, much closer to his home.

Another story involves an enlisted man with a wife and young children who has seen his young family state-side only three times in the last 3 months, once because the Army sent him home for convalescent leave, and the other two times over the holidays because his wife drove their children out to the east coast military treatment facility where he was awaiting care because they couldn't afford to fly.

These stories are heartbreaking; and, despite years of work on trying to get the problem fixed, little progress has been made. Since the start of the Iraq war in 2003, tens of thousands of Reservists and Guardsmen have been placed on medical hold.

As the New York Times reporter Ms. Davey aptly put it 3 years ago, "Unlike the most gravely injured soldiers receiving around-the-clock treatment at the finest military hospitals, these are ordinary soldiers with more ordinary wounds. The loneliest and the impatient can elect to go home even if they still need medical attention, but that could be a very expensive trade-off. Military rules dictate that they lose their active duty salaries, even though they may still be too injured or ill to return to their civilian jobs."

Today, four out of 10 soldiers in Iraq and Afghanistan are Guard or Reserve, and it is long past time for the DOD to adjust their policies and make improvements to the demobilization process for Guard members in States like mine that have no military treatment facilities. I ask for your support of this amendment so we can finally give soldiers from the Reserve component the flexibility to be treated for certain injuries at military medical treatment facilities nearest their homes and families just like the active component.

I yield to the gentleman from New Jersey.

Mr. ANDREWS. Very briefly on behalf of the committee, we thank the gentlelady for offering this well-thought-out amendment and, on behalf of the chairman, indicate our strong support for the amendment.

Mr. HUNTER. Mr. Chairman, I just want to say we support the gentlewoman's amendment and have no opposition to it here on our side.

Ms. HOOLEY. Mr. Chairman, I yield back the balance of my time.

The Acting CHAIRMAN. The question is on the amendment offered by the gentlewoman from Oregon (Ms. HOOLEY).

The amendment was agreed to.

DEMAND FOR RECORDED VOTE ON AMENDMENT NO. 7 OFFERED BY MR. SESTAK

Mr. KENNEDY. Mr. Chairman, I ask unanimous consent that I may be permitted to request a recorded vote on amendment No. 7 at this point, notwithstanding the passage of time since its adoption by voice vote.

The Acting CHAIRMAN. Is there objection to the request of the gentleman from Rhode Island?

There was no objection.

The Acting CHAIRMAN. A recorded vote is requested. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment numbered 7 offered by the gentleman from Pennsylvania will be postponed.

AMENDMENT NO. 9 OFFERED BY MR. HENSARLING

The Acting CHAIRMAN (Mr. ALTMIRE). It is now in order to consider amendment No. 9 printed in House Report 110-78.

Mr. HENSARLING. Mr. Chairman, I offer an amendment.

The Acting CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 9 offered by Mr. HENSARLING:

At the end of title II, add the following new section (and conform the table of contents accordingly):

SEC. 207. STUDY AND REPORT ON WAITING PERIODS FOR APPOINTMENTS AT DEPARTMENT OF VETERANS AFFAIRS MEDICAL FACILITIES.

(a) STUDY REQUIRED.—The Secretary of Veterans Affairs shall conduct a study on the average length of time between the desired date for which a veteran seeks to schedule an appointment for health care at a Department of Veterans Affairs medical facility and the date on which such appointment is completed.

(b) FOCUS OF STUDY.—In conducting the study under subsection (a), the Secretary shall focus on appointments scheduled and completed at Department medical facilities located in both rural and urban areas.

(c) REPORT.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall submit a report to Congress containing the findings of the study under subsection (a) and recommendations for decreasing the waiting time between the desired date of an appointment and the completion of the appointment to a maximum of 15 days.

The Acting CHAIRMAN. Pursuant to House Resolution 274, the gentleman from Texas (Mr. HENSARLING) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Texas.

Mr. HENSARLING. Mr. Chairman, I yield myself as much time as I may consume.

Mr. Chairman, first, I want to thank the chairman of the committee, and I want to thank all those who contributed to this underlying legislation. I thank them for their good work on behalf of our Nation's veterans.

I myself am not a veteran. I did not serve my Nation in uniform. My grandfather did. He served during World War II. My father did. He served during Korea. My brother did. He served during the Cold War. So I have the highest respect for the men and women who serve our Nation in uniform.

Mr. Chairman, as we approach the annual debate on our budget, one thing that I think that we hold in common, although there are many differences in our parties, is that we all believe that our veterans and especially our veterans health care ought to be one of the most important priorities that we have as a Nation. And as we continue to fight this war on terror, we know we are creating more veterans with more health care needs.

During the last congressional recess, I spent a lot of time visiting with the veterans of the Fifth Congressional District in Texas that I have the honor and pleasure of representing. I heard many good comments, frankly, about VA health care and some complaints. And I suppose, Mr. Chairman, that one of the most important complaints I heard was the complaint on the waiting time in order to actually get the appointment that the veteran has requested.

Now, I know that great strides have been made in reducing these waiting times. I know that the veterans health care system is serving entire new populations that they didn't serve years ago. And this is a good thing. But I still would hope that, number one, we could understand exactly the challenges that our veterans are facing and see if there are not some commonsense solutions, as earlier the gentlelady from Texas, my colleague, said, that essentially we can save time and save money and still help our veterans.

This amendment is a very simple amendment. I hope it is a very non-controversial amendment. It simply directs the Secretary of Veterans Affairs to study the average length of time between the desired date for which a veteran seeks a scheduled medical appointment and the date in which the appointment is actually completed.

Now, I know that the vast majority of appointments are completed within this 30-day window, but I don't believe this body knows if that means the bulk of them happened on day 29 or the bulk of them may happen on day six. This is important information we ought to have.

I represent a district that is urban, suburban, and rural; and this study would not just concentrate on our urban areas but our rural areas as well, where a number of our veterans go to retire.

Additionally, this amendment would ask for the Secretary's recommendations on what we might do to shorten the length of time to 15 days and provide recommendations to our body to do that. Not only veterans in the Fifth Congressional District of Texas, but if you look at the independent budget

supported by numerous of our veterans service organizations, they speak to the need to see what we can do to reduce, in many cases, excess waiting times, something they flagged as a strong concern.

So I know the VA has made great strides, but there is still work that we can do to serve these people who serve us and protect freedom, the greatest commodity that we have in our land. And by supporting this amendment, Congress can make just one more small step in the direction of supporting our veterans.

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

Mr. ANDREWS. Mr. Chairman, I ask unanimous consent that I may claim the time in opposition, although I do not, in fact, oppose the amendment.

The Acting CHAIRMAN. Without objection, the gentleman from New Jersey is recognized for 5 minutes.

There was no objection.

Mr. ANDREWS. Mr. Chairman, on behalf of the chairman of the committee, we thank the gentleman from Texas for offering this well-thought-out amendment. We support his efforts to try to reduce waiting time for our deserving veterans, and the majority will support the amendment.

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

Mr. HENSARLING. Mr. Chairman, I want to thank the gentleman for his support. I know when to take "yes" for an answer.

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

The Acting CHAIRMAN. The question is on the amendment offered by the gentleman from Texas (Mr. HENSARLING).

The amendment was agreed to.

AMENDMENT NO. 10 OFFERED BY MR. BILIRAKIS

The Acting CHAIRMAN. It is now in order to consider amendment No. 10 printed in House Report 110-78.

Mr. BILIRAKIS. Mr. Chairman, I offer an amendment.

The Acting CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 10 offered by Mr. BILIRAKIS:

After section 101, insert the following new section (and conform the table of contents accordingly):

SEC. 102. ESTABLISHMENT OF A DEPARTMENT OF DEFENSE-WIDE OMBUDSMAN OFFICE.

(a) ESTABLISHMENT.—The Secretary of Defense shall establish a Department of Defense-wide Ombudsman Office (in this section referred to as the "Ombudsman Office") within the Office of the Secretary of Defense.

(b) FUNCTIONS.—

(1) IN GENERAL.—The functions of the Ombudsman Office are to provide policy guidance to, and oversight of, the ombudsman offices in the military departments.

(2) POLICY GUIDANCE.—The Ombudsman Office shall develop policy guidance with respect to the following:

(A) Providing assistance to and answering questions from recovering service members and their families regarding—

(i) administrative processes, financial matters, and non-military related services available to the members and their families throughout the member's evaluation, treatment, and recovery;

(ii) transfer to the care of the Veterans Administration; and

(iii) support services available upon the member's return home.

(B) Accountability standards, including—

(i) creating and maintaining case files for individual specific questions received, and initiating inquiries and tracking responses for all such questions;

(ii) setting standards for timeliness of responses; and

(iii) setting standards for accountability to recovering service members and their families, including requirements for daily updates to the members and their families about steps being taken to alleviate problems and concerns until problems are addressed.

(c) STATUS REPORTS.—The ombudsman office in each military department shall submit status reports of actions taken to address individual concerns to the Ombudsman Office, at such times as the Ombudsman Office considers appropriate.

(d) RESPONSES FROM OTHER OFFICES.—The Secretary of Defense shall ensure that all other offices within the Department of Defense and the military departments respond in a timely manner to resolve questions and requests from the Ombudsman Office on behalf of recovering service members and their families, including offices responsible for medical matters (including medical holdover processes), financial and accounting matters, legal matters, human resources matters, reserve component matters, installation and management matters, and physical disability matters.

(e) STAFF OF THE OFFICE.—The staff of the Ombudsman Office shall include representatives from each military department, including persons with experience in medical holdover processes and other medical matters.

The Acting CHAIRMAN. Pursuant to House Resolution 274, the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from New Jersey (Mr. ANDREWS) each will control 5 minutes.

The Chair recognizes the gentleman from Florida.

Mr. BILIRAKIS. Mr. Chairman, I yield myself as much time as I may consume.

Like all of my colleagues, I was greatly disturbed by the conditions at the Walter Reed Army Medical Center which were depicted in The Washington Post. Last week, I introduced H.R. 1580, the Wounded Warriors Joint Health Care Ombudsman Act. My legislation is intended to create a single point of reference for recovering servicemembers and their families to ensure they are receiving prompt responses and information to their questions.

The amendment that I am offering today is a modified version of my legislation, and it creates a Department of Defense-wide ombudsman office within the Office of the Secretary of Defense. The functions of the office are to provide policy guidance and oversight to each military department. Specifically, the office would develop policy guidance with respect to providing assistance to and answering questions from recovering servicemembers and their families on a variety of important issues.

The policy guidance developed by the ombudsman office should allow recovering servicemembers to get information on administrative processes, financial assistance, the transition to care from the Department of Veterans Affairs and the support services available upon the member's return home. Very important.

The office would also establish accountability standards for the military departments. These standards would cover issues such as creating and maintaining case files for specific questions received, as well as tracking the response for all such questions. The office would also set timeliness standards for responses.

Under my amendment, the office can also require each military department to submit status reports of actions taken to address individual concerns raised by the recovering servicemembers and their families.

In closing, Mr. Chairman, everyone agrees that our military servicemembers should receive the highest quality of care and services possible. As they recover from their injuries, our wounded warriors should not have to battle bureaucracy to get the care and benefits they have earned. It is important that the ombudsman office be an advocate for servicemembers during every phase of treatment and the evaluation process as well.

I urge my colleagues to support this important amendment. I would also like to thank Chairman SKELTON and Ranking Member DUNCAN HUNTER for their assistance.

□ 1600

Mr. ANDREWS. Mr. Chairman, will the gentleman yield?

Mr. BILIRAKIS. I yield to the gentleman from New Jersey.

Mr. ANDREWS. On behalf of the chairman, we thank the gentleman for his carefully crafted amendment. We think it is important that there be a department-wide ombudsman as well as in the services. The majority will support the amendment.

Mr. HUNTER. Would the gentleman yield?

Mr. BILIRAKIS. I yield to the gentleman from California.

Mr. HUNTER. I want to join in thanking the gentleman for an excellent amendment, and thank him for his very thoughtful addition to this important bill.

The Acting CHAIRMAN. The question is on the amendment offered by the gentleman from Florida (Mr. BILIRAKIS).

The amendment was agreed to.

AMENDMENT NO. 11 OFFERED BY MR. BUCHANAN

The Acting CHAIRMAN. It is now in order to consider amendment No. 11 printed in House Report 110-78.

Mr. BUCHANAN. Mr. Chairman, I offer an amendment.

The Acting CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 11 offered by Mr. BUCHANAN:

At the end of title II, add the following new section:

SEC. 207. STUDY AND REPORT ON STANDARD SOLDIER PATIENT TRACKING SYSTEM.

(a) STUDY REQUIRED.—The Secretary of Defense shall conduct a study on the feasibility of developing a joint soldier tracking system for recovering service members.

(b) MATTERS COVERED.—The study under subsection (a) shall include the following:

(1) Review of the feasibility of allowing each recovering service member, each family member of such a member, each commander of a military installation retaining medical holdover patients, each patient navigator, and ombudsman office personnel, at all times, to be able to locate and understand exactly where a recovering service member is in the medical holdover process.

(2) A determination of whether the tracking system can be designed to ensure that—

(A) the commander of each military medical facility where recovering service members are located is able to track appointments of such members to ensure they are meeting timeliness and other standards that serve the member; and

(B) each recovering service member is able to know when his appointments and other medical evaluation board or physical evaluation board deadlines will be and that they have been scheduled in a timely and accurate manner.

(3) Any other information needed to conduct oversight of care of the member through out the medical holdover process.

(c) REPORT.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the results of the study, with such findings and recommendations as the Secretary considers appropriate.

The Acting CHAIRMAN. Pursuant to House Resolution 274, the gentleman from Florida (Mr. BUCHANAN) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Florida.

Mr. BUCHANAN. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, my amendment is a simple one. It requires the Secretary of Defense to submit to Congress a report on the feasibility of a soldier patient tracking system to improve the medical holdover process.

In the aftermath of the Walter Reed scandal, we heard criticism about the medical hold and holdover process, which requires injured soldiers to stay in certain facilities until evaluated and treated.

We heard the story of U.S. Army Staff Sergeant John Shannon who testified before the House National Security and Foreign Affairs Subcommittee and he said, "I had been given a couple of weeks' appointments and some other paperwork upon leaving ward 58, and I went to all of my appointments during that time. After these appointments, I sat in my room for another couple of weeks wondering when someone would contact me."

The Buchanan amendment would require the Department of Defense to

identify and report to Congress ways of making the medical holdover system more responsive and effective for military personnel like Staff Sergeant Shannon.

I believe every servicemember should have complete, on-demand information with respect to his or her status as a medical holdover. No soldier should sit in their room for weeks wondering about their treatment and when their next appointment might be. The Department of Defense must closely examine ways to give servicemembers real-time information regarding the key milestones in their physical and medical evaluation process.

By requiring a report to Congress, my amendment would make certain that we are knowledgeable in considering all available options when it comes to improving the medical holdover process for troops and their families. I urge my colleagues to support the Buchanan amendment.

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

Mr. SKELTON. Mr. Chairman, I accept and I thank the gentleman from Florida for the amendment.

Mr. HUNTER. I want to support the gentleman's amendment, and thank him for his valuable contribution to this process.

Mr. BUCHANAN. I thank the chairman and the ranking member and the House Committee on Armed Services and their staff.

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

The Acting CHAIRMAN. The question is on the amendment offered by the gentleman from Florida (Mr. BUCHANAN).

The amendment was agreed to.

AMENDMENT NO. 12 OFFERED BY MR. WELCH OF VERNONT

The Acting CHAIRMAN. It is now in order to consider amendment No. 12 printed in House Report 110-78.

Mr. WELCH of Vermont. Mr. Chairman, I offer an amendment.

The Acting CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 12 offered by Mr. WELCH of Vermont:

Insert at the end of section 10741(a) of title 10, United States Code, as proposed to be added by section 101 of the bill, the following new paragraph:

“(6) The Secretary concerned shall ensure that medical care case managers have the resources necessary to ensure that they expeditiously carry out the responsibilities and duties of their position.”

Insert at the end of section 10741(b) of title 10, United States Code, as proposed to be added by section 101 of the bill, the following new paragraph:

“(7) The Secretary concerned shall ensure that service member advocates have the resources necessary to ensure that they expeditiously carry out the responsibilities and duties of their position.”

Insert after subsection (b) of section 10741 of title 10, United States Code, as proposed to be added by section 101 of the bill, the following new subsection (and redesignate sub-

sections (c) and (d) of such section as subsections (d) and (e), respectively:

“(c) OUTREACH.—The Secretary of Defense shall make available to each member in an outpatient status at a military medical treatment facility, and to the family members of all such members, information on the availability of services provided by the medical care case managers and service member advocates, including information on how to contact such managers and advocates and how to use their services.”

The Acting CHAIRMAN. Pursuant to House Resolution 274, the gentleman from Vermont (Mr. WELCH) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Vermont.

Mr. WELCH of Vermont. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, first, I want to thank the Committee on Armed Services for this bipartisan legislation that all of us here in Congress are eager to support. Mr. SKELTON has spent virtually his entire career in Congress making certain that the military is prepared and has the equipment it needs and it has the services they require when they come home; and his colleague who has worked very carefully with him, the gentleman from California (Mr. HUNTER). I thank you for bringing this legislation to Congress.

The underlying bill does two things, as you know. It creates, one, a medical case manager. Number two, it creates a servicemember advocate. The point of those two positions is to guarantee that what happened at Walter Reed won't happen again.

My amendment is intended to strengthen and intensify the ability of those two positions to be effective on the part of the men and women who need medical services, and it does it in two ways. One, it makes it clear to the Secretary that these two positions must be empowered to do whatever is required to work through the bureaucracy and see to it that folks get the care they need.

Secondly, it requires the Secretary to advertise the availability of these services to our veterans, but also to their families. As we saw at Walter Reed, it was the families who often were the best spokesperson for the veterans and our soldiers who were in need of service. So the amendment builds on what the committee has done by empowering and advertising.

Mr. Chairman, I want to close by thanking the members of the Committee on Armed Services and their staff for working so closely with me to help write this amendment in a way that was consistent with the underlying objectives of the bill.

Mr. Chairman, I yield to the gentleman from Missouri (Mr. SKELTON).

Mr. SKELTON. Let me support this amendment of my friend and colleague, Mr. WELCH. The gentleman from Vermont has done a service in bringing this thoughtful amendment forward.

In doing so, it specifies the training and reporting requirements for medical

care case managers and servicemember advocates. More importantly, it ensures they have the resources they need to get the job done. I will repeat that. That they have the resources to get the job done. I appreciate his contribution and thank him for his efforts in this regard to make this good bill even better.

Mr. HUNTER. Would the gentleman yield?

Mr. WELCH of Vermont. Yes, I yield.

Mr. HUNTER. I also want to thank the gentleman for his very thoughtful amendment.

Since this is the last amendment, I thought I would take this opportunity to thank my great friend, IKE SKELTON, for bringing our team to the floor and moving this very important legislation very effectively. I thank both gentlemen.

Mr. SKELTON. Would the gentleman yield?

Mr. WELCH of Vermont. I yield to Chairman SKELTON.

Mr. SKELTON. I must say, it is a thrill to be able to work with my friend, DUNCAN HUNTER, in bringing a piece of legislation like this forward in a bipartisan manner, and thank him for his cooperation as well as all on both sides of the aisle.

Again, I will mention our wonderful staff that works so well in a bipartisan manner. So Mr. HUNTER, thank you very much for your solid efforts in this regard.

Mr. WELCH of Vermont. Mr. Chairman, apparently I have the last word, and I think I will say what any of us would say if they were here, and that is thank you to the chairman and thank you to the ranking member. You have embodied in this legislation a principle we all know, and that is that the cost of the war has to include the cost of caring for the warrior. So I know I speak on behalf of all of us in thanking you for your excellent work.

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

The Acting CHAIRMAN. The question is on the amendment offered by the gentleman from Vermont (Mr. WELCH).

The amendment was agreed to.

AMENDMENT NO. 7 OFFERED BY MR. SESTAK

The Acting CHAIRMAN. Pursuant to clause 6 of rule XVIII, the unfinished business is the request for a recorded vote on amendment No. 7 offered by the gentleman from Pennsylvania (Mr. SESTAK) on which further proceedings were postponed and on which the ayes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The Acting CHAIRMAN. A recorded vote has been demanded.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 434, noes 0, not voting 4, as follows:

[Roll No. 206]

AYES—434

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|--------------------|-----------------|
| Abercrombie | Davis (IL) |
| Ackerman | Davis (KY) |
| Aderholt | Davis, David |
| Akin | Davis, Lincoln |
| Alexander | Davis, Tom |
| Allen | Deal (GA) |
| Altmore | DeFazio |
| Andrews | DeGette |
| Arcuri | Delahunt |
| Baca | DeLauro |
| Bachmann | Dent |
| Bachus | Diaz-Balart, L. |
| Baird | Diaz-Balart, M. |
| Baker | Dicks |
| Baldwin | Dingell |
| Barrett (SC) | Doggett |
| Barrow | Donnelly |
| Bartlett (MD) | Doolittle |
| Barton (TX) | Doyle |
| Bean | Drake |
| Becerra | Dreier |
| Berkley | Duncan |
| Berman | Edwards |
| Berry | Ehlers |
| Biggert | Ellison |
| Bilbray | Ellsworth |
| Bilirakis | Emanuel |
| Bishop (GA) | Emerson |
| Bishop (NY) | Engel |
| Bishop (UT) | English (PA) |
| Blackburn | Eshoo |
| Blumenauer | Etheridge |
| Blunt | Everett |
| Boehner | Faleomavaega |
| Bonner | Fallin |
| Bono | Farr |
| Boozman | Fattah |
| Bordallo | Feeley |
| Boren | Ferguson |
| Boswell | Filner |
| Boucher | Flake |
| Boustany | Forbes |
| Boyd (FL) | Fortenberry |
| Boysen (KS) | Fortuño |
| Brady (PA) | Fossella |
| Brady (TX) | Fox |
| Braley (IA) | Frank (MA) |
| Brown (SC) | Franks (AZ) |
| Brown, Corrine | Frelinghuysen |
| Brown-Waite, Ginny | Gallagher |
| Buchanan | Garrett (NJ) |
| Burgess | Gerlach |
| Burton (IN) | Giffords |
| Butterfield | Gilchrest |
| Buyer | Gillibrand |
| Calvert | Gillmor |
| Camp (MI) | Gingrey |
| Campbell (CA) | Gohmert |
| Cannon | Gonzalez |
| Cantor | Goode |
| Capito | Goodlatte |
| Capps | Gordon |
| Capuano | Granger |
| Cardoza | Graves |
| Carnahan | Green, Al |
| Carney | Green, Gene |
| Carson | Grijalva |
| Carter | Gutierrez |
| Castle | Hall (NY) |
| Castor | Hall (TX) |
| Chabot | Hare |
| Chandler | Harman |
| Christensen | Hastert |
| Clarke | Hastings (FL) |
| Clay | Hastings (WA) |
| Cleaver | Hayes |
| Clyburn | Heller |
| Coble | Hensarling |
| Cohen | Herger |
| Cole (OK) | Herseth |
| Conaway | Higgins |
| Conyers | Hill |
| Cooper | Hinchey |
| Costa | Hinojosa |
| Costello | Hirono |
| Courtney | Hobson |
| Cramer | Hodes |
| Crenshaw | Hoekstra |
| Crowley | Holden |
| Cubin | Holt |
| Cuellar | Honda |
| Culberson | Hooley |
| Cummings | Hoyer |
| Davis (AL) | Hulshof |
| Davis (CA) | Hunter |
| | Inglis (SC) |

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| Murphy (CT) | Rohrabacher | Sullivan |
| Murphy, Patrick | Ros-Lehtinen | Sutton |
| Murphy, Tim | Roskam | Tancredo |
| Murtha | Ross | Tanner |
| Musgrave | Rothman | Tauscher |
| Myrick | Roybal-Allard | Taylor |
| Nadler | Royce | Terry |
| Napolitano | Ruppertsberger | Thompson (CA) |
| Neal (MA) | Rush | Thompson (MS) |
| Neugebauer | Ryan (OH) | Thornberry |
| Norton | Ryan (WI) | Tiahrt |
| Nunes | Salazar | Tiberi |
| Oberstar | Sali | Tierney |
| Obey | Sanchez, Linda | Towns |
| Olver | T. | Turner |
| Ortiz | Sanchez, Loretta | Udall (CO) |
| Pallone | Sarbanes | Udall (NM) |
| Pascarella | Saxton | Upton |
| Pastor | Schakowsky | Van Hollen |
| Paul | Schiff | Velázquez |
| Payne | Schmidt | Visclosky |
| Pearce | Schwartz | Walberg |
| Pence | Scott (GA) | Walden (OR) |
| Perlmutter | Scott (VA) | Walsh (NY) |
| Peterson (MN) | Sensenbrenner | Walz (MN) |
| Peterson (PA) | Serrano | Wamp |
| Petri | Sessions | Wasserman |
| Pickering | Sestak | Schultz |
| Pitts | Shadegg | Watson |
| Platts | Shays | Watson |
| Poe | Shea-Porter | Watt |
| Pomeroy | Sherman | Waxman |
| Porter | Shimkus | Weiner |
| Price (GA) | Shuler | Welch (VT) |
| Price (NC) | Shuster | Weldon (FL) |
| Pryce (OH) | Simpson | Weller |
| Putnam | Sires | Westmoreland |
| Radanovich | Skelton | Wexler |
| Rahall | Slaughter | Whitfield |
| Ramstad | Smith (NE) | Wicker |
| Rangel | Smith (NJ) | Wilson (NM) |
| Regula | Smith (TX) | Wilson (OH) |
| Rehberg | Smith (WA) | Wilson (SC) |
| Reichert | Snyder | Wolf |
| Renzi | Solis | Woolsey |
| Reyes | Souder | Wu |
| Reynolds | Space | Wynn |
| Rodriguez | Spratt | Yarmuth |
| Rogers (AL) | Stark | Young (AK) |
| Rogers (KY) | Stearns | Young (FL) |
| Pocan (WI) | Stupak | |

NOT VOTING—4

So the amendment was agreed to.
The result of the vote was announced

as above recorded.

The Acting CHAIRMAN. There being no further amendments, the question is on the committee amendment in the nature of a substitute, as amended.

The committee amendment in the nature of a substitute, as amended, was agreed to.

The Acting CHAIRMAN. Under the rule, the Committee rises.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. WEINER) having assumed the chair, Mr. ALTMIRE, Acting Chairman of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 1538) to amend title 10, United States Code, to improve the management of medical care, personnel actions, and quality of life issues for members of the Armed Forces who are receiving medical care in an outpatient status, and for other purposes, pursuant to House Resolution 274, he reported the bill back to the House with an amendment adopted by the Committee of the Whole.

The SPEAKER pro tempore. Under the rule, the previous question is ordered.

Is a separate vote demanded on any amendment to the amendment in the nature of a substitute reported from the Committee of the Whole?

Mr. PRICE of Georgia. Mr. Speaker, I demand a re-vote on the Sestak-Kennedy amendment.

The SPEAKER pro tempore. Is a separate vote demanded on any other amendment to the amendment in the nature of a substitute?

The Clerk will redesignate the amendment on which a separate vote has been demanded.

The text of the amendment is as follows:

Amendment No. 7 offered by Mr. SESTAK:
At the end of title I, add the following new.
section (and conform the table of contents
accordingly):

**SEC. 113. PLANS AND RESEARCH FOR REDUCING
POST TRAUMATIC STRESS DIS-
ORDER.**

(a) PLANS FOR REDUCING POST TRAUMATIC STRESS DISORDER.—

(1) PLAN FOR PREVENTION—
(A) IN GENERAL.—The Secretary of Defense shall develop a plan to incorporate evidence-based preventive and early-intervention measures, practices, or procedures that reduce the likelihood that personnel in combat will develop post-traumatic stress disorder or other stress-related psychopathologies (including substance use conditions) into—

(i) basic and pre-deployment training for enlisted members of the Armed Forces, non-commissioned officers, and officers;

(ii) combat theater operations; and
 (iii) post-deployment service.

(B) UPDATES.—The Secretary of Defense shall update the plan under subparagraph (A) periodically to incorporate, as the Secretary considers appropriate, the results of relevant research, including research conducted pursuant to subsection (b).

(2) RESEARCH.—Subject to subsection (b), the Secretary of Defense shall develop a plan, in consultation with the Department of Veterans Affairs, the National Institutes of Health, and the National Academy of Sciences, to conduct such research as is necessary to develop the plan described in paragraph (1).

(b) EVIDENCE-BASED RESEARCH AND TRAINING.—

(1) WORKING GROUP.—The Secretary of Defense shall conduct a study, in coordination with the Department of Veterans Affairs, the National Institutes of Health, and the National Academy of Sciences' Institute of Medicine, to determine the feasibility of establishing a working group tasked with researching and developing evidence-based measures, practices, or procedures that reduce the likelihood that personnel in combat will develop post-traumatic stress disorder or other stress-related psychological pathologies (including substance use conditions). The working group shall include personnel with experience in a combat theater, and behavioral health personnel who have experience providing treatment to individuals with experience in a combat theater.

(2) PEER-REVIEWED RESEARCH PROGRAM.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall submit to Congress a plan for a peer-reviewed research program within the Defense Health Program's research and development function to research and develop evidence-based preventive and early intervention measures, practices, or procedures that reduce the likelihood that personnel in combat will develop post-traumatic stress disorder or other stress-related

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| Markey | Pickering | Smith (NE) |
| Marshall | Pitts | Smith (NJ) |
| Matheson | Platts | Smith (TX) |
| Matsui | Poe | Smith (WA) |
| McCarthy (CA) | Pomeroy | Snyder |
| McCarthy (NY) | Porter | Solis |
| McCaull (TX) | Price (GA) | Souder |
| McCollum (MN) | Price (NC) | Space |
| McCotter | Pryce (OH) | Spratt |
| McCrery | Putnam | Stark |
| McDermott | Radanovich | Stearns |
| McGovern | Rahall | Stupak |
| McHenry | Ramstad | Sullivan |
| McHugh | Regula | Sutton |
| McIntyre | Rehberg | Tancredo |
| McKeon | Reichert | Tanner |
| McMorris | Renzi | Tauscher |
| Rodgers | Reyes | Taylor |
| McNerney | Reynolds | Terry |
| McNulty | Rodriguez | Thompson (CA) |
| Meehan | Rogers (AL) | Thompson (MS) |
| Meeks (NY) | Rogers (KY) | Thornberry |
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| Michaud | Ros-Lehtinen | Tierney |
| Miller (FL) | Roskam | Towns |
| Miller (MI) | Ross | Turner |
| Miller (NC) | Rothman | Udall (CO) |
| Miller, Gary | Royal-Allard | Udall (NM) |
| Miller, George | Royce | Upton |
| Mitchell | Ruppertsberger | Van Hollen |
| Mollohan | Rush | Velázquez |
| Moore (KS) | Ryan (OH) | Visclosky |
| Moore (WI) | Ryan (WI) | Walberg |
| Moran (KS) | Salazar | Walden (OR) |
| Moran (VA) | Sali | Walsh (NY) |
| Murphy (CT) | Sánchez, Linda | Walz (MN) |
| Murphy, Patrick | T. | Wamp |
| Murphy, Tim | Sanchez, Loretta | Wasserman |
| Murtha | Sarbanes | Schultz |
| Musgrave | Saxton | Waters |
| Myrick | Schakowsky | Watson |
| Nadler | Schiff | Watt |
| Napolitano | Schmidt | Waxman |
| Neal (MA) | Schwartz | Weiner |
| Neugebauer | Scott (GA) | Welch (VT) |
| Nunes | Scott (VA) | Weldon (FL) |
| Oberstar | Sensenbrenner | Weller |
| Obey | Serrano | Westmoreland |
| Olver | Sessions | Wexler |
| Ortiz | Sestak | Whitfield |
| Pallone | Shadegg | Wicker |
| Pascarella | Shays | Wilson (NM) |
| Pastor | Shea-Porter | Wilson (OH) |
| Paul | Sherman | Wilson (SC) |
| Payne | Shimkus | Wolf |
| Pearce | Shuler | Woolsey |
| Pence | Shuster | Wu |
| Perlmutter | Simpson | Wynn |
| Peterson (MN) | Sires | Yarmuth |
| Peterson (PA) | Skelton | Young (AK) |
| Petri | Slaughter | Young (FL) |

NOT VOTING—7

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| Davis, Jo Ann | Lampson | Millender- |
| Fattah | Meek (FL) | McDonald |
| Kanjorski | | Rangel |

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. WEINER) (during the vote). Members are advised that 2 minutes remain in this vote.

□ 1711

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

AUTHORIZING THE CLERK TO MAKE CORRECTIONS IN ENGROSSMENT OF H.R. 1538, WOUNDED WARRIOR ASSISTANCE ACT OF 2007

Mr. ANDREWS. Mr. Speaker, I ask unanimous consent that the Clerk be authorized to make technical corrections in the engrossment of H.R. 1538, including corrections in spelling, punctuation, section numbering, and cross-

referencing and the insertion of appropriate headings.

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

There was no objection.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed a concurrent resolution of the following title in which the concurrence of the House is requested:

S. Con. Res. 21. Concurrent resolution setting forth the congressional budget for the United States Government for fiscal year 2008 and including the appropriate budgetary levels for fiscal years 2007 and 2009 through 2012.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.J. RES. 40

Mr. HALL of Texas. Mr. Speaker, I rise to request that my name be withdrawn as a cosponsor of H.J. Res. 40. After further reflection, I have concerns that this legislation, which would propose an amendment to the Constitution relative to equal rights for men and women, could potentially compromise my longtime stance on pro-life issues. I hope that clarifying language can be added to this bill to offer assurances to pro-life supporters that this measure would not be used to undermine Federal laws on this important matter.

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

There was no objection.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 695 AND ADDED AS COSPONSOR OF H.R. 1222

Mr. VAN HOLLEN. Mr. Speaker, I ask unanimous consent that Mrs. EMERSON be removed as a cosponsor of H.R. 695 and added as a cosponsor of H.R. 1222. I regret the error.

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

There was no objection.

OLDER AMERICANS REAUTHORIZATION TECHNICAL CORRECTIONS ACT

Mr. LOEBSACK. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the Senate bill (S. 1002) to amend the Older Americans Act of 1965 to reinstate certain provisions relating to the nutrition services incentive program, and ask for its immediate consideration in the House.

The Clerk read the title of the Senate bill.

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

There was no objection.

The Clerk read the Senate bill, as follows:

S. 1002

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Older Americans Reauthorization Technical Corrections Act".

SEC. 2. NUTRITION SERVICES INCENTIVE PROGRAM.

Section 311 of the Older Americans Act of 1965 (42 U.S.C. 3030a), as amended by section 309 of the Older Americans Act Amendments of 2006, is further amended—

(1) by striking subsection (b)(3);

(2) by striking subsection (d) and inserting the following:

"(d)(1) Each State agency and each title VI grantee shall be entitled to use all or any part of amounts allotted under subsection (b) to obtain, subject to paragraphs (2) and (3), from the Secretary of Agriculture commodities available through any food program of the Department of Agriculture at the rates at which such commodities are valued for purposes of such program.

"(2) The Secretary of Agriculture shall determine and report to the Secretary, by such date as the Secretary may require, the amount (if any) of its allotment under subsection (b) which each State agency and title VI grantee has elected to receive in the form of commodities. Such amount shall include an amount bearing the same ratio to the costs to the Secretary of Agriculture of providing such commodities under this subsection as the value of commodities received by such State agency or title VI grantee under this subsection bears to the total value of commodities so received.

"(3) From the allotment under subsection (b) for each State agency and title VI grantee, the Secretary shall transfer funds to the Secretary of Agriculture for the costs of commodities received by such State agency or grantee, and expenses related to the procurement of the commodities on behalf of such State agency or grantee, under this subsection, and shall then pay the balance (if any) to such State agency or grantee. The amount of funds transferred for the expenses related to the procurement of the commodities shall be mutually agreed on by the Secretary and the Secretary of Agriculture. The transfer of funds for the costs of the commodities and the related expenses shall occur in a timely manner after the Secretary of Agriculture submits the corresponding report described in paragraph (2), and shall be subject to the availability of appropriations. Amounts received by the Secretary of Agriculture pursuant to this section to make commodity purchases for a fiscal year for a State agency or title VI grantee shall remain available, only for the next fiscal year, to make commodity purchases for that State agency or grantee pursuant to this section.

"(4) Each State agency and title VI grantee shall promptly and equitably disburse amounts received under this subsection to recipients of grants and contracts. Such disbursements shall only be used by such recipients of grants or contracts to purchase domestically produced foods for their nutrition projects.

"(5) Nothing in this subsection shall be construed to require any State agency or title VI grantee to elect to receive cash payments under this subsection."; and

(3) by striking subsection (f) and inserting the following:

"(f) In each fiscal year, the Secretary and the Secretary of Agriculture shall jointly disseminate to State agencies, title VI grantees, area agencies on aging, and providers of nutrition services assisted under