

thrown into a state of shock and worry when TIM JOHNSON was rushed to the hospital for emergency brain surgery last December. The person who seemed most calm was the woman we just recognized up in the gallery: his wife Barbara. She struck an early note of hope. She said she and the rest of the Johnson family were “encouraged and optimistic.” Those aren’t the words most of us would choose in a moment such as that, but the Johnsons had been there before, and they seemed to know TIM would be back, back here, before all was said and done; they would make sure of it.

TIM credits Barbara with helping him overcome prostate cancer in 2004, and it was his support that helped her through a couple of serious illnesses of her own. They always overcame the obstacles, working as a team, determined to push through. They are real fighters. For many, this seemed as if it would be the fight of their lives.

But just 2 months after surgery, Barbara and the Johnson children, Brooks, Brenda, and Kelsey, were telling people, “We’ve got our TIM back.”

TIM was completely focused on recovery. He went through weeks and weeks of intense rehab. And soon enough, he started to get back to the clips and do the office work from his hospital bed.

When they released him from rehab, this gritty great-grandson of a South Dakota homesteader made a bold decision—actually a prediction—saying he was absolutely “determined to get back in the saddle.”

Thanks to the committed care of doctors and therapists, the prayers of constituents and colleagues, and, above all, the loving care of Barbara and their children, TIM’s Senate colleagues can also say, with a real sense of joy, that they too “have their TIM back.”

I yield the floor.

(Applause.)

The ACTING PRESIDENT pro tempore. The Senator from Illinois is recognized.

Mr. DURBIN. Mr. President, I join in this chorus to say how privileged and humbled I am to stand before this body and welcome back my friend and fellow colleague, Senator TIM JOHNSON. TIM and I served in the House together. We came to the Senate in the same year. I went up to campaign in South Dakota, and he has been a great friend to Illinois. I have known him more than 20 years.

I remember when I heard he had been stricken. I was stunned, as everybody was across America. As has been said before, the prayers of millions reached out to TIM and his family in their hour of need.

For those who don’t know TIM JOHNSON, he is not a typical politician. He doesn’t really struggle for media attention, as some of us might; but he got a lot more attention than he ever thought he would because the whole world watched anxiously during those moments of surgery and recovery and rehabilitation. There wasn’t a place

you would go anywhere in America that TIM JOHNSON wasn’t asked about. “How is he doing?” “What is the latest?” “When is he coming back?”

Those of us who knew TIM and what he had done in the Senate and House, those of us who know his great family knew he would be back. He is one of those tough Scandinavians—not really flashy but solid. You just knew he was going to make it. I thought to myself, of all of us who could have suffered this terrible illness, this is one man who will be able to make it back. I also knew something that has already been alluded to. When TIM and Barbara took those vows to stand by one another in sickness and in health, they really meant it because they have proved it over and over again to one another. Loretta and I went by the hospital one day and it wasn’t a good day to visit, so we left a note. We have come to know how close they are and supportive of one another.

It wasn’t just Barbara’s strength but the strength of the whole family that came through in TIM’s recovery. He has done such a remarkable job today. He has brought out the humanity of the united states Senate. We can put aside the issues and the bickering, the fighting and the party labels, and really show that, when it gets down to it, we are part of a family that really cares about one another on a personal basis.

We are so glad to have you back, TIM. We wish you the best. We will be back in the Appropriations Committee fighting for South Dakota and Illinois real soon. Thank you.

(Applause.)

Mr. President, I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. HARKIN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. SANDERS). Without objection, it is so ordered.

JOSHUA OMVIG SUICIDE PREVENTION ACT

Mr. HARKIN. Mr. President, I come to the floor at this TIME to respond a little to the comments made prior to the recess for our Republican and Democratic caucuses today, made on the floor by the Senator from Oklahoma, Mr. COBURN, regarding the bill called the Joshua Omvig Suicide Prevention Act. I want to lay out what the bill does, where we are on it, and respond to some of the objections that the Senator from Oklahoma raised.

Shortly before the Senate adjourned for the August recess, we sought unanimous consent to pass this bill, the Joshua Omvig Suicide Prevention Act, and send it to the President for his signature. Unfortunately, an objection was lodged on the other side of the aisle by—as we know from this morn-

ing—the Senator from Oklahoma. I am saddened by the objection to this legislation.

My staff and I have spent a great deal of TIME trying to understand the reasons behind this objection and respond to the concerns that have been raised. I thought it would be helpful for my fellow Senators, and anyone who is watching, if I took some TIME to review why I believe the Senate needs to act now to pass this important bill, and why I find it so puzzling that one Senator would object.

Let me give a little bit of history. I introduced this legislation, along with my colleague from Iowa, Senator GRASSLEY, after learning about the case of a young Iowan—his name was Joshua Omvig—who tragically took his own life shortly after returning home from an 11-month deployment in Iraq. Joshua was a member of the U.S. Army Reserve, 339th MP Company, based in Davenport, IA. Before leaving for Iraq, he was a member of the Grundy Center Volunteer Fire Department and the Grundy Center Police Reserves. He was honored to serve his country in the Reserves and hoped to return to his community to serve as a police officer. Please remember what I just said. He was honored to serve his country in the Reserves, and he hoped to return to his community to serve as a police officer. Keep that in mind. I will return to it later.

His family is convinced that if the Veterans’ Administration had more services for veterans in place, Joshua would have received the help he needed and he would still be alive. But rather than withdrawing into their grief, Joshua’s parents have dedicated themselves to ensuring no other family has to suffer this way. Ellen and Randy Omvig, Joshua’s parents, have assisted countless veterans and their families in navigating the VA system. They have been outspoken advocates of improved mental health services for servicemembers and veterans. In April, the Omvigs testified before the Senate Veterans Affairs Committee on the importance of appropriate suicide prevention, early detection, and treatment programs for our veterans. The goal of the Joshua Omvig Act is simple: to improve suicide prevention and early detection and to improve assistance to veterans in crisis in order to prevent suicides among those who have so bravely served our country.

We know there is an urgent, overwhelming need for this bill. A study in last month’s issue of the Journal of Epidemiology and Community Health found that those who have been in combat are twice as likely to commit suicide as those who have never served in a war.

The Veterans’ Administration estimates that more than 5,000 veterans take their lives each year. These numbers are certain to increase dramatically, given the growing number of soldiers returning from combat in Iraq and Afghanistan. Suicide rates are 35

percent higher for Iraq veterans than for the general population. Let me repeat that statement. Suicide rates are 35 percent higher for Iraq war veterans than for the general population. The Department of Defense recently reported that the Army is seeing the highest rate of suicide in 28 years.

So what does the Joshua Omvig Veterans Suicide Prevention Act do? It directs the Department of Veterans Affairs to create a comprehensive program to address the troubling rate of suicide among veterans returning from combat. The legislation takes a multifaceted approach toward the prevention of suicide. It emphasizes the importance of social support, family involvement, readjustment services, as well as further research to decrease the number of suicides among our veterans. It also boosts training for all Department of Veterans Affairs staff, contractors, and medical personnel who interact with veterans, teaching them to identify risk factors.

Mr. REID. Mr. President, will the Senator yield?

Mr. HARKIN. Yes.

Mr. REID. Mr. President, it is my understanding the Senator from Iowa is speaking on veteran suicide; is that right?

Mr. HARKIN. Yes.

Mr. REID. I spoke briefly yesterday morning. A 19-year-old—as the Senator knows, my dad killed himself, so I understand something about suicide—a 19-year-old soldier from Las Vegas came back to Las Vegas. He told his parents and everybody else he didn't want to go back to Iraq. I think they said they gave him medicine—Prozac, whatever it was—and sent him back. In a matter of a few days, he killed himself.

Suicide is a devastating problem. It is a problem in the civilian population. Mr. President, 31,000 people kill themselves every year. We don't understand the issue at all. We haven't studied it enough. What is going on in the civilian side is a mere shadow of what is going on in the military.

Mr. HARKIN. That is true.

Mr. REID. We have had hundreds of soldiers who have killed themselves in Iraq. A lot of them are not suicide reported.

I so admire and appreciate what the Senator from Iowa is doing with regard to this legislation. It is so very important. Suicide is a national problem, and with the emotional and mental problems our troops are having coming back, we have to get to the bottom of this issue and see what we can do to prevent further deaths.

Mr. HARKIN. Mr. President, I thank my leader for joining with me on this issue. I respond to him, I just said—I don't know if the leader was on the floor at the time—that suicide rates for Iraq veterans—Iraq veterans—is 35 percent higher than the general population. The Department of Defense has said their suicide rate in the Regular Army is at the highest rate in 28 years.

I say to the distinguished Senator from Nevada, this bill I am talking about was introduced in the House earlier this year. There were 154 cosponsors on both sides of the aisle. This bill, the Joshua Omvig suicide prevention bill, passed the House in March 423 to 0—423 to 0. We can't get much better than that.

It came to the Senate. The Senate Veterans' Affairs Committee had three hearings on it and the House had two hearings, for a total of five hearings. Every veterans group, every veterans support group, disabled veterans, everyone came to testify on the need for this legislation.

We went through the committee process, had the hearings, and had all the testimony. Joshua's parents testified. We brought it out on the floor for a unanimous consent agreement before we left on the August break. It passed the House 423 to 0. Then I found there was an objection raised.

I started to nose around to find out who raised the objection. It was Senator COBURN from Oklahoma. I talked with the Senator from Oklahoma. He said, first of all, he was upset that there were not any hearings. He told me that right out in the back of the lobby. I said: Senator, we had hearings. We had three in the Senate, two in the House. Well, he had to go check on it.

Then he raised other objections and came on the floor this morning to say why he has objections. Now I am going to respond to those objections in kind to let the Senator know his objections are unfathomable.

So here we are faced with a dire situation among our veterans, with the highest suicide rates ever, and we are trying to pass legislation to direct the Department of Veterans Affairs to do certain things to set up processes and procedures so that our veterans will have the kind of counseling and the kind of medical intervention so they do not commit suicide, and yet we have one objection raised.

Mr. REID. Mr. President, if I could direct another question to my friend. We have so much to do in the Senate. Certain measures expire at the end of the fiscal year. But I say to my friend, I feel very strongly about this issue, for obvious reasons. Everyone should understand, if people want to stop us from moving forward on this legislation, they are going to have to vote accordingly. We are not going to let one or two Senators stop us from moving forward on this bill.

I have the greatest respect for Dr. COBURN, the junior Senator from Oklahoma. I hope the Senator's conversations with him will bear fruit and we can move forward tonight. But if they don't, we are going to figure our way past this before we leave here this year, OK?

Mr. HARKIN. I appreciate it.

Mr. REID. Every day we wait is another person calling—as I remember it, and it has been a long time ago now, I say to my friend, a long time ago. My

dad was a lot younger than I am right now when he killed himself. I can remember that phone call. I can remember that phone call. I had a wonderful morning. I had been out to watch Muhammad Ali work out. I spent many hours with Muhammad Ali. I got back to the office and Joan Shea, the receptionist, said: Your mother is on the line. I said: Hi. She said: Your pop killed himself. What is this about?

So anyway, 31,000 people get phone calls such as that every year on the civilian side, and we have probably thousands of other people who commit suicide who are not listed as suicides. And then we have the situation the Senator from Iowa just indicated. The people who are coming home are 35 percent higher, in a ratio of killing themselves, than the people in the civilian population. That is scary.

The other problem, I say to my friend, is Active-Duty soldiers, troops also have problems. Every day we don't do this bill is another day someone is going to kill themselves.

Mr. HARKIN. Mr. President, I thank the leader. I ask the leader, if we can, if the objection is not withdrawn, I hope we can bring the bill up and move the bill legislatively on the floor.

Mr. REID. I have indicated to the Senator, we are going to do that. We, of course, have to see what is ahead of us, but it is something about which I feel strongly. The floor staff is watching Senator HARKIN and me talk today. We will figure out a way to do it.

Mr. HARKIN. Mr. President, I appreciate the sensitivity of the Senator from Nevada, our distinguished majority leader, on this issue.

Basically, what the bill does, again as I said, is to boost training for all Department of Veterans Affairs staff, contractors, and medical personnel, teaching them to identify risk factors for suicide and refer veterans to the appropriate mental health counseling and mental health centers.

As I said at the outset, this has been the most bipartisan piece of legislation I can imagine. Senator GRASSLEY and I introduced it in the Senate, appropriately since Joshua Omvig was from Iowa. We have 30 different cosponsors from both sides of the aisle. It was introduced in the other body by Congressman LEONARD BOSWELL of Iowa, who is the Congressman from the district in which Joshua Omvig lived. In fact, it is that version of the bill we are trying to pass today.

I may have misspoke earlier. He secured 152 bipartisan cosponsors of the bill. It passed the House in March by a vote of 423 to 0. No Republican objected over there. No one; 423, not a single dissenting vote. That is why I was so surprised and, quite frankly, dismayed when an objection was raised on the other side of the aisle preventing passage of the bill before the August recess.

How many more veterans have committed suicide since that time who might have been, through counseling,

through outreach, through some way given the appropriate support services so they wouldn't have to commit suicide?

This morning, the Senator from Oklahoma, Mr. COBURN, offered several reasons for his objection. That is what I would like to respond to now.

He mentioned that the bill is duplicative of the VA's plans to prevent suicide and that veterans' receipt of benefits would be contingent on the screening. He also raised concerns about the validity of the peer counseling provisions of the bill. Finally, he expressed concern that if the VA asked veterans about their mental health, this information might be used to inhibit their ability to purchase handguns. All of these concerns are unfounded, and I want to explain.

In 2004, the VA developed a series of suicide prevention initiatives as part of a comprehensive mental health strategic plan. All well and good. Unfortunately, very few of the initiatives have been implemented. During the first 2 years following development of the plan, a Government Accountability Office report found that the VA did not even spend \$100 million of the \$300 million that was specifically allocated for this initiative. One-third of the money specifically allocated was not spent.

I think our veterans have paid a steep price, a tragic price for this foot dragging. When the VA has announced plans to undertake suicide prevention initiatives, usually it is in response to some highly publicized incident. They usually announce the plans and then they do not follow through.

For example, in February the VA finally announced it would put suicide prevention crisis counselors in VA facilities. That was only after the tragic, high-profile suicide of Jonathan Schulze, a marine who received two Purple Hearts for his service in Iraq. When Schulze informed his local VA facility that he was thinking about killing himself, he was told he was 26th on the local VA's waiting list for VA mental health services. He went home and killed himself that night. In response to that, the VA said: We are going to put VA suicide prevention crisis counselors in all VA facilities.

Although they announced it, 7 months later they have still not fully implemented this initiative. Yes, if there is a tragic case like that, the VA will come out and say they are going to do things. Seven months later they still have not implemented the initiative.

What would our bill do, the Omvig Act? The Omvig Act would require the Veterans' Administration to designate a suicide prevention counselor at each medical facility. No more foot dragging; it would require them to do that right now.

In late July, the VA announced the implementation of a 24-hour suicide prevention hotline. That is also in the Joshua Omvig bill. That VA plan has been around since 2004. Three years

later they say they are finally going to put it into effect. I suppose that is some kind of progress. But by writing this very sensible provision into law, we will ensure that the VA does not backslide on this either. As part of its 2004 strategic plan, the VA set a plan to train all front-line staff on suicide prevention. In 2004, they said that. They still have failed to provide this training. Maybe that is what the Senator from Oklahoma is saying is duplicative. Yes, we say you have to have a 24-hour suicide hotline. The VA said they were going to do that in 2004. They said they were finally going to implement it in July. It still isn't manned, and the counselors they said they were going to have do that in February, 7 months later they haven't done that. We say you have to do it. Is that duplicative? No, it is putting into law and mandating that the VA has to do this.

The Omvig Act directs the Secretary to ensure that staff members have the training necessary to identify risk factors for suicide and to make appropriate referrals for assistance. Is that too much to ask? Is that too burdensome for veterans who put their lives on the line in Afghanistan and Iraq and other places? It just says the staffs have to have the training necessary to identify risk factors for suicide to make appropriate referrals for assistance.

The VA said they were going to do that in 2004, but they never have. Because they have not done this, many Armed Forces personnel who have been discharged and have VA benefits are not receiving these services. The Omvig family and numerous veterans support groups testified during our hearings about the importance of outreach to reduce the stigma associated with mental health issues and to assist veterans and their families in transitioning to civilian life. This legislation, the Omvig bill, would establish a program to provide education and outreach to families to help them identify symptoms of mental health problems and to encourage families to seek assistance.

The VA inspector general issued a report this May, confirming that the VA is falling short of the necessary system-wide implementation of suicide prevention programs—their own inspector general. They found that many VA clinics lacked properly trained staff. Need I repeat myself? They did not provide 24-hour services and provided inadequate mental health screening. That is their own inspector general.

The inspector general also found that the VA had not established best practices research to ensure a standard of suicide prevention.

The Omvig bill addresses all these issues. The aim of the bill is to improve early detection and intervention, provide access to services for veterans in crisis and thereby prevent suicide among those who have put their lives on the line to defend our Nation.

The Senator from Oklahoma objected. He expressed concern that the receipt of benefits would be contingent on the screening, and that there is no opt-out provision. Let's look at this. The fact is, the Department of Defense already requires soldiers returning from deployment to complete a checklist of symptoms such as anxiety, difficulty sleeping, suicidal thoughts. There are no opt-outs for this mental health screening because these programs are critical to ensure that those with mental health concerns receive the assistance they need.

The DOD, the Department of Defense, says if you are going to be redeployed, you have to have mental health screening—no opt-out. We are saying the screening provision in the Omvig bill does not mandate a formal checklist of mental health symptoms. It just ensures that medical professionals incorporate questions about veterans' mental health into primary care visits. In other words, what we are trying to say is mental health care should be integrated into primary health care. That is all we are saying.

Just as a medical professional would ask questions about risk factors for heart disease, it is responsible medicine to ask about risk factors for suicide, especially among this group since the data show how high it is, how high the incidence is of suicide.

Doctors ask their patients all the time if they are getting enough exercise and eating healthy. They should also ask if a veteran is sleeping well and if they have been anxious. These questions are critical in order for doctors to get a full picture of the veteran's health and well-being.

I want to make it very clear, the bill does not make the receipt of benefits contingent on veterans undergoing a separate mental health screening. Rather, it merely seeks to incorporate into their screening process, into their primary health care process, this process, that the health professionals are incorporating appropriate questions about suicide risk into their practice. Not to do this is totally irresponsible.

The Senator from Oklahoma also mentioned his concern that the peer counseling provisions in the bill are not effective. Again, I am surprised by this as there is a large body of research that peer support programs are effective in alleviating post-traumatic stress symptoms, PTSD symptoms and depression, reducing the likelihood of hospitalization and increasing social support. President Bush's New Freedom Commission on Mental Health recognizes peer support approaches as an emerging best practice in helping people to recover from traumatic events.

Who better to counsel with a soldier who has served in Iraq and had a lot of trauma, or from Afghanistan who had a lot of trauma, than a peer, one of their own peers to talk to them about it, or their families? Peer support approaches offer a low-cost and effective supplement to traditional services in which

transitioning veterans can talk to someone who had similar experiences and understands what they are going through. This is well-recognized, evidence-based service that allows veterans to talk to someone who had similar experiences and, as I said, understands what they are going through. How can there be an objection to that?

Finally, regarding the concern of the Senator about veterans' ability to access firearms, I am very puzzled. This bill ensures that the VA takes appropriate measures to follow up with veterans who are at risk for suicide. OK. There are strict privacy laws that govern the doctor-patient relationship. Privacy laws prevent the release of information about any patient. There is an exception if the patient is a serious threat to himself or others, but no medical professional can refer an individual to the background check system that would limit access to firearms.

Let me repeat that: No medical professional can refer an individual to the background check system that would limit access to firearms. This can only be done through the judicial process. In other words, before an individual can be placed on the NICS list where they can't purchase a handgun—and this prevents an individual who is mentally ill from purchasing a firearm—a judge must make a determination that the individual belongs on that list.

As many of my colleagues are aware, there is legislation that has passed the House and was recently approved by the Judiciary Committee that would encourage States to do a better job reporting to the NICS system in the wake of the tragic shootings at Virginia Tech. If Senators have concerns about how the NICS system operates, it seems to me that legislation is the appropriate venue for those concerns. But to hold up the Omvig suicide prevention bill that delivers critical suicide prevention services to veterans based on concerns related to an unrelated pending bill is very troubling.

There is an editorial that appeared in the New York Times on August 30. Let me read from that. Here is what the editorial in the New York Times said on August 30:

As the Army's suicide rate hits record levels in the Iraq war, there's small wonder practically everyone in Congress wants to deal with the parallel emerging crisis of depressed veterans tempted to take their own lives. Everyone, that is, except Senator Tom Coburn, Republican of Oklahoma. He stands alone in blocking final passage of a suicide prevention bill in fear that the government's record-keeping on troubled vets might somehow crimp their ability to purchase handguns.

Even the craven gun lobby should manage some shame at this example of Second Amendment idolatry. The House has unanimously approved a measure mandating the screening of all veterans for suicide risk, but Senator Coburn worries that veterans' medical data might be appropriated by other agencies to deny that all-encompassing right to wield arms on the domestic front.

Again, the editorial goes on.

The Senator's office points to another bill near passage—prompted by the Virginia

Tech gun massacre—that would encourage states to do a better job of listing mentally troubled individuals on the Federal roll of risky gun purchasers. But tying these two measures together is itself evidence of defective reasoning, or at least scurrilous politicking. The Virginia Tech measure has nothing to do with veterans and affects only those Americans formally judged by a court to be mentally disturbed.

It is an eminently good thing that the anti-suicide measures would require medical specialists to keep track of veterans found to be high risks for suicide. But that's to care for them as human beings, under that other constitutional right to life—liberty and the pursuit of happiness. Respect for the grave sacrifices by veterans requires the Senate to strike down the Coburn ploy and hurry this vital measure to President Bush.

Mr. President, I ask unanimous consent that the full editorial be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From the New York Times, Aug. 30, 2007]

LOCKED, LOADED AND LOONEY

As the Army's suicide rate hits record levels in the Iraq war, there's small wonder practically everyone in Congress wants to deal with the parallel emerging crisis of depressed veterans tempted to take their own lives. Everyone that is, except Senator Tom Coburn, Republican of Oklahoma. He stands alone in blocking final passage of a suicide prevention bill in fear that the government's record-keeping on troubled vets might somehow crimp their ability to purchase handguns. Even the craven gun lobby should manage some shame over this absurd example of Second Amendment idolatry.

The House has unanimously approved a measure mandating the screening of all veterans for suicide risk, but Senator Coburn worries that veterans' medical data might be appropriated by other agencies to deny that all-encompassing right to wield arms on the domestic front. The senator's office points to another bill near passage—prompted by the Virginia Tech gun massacre—that would encourage states to do a better job of listing mentally troubled individuals on the federal roll of risky gun purchasers. But tying these two measures together is itself evidence of defective reasoning or at least scurrilous politicking. The Virginia Tech measure has nothing to do with veterans and affects only those Americans formally judged by a court to be mentally disturbed. It is an eminently good thing that the anti-suicide measure would require medical specialists to keep track of veterans found to be high risks for suicide. But that's to care for them as human beings, under that other constitutional right—to life liberty and the pursuit of happiness. Respect for the grave sacrifices by veterans requires the Senate to strike down the Coburn ploy and hurry this vital measure to President Bush.

Mr. HARKIN. Lastly, Mr. COBURN spoke on the floor and mentioned his staff had made suggestions about the language. Again, I am very surprised to hear this. Staff from my office and Senator GRASSLEY's office met with Senator COBURN's staff before the recess in an attempt to resolve any differences.

Their staff made no suggestion as to what it would take to lift Senator COBURN's hold. Over recess, I instructed my staff to make attempts to meet with his staff, but his staff was always

unavailable. Over the last few days, we once again attempted to reach out to his staff in an effort to move the bill. But, again, we have not heard anything back.

We suggested we would be willing to work with Senator COBURN on the tracking language he was concerned about. But we have not heard anything from his office until the Senator spoke on the floor this morning.

This bill has received full consideration, as I said, in the House and the Senate. It passed without a single dissenting voice in the House. Is the Senator from Oklahoma saying there are 423 totally irresponsible people in the House? I mean, there are people in the House every bit as conservative as the Senator from Oklahoma. They did not raise any objections to this. We had three hearings in the Senate on the bill, two hearings in the House.

Josh Omvig's parents testified before the Senate VA Committee in April. I wish to recount something they said. At the beginning of my remarks, I mentioned that Joshua Omvig, before he went into the military, had been a member of the Grundy Center Volunteer Fire Department and Police Reserve.

He had hoped to return to serve his community as a police officer. I said: Remember that, because I am going to return to it. I now return to it.

It was his dream to one day become a police officer. As he pursued that dream, he worked alongside many Grundy Center fire and policemen. Here is what Mr. Omvig said to the committee:

The day after Josh's suicide, the Grundy Center police department and fire department had a time where a professional counselor was brought in to help them cope and deal with what happened that day. Do we as a nation take the same measures for our troops who have served for us for months in a combat area? Are we providing our military men and women the appropriate services to help them assimilate to civilian life? Are we providing them with what they need to survive the peace? Ellen and I have to say "No" not at this time. We can and must do more!

Now, I saw Joshua's parents at the time when they were here in Washington. And, you know, it is always awkward to talk to parents about the death of any of their children, especially a young person taking his own life. I said to both the parents: Was there any indication? I mean, do you have any idea why Joshua would take his own life?

Mr. Omvig said: Yeah, I know exactly why. I said: Why? He said: Well, Joshua always wanted to be a police officer, all his life growing up. That is why he volunteered on the police reserves, volunteer fire. He went into the service thinking that would help him to become a police officer. He was worried that if he sought mental health services, he would never be able to become a police officer. What a shame. What a shame that in this country we still treat mental health like that. That is why we have to do a better job.

That is why counseling, someone talking to Joshua, one of his peers who has been through the same thing who may have then gone on to become a police officer could say: You can get mental health help. You can get the necessary treatment, and you can still become a police officer.

Well, while we delay and fail to act, we are losing more and more veterans to suicide. As I said, the VA plan was written 3 years ago, and they are still not implementing it.

The PTSD program treatment at Walter Reed accepts only 65 patients each year. Yet more than 45,000 veterans sought medical help for post-traumatic stress disorder in the first 3 months of 2007; Walter Reed accepts 65 a year.

The VA must be better equipped to deal with veterans who are in crisis. With this bill, we can ensure that the VA will provide comprehensive and critical services, even when the issue is not in the headlines because of some tragedy. We need to hold the VA accountable.

As I said, even their own inspector general said they were not living up to it, our GAO said they were not. We need to make it clear that preventing suicide among our veterans is a congressional and national priority. For our veterans who have served their country, fought for our country, many times they are being left to fight their own private mental health life wars alone, private wars they too often lose.

I urge the objecting Senator to reexamine this important bill, reconsider his objection. Lives are at stake. We need to move forward with the Joshua Omvig Veterans Suicide Prevention Act as quickly as possible.

I yield the floor.

MILITARY CONSTRUCTION AND VETERANS AFFAIRS APPROPRIATIONS ACT, 2008—Continued

Mr. REID. Mr. President, what is the matter now before the Senate?

The PRESIDING OFFICER. H.R. 2642, the Military Construction Appropriations Act.

Mr. REID. Mr. President, Senator REED is in the Chamber or at least in the building. He and Senator KAY BAILEY HUTCHISON have been wanting to move this bill.

I indicated, and the distinguished Republican leader agreed with me this morning, we need to move this legislation.

If there are no amendments that are going to be offered, we should move to third reading. If there are amendments that are going to be offered, I would hope someone would notify the cloakroom immediately, Democratic or Republican cloakroom, and we will certainly be as considerate to them as necessary.

But unless something happens pretty soon, I think we should move to third reading. If there are amendments, the two managers of the bill are happy to

deal with those amendments. We are going to finish this bill tonight. I would hope on this bill I do not have to file cloture, on Military Construction and Veterans. I do not think that would be appropriate.

But if there are no amendments and simply people let us return to final passage of this, I have no alternative. It would send a terribly bad message. Both the distinguished Republican leader and I think we should move forward. I hope we can. We are going to finish the bill tonight or I will file cloture on it tonight.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. SALAZAR. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. (Mrs. MCCASKILL). Without objection, it is so ordered.

Mr. SALAZAR. Madam President, I rise today to speak in support of H.R. 2642, an act making appropriations for military construction, the Department of Veterans Affairs, and related agencies for the fiscal year ending September 30, 2008.

Let me say at the outset, the leadership of this committee has done a tremendous job in bringing forward legislation that hopefully will receive the strong bipartisan support of this body. I am especially thankful for the great work of Senator JACK REED and Senator KAY BAILEY HUTCHISON and Senator TIM JOHNSON and his staff for having moved forward in developing a package that, at the end of the day here, will hopefully receive the support of most of the Members of this Chamber.

This legislation is important for us as we move forward to try to make sure we are doing everything we can for a strong America. This is important for us, for our military, for our men and women in uniform, and for our veterans. It is essential legislation which we must pass and which we all hope the President will sign into law.

With respect to military construction, the bill provides \$8.9 billion-plus for our Active-Duty construction efforts and \$929 million for the National Guard and Reserve construction. This includes key projects around the country for the Army National Guard. This is a significant improvement over what the President requested for the National Guard. It will be part of making sure we have a strong military for America.

Second, the legislation fully funds the 2005 recommendations of the BRAC, the Base Realignment and Closure Account. That BRAC recommendation which was approved by this Senate and by the Congress now 2 years ago is an important document that charts the way forward for the American military. This legislation

will fully fund the recommendations of that legislation.

Third, with respect to Veterans Affairs, I am proud that this legislation will provide \$87.5 billion for the VA. That is an increase of almost \$3.6 billion over what the President requested. That increase will go to veterans health care and make sure our PTSD and mental health issues and TBI issues that we are seeing in great numbers as we are involved in the conflicts in Iraq and Afghanistan—that we are providing the right kind of care to our veterans.

I am appreciative of the national issues that are embraced in this legislation that will allow the funding to move forward and to make those projects a reality.

I wish to comment on a few provisions in this legislation that are important to my State of Colorado. I must say, as we worked on these matters over the years, it has been my honor to work closely with Senator ALLARD as we worked on important projects for our veterans and for our military in my State.

I wish to mention the Fitzsimons VA Hospital. There is \$61 million in this legislation for Fitzsimons. Today in Colorado, the VA hospital in Denver is in very rough, shoddy condition. Our veterans deserve better. Over the last decade, there has been an effort in Colorado to try to establish a VA hospital that can become one of the crown jewels of our national health care. We are fortunate today that, under the leadership of MAJ Andy Lobb and others, we have found a site at what is the old Fitzsimons Army hospital which has been turned over to the city of Aurora and to an authority that is rehabilitating that site. At that site today, we have already located the health facilities and hospitals for the University of Colorado. We are about ready to open a brand-new children's hospital at this center. The VA hospital is the next move in the creation of what is going to be a crown jewel for health care and for biotech in the Rocky Mountain West. The Fitzsimons VA Hospital is very much a part of that program, but at its core it is making sure we in America are standing up and giving to the veterans of our country the health care services they deserve.

Next, Fort Carson. Fort Carson is a very important military installation in my State and helps us protect our Nation. Many of the men and women who serve and have trained at Fort Carson are now serving in Iraq and in Afghanistan. There is \$470 million in military construction funds for Fort Carson. That amount of money will accommodate the arrival of an additional 12,000 Active-Duty and 18,360 Active-Duty family members who are currently moving to Fort Carson. I am very proud of the inclusion of that amount of money in this legislation because it will allow us to warmly welcome the soldiers who are coming to Fort Carson, as well as their families, with the kinds of facilities they deserve.