

our country in the name of freedom and democracy.

It's important that all Americans reflect on the sacrifices made by men and women in uniform from all conflicts involving the United States, from the Revolutionary War to current wars and conflicts.

Regardless in time of peace or in the time of war—the service and sacrifice of generations of men and women shaped America's history and transformed our society.

A great example of this courage is one of my constituents from Fontana, California—CPL Ernest Gonzalez, who received the bronze star for actions against Cambodian armed and hostile forces in 1970, including bravely exposing himself to enemy fire to retrieve his platoon leader.

For most veterans, their contributions extend well beyond active duty, and include their service as valuable members of our communities.

Another constituent of mine, Robert Allen Bartleman, from San Bernardino, California recently received military decorations for his courageous service as a combat Marine in Vietnam. He is now active in the legal community in my district.

Pete Martinez, an Airborne Paratrooper during the Korean war, is currently active in the Inland Empire Airborne Association in my district. He continues to work on behalf of veterans and is a great asset to his community.

After serving his country, Marine Col. John Kazalunas—formerly of the Rialto Unified School Board—went on to obtain his Ph.D. in Education to further contribute his talents and hard work in the field of education.

John Weininger, a proud Marine and Army veteran, and formerly a member of my district staff, remains a dedicated supporter and true champion of veterans after his service to this country.

Two additional veterans I'd like to mention are Mike Trujillo, a former member of my district staff and Jess Vizcaino, currently on my district staff. Both have been valuable assets to me by providing outstanding public service to the constituents of my district.

Another dedicated veteran is Anthony Acevedo, a World War II veteran who was 1 of 300 captured American soldiers held prisoner at a Nazi slave labor camp.

Through his courageous work as a medic, Mr. Acevedo kept a detailed diary of his imprisonment. Decades later he worked tirelessly to obtain the recognition of the U.S. Army for this group; his diary is now part of the U.S. Holocaust Memorial Museum.

This resolution: Urges all Americans to recognize and encourages schools to educate students about the historic contributions of all veterans; and makes a request to the President to issue a proclamation for Veterans Day.

I urge my colleagues to vote in favor of H. Res. 1622. As a Vietnam-era veteran, I am committed to ensure America keeps its promises to our nation's troops and the 23 million plus American veterans.

Ms. JACKSON LEE of Texas. Mr. Speaker, I stand before you today in support of H. Res. 1622, "Honoring the historic contributions of veterans throughout all conflicts involving the United States." I would like to begin by thanking my colleague, Representative BACA, for introducing this resolution to the House, as honoring those who have fought for our Nation should remain a priority. I urge my colleagues

to also support this resolution, which recognizes that our great Nation stands strong today because of the dedication and sacrifice of American veterans. The United States is surely indebted to the veterans of every conflict, who have made great sacrifices for themselves and their families in defense of our national security. Our freedom is intertwined with the sacrifices of our veterans, whose devotion to our way of life is unparalleled. I am privileged to officially honor their sacrifices and the role they play in our Nation.

Every Veterans Day, Americans come together to remember those who have served our country around the world in the name of freedom and democracy. The debt that we owe to them is immeasurable. Their sacrifices and those of their families are freedom's foundation. Without the brave efforts of all the soldiers, sailors, airmen, marines and Coast Guardsmen and their families, our country would not live so freely.

This resolution not only solidifies the importance of Veterans Day, but also extends the importance of support for veterans throughout the year. In observing Veterans Day, the people of the United States must also encourage the education of our youth on how those dedicated individuals have contributed to the United States history and today's society. We must continue the tradition of honoring those who have served for the greatest causes, freedom, democracy, and justice; their commitment to the United States at home and abroad should never be forgotten. I am truly proud to rise in support of the recognition of the courage, service, and sacrifice of all United States veterans.

We recognize and honor the veterans of the Armed Forces not only of today, but also of years past, who have sacrificed their lives for our great Nation. House Resolution 1622 recognizes the historic contributions of the United States veterans in the involvement of the Revolutionary War, War of 1812, Eastern Indian Wars, Mexican War, Civil War, Western Indian Wars, Spanish-American War, World War I, World War II, Korean War, Vietnam Conflict, Lebanon crisis of 1958, Persian Gulf War, Operation Enduring Freedom, Operation Iraqi Freedom, among other conflicts. This resolution reaffirms our country's utmost respect and pride for our service people who have contributed to the shaping of the United States' history and our current place in the world today. This resolution expresses our deepest gratitude to United States Armed Forces veterans throughout history who have committed and sacrificed their lives to serve their country and its dedication to democracy. Currently, our Nation has 3 million troops and reservists, and 23 million veterans, who deserve the greatest respect from their fellow citizens. Our Nation has a proud legacy of appreciation and commitment to the men and women who have worn the uniform in defense of this country, and we must ensure that this legacy continues in the future.

Mr. ROE of Tennessee. I yield back the balance of my time.

Mr. FILNER. Mr. Speaker, I have no further requests for time, I urge my colleagues to unanimously support House Resolution 1622, and yield back the balance of my time.

The SPEAKER pro tempore (Mr. TONKO). The question is on the motion offered by the gentleman from Cali-

fornia (Mr. FILNER) that the House suspend the rules and agree to the resolution, H. Res. 1622.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

A motion to reconsider was laid on the table.

DIRECTING VA TO DISPLAY A WOMEN VETERANS BILL OF RIGHTS

MR. FILNER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5953) to direct the Secretary of Veterans Affairs to display in each facility of the Department of Veterans Affairs a Women Veterans Bill of Rights, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5953

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

SECTION 1. DISPLAY OF WOMEN VETERANS BILL OF RIGHTS.

(a) DISPLAY.—The Secretary of Veterans Affairs shall ensure that the Women Veterans Bill of Rights described in subsection (b) is printed on signs in accessible formats and displayed prominently and conspicuously in each facility of the Department of Veterans Affairs and distributed widely to women veterans.

(b) WOMEN VETERANS BILL OF RIGHTS.—The Women Veterans Bill of Rights described in this subsection is a sign stating that women veterans should have the following rights:

(1) The right to a coordinated, comprehensive, primary women's health care, at every Department of Veterans Affairs medical facility, including the recognized models of best practices, systems, and structures for care delivery that ensure that every woman veteran has access to a Department of Veterans Affairs primary care provider who can meet all her primary care needs, including gender-specific, acute and chronic illness, preventive, and mental health care.

(2) The right to be treated with dignity and respect at all Department of Veterans Affairs facilities.

(3) The right to innovation in care delivery promoted and incentivized by the Veterans Health Administration to support local best practices fitted to the particular configuration and women veteran population.

(4) The right to request and get treatment by clinicians with specific training and experience in women's health issues.

(5) The right to enhanced capabilities of medical providers, clinical support, non-clinical, and administrative, to meet the comprehensive health care needs of women veterans.

(6) The right to request and expect gender equity in provision of clinical health care services.

(7) The right to equal access to health care services as that of their male counterparts.

(8) The right to parity to their male veteran counterpart regarding the outcome of performance measures of health care services.

(9) The right to be informed, through outreach campaigns, of benefits under laws administered by the Secretary of Veterans Affairs and to be included in Department outreach materials for any benefits and service to which they are entitled.

(10) The right to be featured proportionately, including by age and ethnicity, in Department outreach materials, including electronic and print media that clearly depict them as being the recipient of the benefits and services provided by the Department.

(11) The right to be recognized as an important separate population in new strategic plans for service delivery within the health care system of the Department of Veterans Affairs.

(12) The right to equal consideration in hiring and employment for any job to which they apply.

(13) The right to equal consideration in securing Federal contracts.

(14) The right to equal access and accommodations in homeless programs that will meet their unique family needs.

(15) The right to have their claims adjudicated equally, fairly, and accurately without bias or disparate treatment.

(16) The right to have their military sexual trauma and other injuries compensated in a way that reflects the level of trauma sustained.

(17) The right to expect that all veteran service officers, especially those who are trained by the Department of Veterans Affairs Training Responsibility Involvement Preparation program for claims processing, are required to receive training to be aware of and sensitive to the signs of military sexual trauma, domestic violence, and personal assault.

(18) The right to the availability of female personnel to assist them in the disability claims application and appellate processes of the Department.

(19) The right to the availability of female compensation and pension examiners.

(20) The right to expect specialized training be provided to disability rating personnel regarding military sexual trauma and gender-specific illnesses so that these claims can be adjudicated more accurately.

(21) The right to expect the collection of gender-specific data on disability ratings, for the performance of longitudinal and trend analyses, and for other applicable purposes.

(22) The right to a method to identify and track outcomes for all claims involving personal assault trauma, regardless of the resulting disability.

(23) The right for women veterans' programs and women veteran coordinators to be measured and evaluated for performance, consistency, and accountability.

(24) The right to burial benefits under the laws administered by the Secretary of Veterans Affairs.

SEC. 2. DISPLAY OF INJURED AND AMPUTEE VETERANS BILL OF RIGHTS.

(a) **DISPLAY.**—The Secretary of Veterans Affairs shall ensure that the Injured and Amputee Veterans Bill of Rights described in subsection (b) is printed on signs in accessible formats and displayed prominently and conspicuously in each prosthetics and orthotics clinic of the Department of Veterans Affairs.

(b) **INJURED AND AMPUTEE VETERANS BILL OF RIGHTS.**—The Injured and Amputee Veterans Bill of Rights described in this subsection is a statement that injured and amputee veterans should have the following rights:

(1) The right to access the highest quality prosthetic and orthotic care, including the right to the most appropriate technology and best qualified practitioners.

(2) The right to continuity of care in the transition from the Department of Defense health program to the Department of Veterans Affairs health care system, including comparable benefits relating to prosthetic and orthotic services.

(3) The right to select the practitioner that best meets their orthotic and prosthetic needs, whether or not that practitioner is an employee of the Department of Veterans Affairs, a private practitioner who has entered into a contract with the Secretary of Veterans Affairs to provide prosthetic and orthotic services, or a private practitioner with specialized expertise.

(4) The right to consistent and portable health care, including the right to obtain comparable services and technology at any medical facility of the Department of Veterans Affairs across the country.

(5) The right to timely and efficient prosthetic and orthotic care, including a speedy authorization process with expedited authorization available for veterans visiting from another area of the country.

(6) The right to play a meaningful role in rehabilitation decisions, including the right to receive a second opinion regarding prosthetic and orthotic treatment options.

(7) The right to receive appropriate treatment, including the right to receive both a primary prosthesis or orthosis and a functional spare.

(8) The right to be treated with respect and dignity and have an optimal quality of life both during and after rehabilitation.

(9) The right to transition and readjust to civilian life in an honorable manner, including by having ample access to vocational rehabilitation, employment programs, and housing assistance.

(c) MONITORING AND RESOLUTION OF COMPLAINTS.—

(1) **IN GENERAL.**—The Secretary of Veterans Affairs, acting through the veteran liaison at each medical center of the Department of Veterans Affairs, shall collect information relating to the alleged mistreatment of injured and amputee veterans.

(2) **QUARTERLY REPORTS.**—For each fiscal quarter, the veteran liaison at each medical center of the Department shall submit to the Chief Consultant of Prosthetics and Sensory Aids of the Department a report on any information collected under paragraph (1) during that quarter.

(3) **INVESTIGATION AND ADDRESSING OF COMPLAINTS.**—The Chief Consultant, in cooperation with appropriate employees of a medical center of the Department, shall investigate and address any information collected under paragraph (1) at that medical center.

SEC. 3. EDUCATION AND OUTREACH.

(a) **EDUCATION OF DEPARTMENT EMPLOYEES.**—The Secretary of Veterans Affairs shall ensure that—

(1) all employees of the Department of Veterans Affairs receive training on the Women Veterans Bill of Rights described in section 1; and

(2) employees of the Department who work at prosthetics and orthotics clinics and who work as patient advocates with veterans who receive care at such clinics, including Federal recovery coordinators and case managers, receive training on the Injured and Amputee Veterans Bill of Rights described in section 2.

(b) **OUTREACH TO VETERANS.**—The Secretary of Veterans Affairs shall conduct outreach to inform veterans about the Women Veterans Bill of Rights described in section 1 and the Injured and Amputee Veterans Bill of Rights described in section 2 by—

(1) ensuring that such Bills of Rights are available on the Internet website of the Department of Veterans Affairs; and

(2) conducting other types of outreach targeted at specific groups of veterans, which may include outreach conducted on other Internet websites or through veterans service organizations.

SEC. 4. EXCLUSION OF CERTAIN SERVICES.

Nothing in this Act shall be construed to establish a right to any service excluded under 38 C.F.R. 17.38, as in effect on the date of the enactment of this Act.

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

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Mr. FILNER. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 5953, as amended.

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

There was no objection.

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

Mr. Speaker, this bill before us is an important piece of legislation, establishing a bill of rights on the one hand for women veterans, and on the other hand for injured and amputee veterans. This has been the subject of over a year of discussion in our committee and around the country with various groups and stakeholders to try and refine the legislation to one that everyone can support.

Let me just speak on the first half, and that is women veterans. There are almost 2 million women veterans now, Mr. Speaker, and they are one of the fastest growing subgroups of veterans in our Nation. It is estimated that the number of female veterans who use the VA health care system will double, assuming that the current enrollment rates remain constant.

The VA health care system, as we know it, was built to accommodate the war-related illnesses and injuries of male veterans. It's a male institution as it was created. In fact, many of the VA providers, many of the VA customers are veterans, have little or no exposure to women veterans. As women are serving in combat conditions alongside their male counterparts, it is important that the Department embrace and recognize the needs of all veterans, both men and women alike.

Through hearings and roundtable discussions that we have held during this year, women veterans have come forward to share their personal stories. From their accounts, it is clear that while the VA has made some strides in caring for women veterans, significant gaps remain. The veterans testifying before the committee have shared stories of feeling unwelcomed, alienated, disrespected in some of our VA medical centers so that they are now reluctant to pursue the benefits and services that they have earned with service to their country.

We have heard about women veterans walking into the lobby of a medical center and having catcalls come from all corners of that lobby. We have

heard that a woman who had her arm amputated from battle in Fallujah, when she appeared before a doctor at her VA, the doctor thought she had cancer. He couldn't imagine her as having lost an arm due to combat conditions. We have had single women who have had to bring their children because they could not get child care, and doctors refusing to see them. We have got to change this institution to meet the needs, the real needs of the women veterans of our Nation.

The VA must recognize and be equipped to treat the unique medical concerns that women veterans have. They must respect privacy concerns, eliminate cultural insensitivity that may otherwise bar women from accessing the VA health care system. In most of the VA medical centers they are not even changing in privacy curtains so that women may have that deserved privacy.

We made a lot of progress this Congress in addressing the women veterans with the enactment of S. 1963, the Caregivers and Veterans Omnibus Health Services Act of 2010. This bill, H.R. 5953, would bring the VA another step closer to providing equal care for women to their male counterparts.

My bill would require the VA to display in all of its facilities the 24 fundamental principles governing the treatment of women veterans, as well as require VA to widely distribute the bill of rights to women veterans.

Among the key principles of this bill of rights is the right to coordinated, comprehensive primary women's health care at every VA medical center, the right to receive care from clinicians who have special training and experience in women's health issues, and gender equity in accessing all clinical services. My hope is that this legislation will lead to bold changes that will effectively tackle the needs of our brave and honored women veterans.

This bill, as amended, mandates also another bill of rights. Let me just say one last thing, though, on the women's bill of rights. There was some concern raised in recent days about the relationship to this bill and the rights conferred on women veterans, and therefore the bringing of abortion services into the VA medical facilities. This bill did not do that. It made no reference to all the laws on the books that prevent Federal facilities from doing that. But in a discussion with the gentleman from New Jersey (Mr. SMITH), who previously chaired this VA Committee, who is a leader of the so-called pro-life forces in this Congress, he said we can fix that for you. All you have to do is add a line that he gave us and we have put in this bill.

So nobody need be concerned that this bill somehow overrides all previous laws and mandates abortion services in the VA clinics. It says and is included in this bill by manager's amendment that nothing in this act shall be construed to establish a right to any service excluded under 38 Code of Fed-

eral Regulations 17.38, as in effect on the date of the enactment of this act.

□ 2010

Those are the regulations that ban abortions in Federal facilities. So just to make sure that people feel that they can vote for this without violating some other principles, this sentence is in there, and the gentleman from New Jersey feels that that adequately and definitively eliminates that problem that had been brought up in recent days.

Let me if I may, Mr. Speaker, go on to the Injured and Amputee Bill of Rights. There are not many of us who have not heard of the horrific battle-ground stories experienced by our young men and women who have served in Operation New Dawn and Operation Enduring Freedom. These stories reveal a gruesome and difficult war in which servicemembers often sustain long-lasting emotional and physical injuries. Of these none is more disheartening than the amputations undergone by servicemembers as a direct result of the widespread use of roadside bombs, otherwise known as IEDs, Improvised Explosive Devices.

This class of injuries, which has spiked significantly since the onset of Operation New Dawn, requires special consideration within the Department of Veterans Affairs. After returning home, these individuals must embark upon a long road to recovery that includes extensive rehabilitation and specialized treatment.

This bill instructs the VA to inform veterans and educate employees at each VA prosthetics and orthotics clinic that there is an Injured and Amputee Veterans' Bill of Rights. The bill requires the VA to monitor and resolve complaints from injured and amputee veterans alleging mistreatment.

I believe that this bill will do much to protect the rights of our injured and amputee veterans, as well as bolster the consistency of prosthetic and orthotic care throughout the VA health care system.

I urge my colleagues to support this important legislation. We have been working on these bills for a long, long time, and I am pleased that we have been allowed to bring these bills even in this lame duck session to allow the VA to move into the 21st century in terms of treatment of our women veterans and in treatment of our veterans who have undergone amputations.

I reserve the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, I yield myself as much time as I may consume.

H.R. 5953, as amended, would direct the Secretary of Veterans Affairs to display in each VA facility a Women Veterans' Bill of Rights. Included as part of the manager's amendment is H.R. 5428, a bill to direct VA to create, educate, and inform staff and veterans about an Injured and Amputee Veterans' Bill of Rights.

The intent of the bill is laudable. The sacrifices of women, injured and ampu-

tee veterans should be recognized and respected. And, unquestionably, they have unique needs that require specialized care and services. But H.R. 5953 is a flawed bill that has been brought to the floor under a flawed process.

In Congress, certain procedures are put in place to ensure that policy is done correctly. Under regular order, once a bill has been introduced, it's referred to a committee of jurisdiction. Once in committee, it may be referred to a particular subcommittee or held in full committee, where hearings and markups—and that for the public would be votes—are held and Members and interested stakeholders are given the opportunity to examine legislation for sound policy and unintended consequences. If Members desire, they may offer amendments to improve a bill before it's voted out of committee and brought to the House floor for further debate before being voted on by the full House.

This is a time-tested democratic process, and I have seen numerous bills made better when we follow regular order. Instead, this bill is being brought to the floor in a closed process. It bypasses regular order in spite of numerous and serious objections, including those of our ranking member, Congressman BUYER.

We were supposed to have debated and voted on H.R. 5953 yesterday, but it was pulled from consideration at the very last minute after grave concerns were raised by the Pro-Life Caucus, the National Right to Life Committee, the Concerned Women for America, and the United States Conference of Catholic Bishops, among others, over language that could have created a legal basis to require government-funded abortions at VA medical centers. I am pleased that a new section was added to the bill we will consider today that is intended to address these particular concerns.

However, H.R. 5953, as amended, still continues to raise significant policy questions, including whether rights are consistent with current veterans' health care eligibility under title 38 of the United States Code.

Among these rights in question are the right to equal consideration in hiring and employment. This right seems to create an unfounded expectation regarding employment in both public and private sectors but leaves the meaning of equal consideration unknown. Equal to whom or what? Do existing employment laws and regulations meet this new undefined standard or will additional regulations be required?

The right for female veterans to have female personnel assist them in their disability claims process. It is unclear whether this provision refers to VA employees, to veterans service organizations, to others who may assist a veteran in filing or appealing a claim, or to all of the above groups. But VA has no control over the gender of third parties who represent claimants before VA.

Similarly, the right for female compensation and pension examiners to be made available to women veterans is problematic. There are several locations where a female examiner may not be present, which could place the female veteran at a disadvantage for a timely exam.

Correcting issues like these are why we have a hearing process. Good government is worth taking our time.

The Committee on Veterans' Affairs has never held a hearing on H.R. 5953. Consequently, Members have not been provided the opportunity to examine or amend the legislation to rectify any unintended consequences the bill could have or to improve it. Even the VA has not been provided the opportunity to present their official views, and none of the veterans service organizations or other interested stakeholders have been provided the opportunity to comment on the bill, which could directly impact so many of their daily lives.

Additionally, we are going to vote on the bill without knowing what it will cost because the Congressional Budget Office was not given the opportunity to prepare a cost estimate.

Yesterday, a last-minute fix was needed to ensure this bill would not provide a basis for federally funded abortions. What else is in the bill that may require a fix? We don't know because we weren't able to properly vet it before it was brought to the floor.

How would this Bill of Rights be enforced? What would happen if VA personnel didn't comply? We don't know.

What we do know is the VA already has a comprehensive list of patients' rights displayed in each facility. The existing Bill of Rights applies to each and every veteran and includes the right to be treated with dignity, compassion, and respect, and the right to information about VA benefits to which you may be entitled and other important rights for veteran patients cared for in a VA medical facility, including women veterans and veterans with amputations.

I and my Republican colleagues are strongly committed to meaningful oversight for the benefits and services we provide for our veterans. I would have appreciated the opportunity to have a voice in the process of bringing H.R. 5953 to the floor today. That is why the voters of Tennessee sent me to Congress, and I fully intend as a member of the VA Committee to ask for hearings on these issues in the 112th Congress.

I just want to say, the chairman and I have worked on many things together during this past year, many good things. And I, as a veteran, I am a veteran, and I am an Ob/Gyn physician who has treated veteran patients for over 30 years in my community, which has a veterans hospital, so I am very well aware of these issues.

I certainly agree with a Bill of Rights. The problem is we had no way and no process in which to look through this.

I understand what the chairman—as I said, it's laudable what he wants to do. I agree with many of the issues here. I have no problem with that. I am here discussing basically the process of how we got here to the floor.

I reserve the balance of my time.

Mr. FILNER. Mr. Speaker, I do want to assure the gentleman that, as he knows, we have had several roundtables. We call them roundtables rather than hearings, because we literally sit around the table and have discussions rather than just have people questioned. And we have had people from all over the country testify on this bill.

We have sent the bill to every single veterans service organization, to everyone who has ever asked or complained about treatment as women veterans. We have had enormous input from around the country on this, probably more than any other bill that we have done. The bill has undergone a whole lot of changes and has responded to a lot of the input that we had, including from Members of the opposite party who have been at some of the roundtable discussions.

□ 2020

It is time, Mr. Speaker, to move into the 21st century on this. The VA has been a male institution. We cannot keep waiting for change. It has to come. Women are performing an incredible, incredible role in the conflicts that we have ongoing. We should not say "thank you" by an unwelcome response to their coming to a VA facility. It's time that we had a Bill of Rights for women veterans.

I reserve the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, again, this bill, 5953, did not come in from the full Veterans' Affairs Committee like other bills that I've seen. Again, I'm new, as you are. I have been here 2 years. But what I've seen is these bills come up. We have a markup, and a markup means just a vote on the bill, and then the chairman will ask, Are there any amendments at the table? We will discuss those amendments and vote them up or down. We didn't have a chance to vet that with this process.

And I think it's a laudable thing, as I have said, to do. I certainly see many things in here, and I've got the Bill of Rights right here that the VA has posted on the wall, and I certainly would have liked to have had the opportunity to go over this Bill of Rights. This particular bill was introduced July 29, 2010. I was at all the Veterans' markups. I certainly didn't miss this one, and it didn't come through the regular order. That's my complaint, not the content so much.

Mr. SMITH of New Jersey. Mr. Speaker, every American has a duty to respect, honor and support our veterans.

Congress has the responsibility to ensure that the profound respect owed to our veterans is translated into meaningful and tangible action.

For generations, Members on both sides of the aisle have sought world class medical care for wounded and ill veterans, compensation for the service connected disabled, funding for higher education and housing, and programs to rescue and re-enfranchise the homeless.

And as Lincoln said so eloquently, the Federal Government should care for "his widow and orphan."

I am the prime sponsor of numerous veterans laws, including the Homeless Veterans Assistance Act, the Veterans Education and Benefits Expansion Act, Veterans Survivor Benefits Improvement Act and numerous health care laws including the Veterans Health Program Improvement Act which, among scores of provisions, made permanent the authority of the Secretary to provide sexual trauma counseling to veterans—especially women.

Women who serve in our nation's Armed Forces deserve special gratitude and recognition in law. As veterans, they face unique challenges that both the Executive and Legislative Branch has and is attempting to address.

In September, the Advisory Committee on Women Veterans made ten recommendations to improve the quality of care provided to women veterans—to help ensure that the services and benefits we provide keep pace with the fastest growing segment of the veterans' population. They stated that we must bulk up the VA's gender-specific workforce and train and equip qualified staff to handle the unique challenges women face when transitioning to civilian life. They confirmed what many of us know and have been working on for years—that homelessness among veterans, and women in particular, is a plague we must work harder to eliminate. Improvements in outreach and childcare services would allow more women to take advantage of the health care, and mental health care in particular, that are available for them.

Today, the House considers a bill to establish a Bill of Rights for women veterans as well as those men and women who have lost limbs to further ensure prompt, comprehensive and effective treatment within the VA.

I am especially pleased that Chairman FILNER's bill—H.R. 5953—makes absolutely clear that abortion is not health care under this bill and so-called abortion rights are not implied by any of the rights specified in the legislation. In addition to eliminating any legal grounds for implying a right to abortion access, abortion funding or any other abortion-related activity, the newly added Section 4 also neutralizes any legal effort to use the Women Veterans Bill of Rights as a basis to infer a right to other controversial services such as abortion counseling, IVF and gender alteration as well as spa or gym memberships, care for veterans in prison and unapproved drugs and devices.

Section 4 of H.R. 5953 states: "Nothing in this Act shall be construed to establish a right to any service excluded under 38 CFR 17.18, as in effect on the date of enactment of this Act."

Specifically the services listed as exclusions under 38 CFR 17.38 as of the date of enactment of H.R. 5953:

- (1) Abortions and abortion counseling.
- (2) In vitro fertilization.

(3) Drugs, biologicals, and medical devices not approved by the Food and Drug Administration unless the treating medical facility is

conducting formal clinical trials under an Investigational Device Exemption, IDE, or an Investigational New Drug, IND, application, or the drugs, biologicals, or medical devices are prescribed under a compassionate use exemption.

(4) Gender alterations.

(5) Hospital and outpatient care for a veteran who is either a patient or inmate in an institution of another government agency if that agency has a duty to give the care or services.

(6) Membership in spas and health clubs.

Mr. Speaker, VA hospitals and Community Based Outpatient Clinics are today extraordinary places of healing, recovery, and recuperation. Abortion is not health care.

Because abortion methods dismember, decapitate, crush, poison, starve to death and induce premature labor, pro-life Members of Congress, and according to every reputable poll, significant majorities of Americans want no complicity whatsoever in this violence.

Abortion hurts women's health and puts future children subsequently born to women who aborted at significant risk. At least 102 studies show significant psychological harm, major depression and elevated suicide risk in women who abort.

Recently, the Times of London reported that, "[S]enior . . . psychiatrists say that new evidence has uncovered a clear link between abortion and mental illness in women with no previous history of psychological problems." They found, "that women who have had abortions have twice the level of psychological problems and three times the level of depression as women who have given birth or who have never been pregnant. . ."

In 2006, a comprehensive New Zealand study found that 78.6 percent of the 15–18 year-olds who had abortions displayed symptoms of major depression as compared to 31 percent of their peers. The study also found that 27 percent of the 21–25 year-old women who had abortions had suicidal idealizations compared to 8 percent of those who did not have an abortion.

At least 28 studies—including three in 2009—show that abortion increases the risk of breast cancer by some 30–40 percent or more yet the abortion industry has largely succeeded in suppressing these facts.

Abortion isn't safe for subsequent children born to women who have had an abortion. At least 113 studies show a significant association between abortion and subsequent premature births. For example a study by researchers Shah and Zoe showed a 36 percent increased risk for preterm birth after one abortion and a staggering 93 percent increased risk after two.

Similarly, the risk of subsequent children being born with low birth weight increases by 35 percent after one and 72 percent after two or more abortions. Another study shows the risk increases 9 times after a woman has had three abortions.

What does this mean for her children? Preterm birth is the leading cause of infant mortality in the industrialized world after congenital anomalies. Preterm infants have a greater risk of suffering from chronic lung disease, sensory deficits, cerebral palsy, cognitive impairments and behavior problems. Low birth weight is similarly associated with neonatal mortality and morbidity.

Ms. JACKSON LEE of Texas. Mr. Speaker, I stand before you in support of H.R. 5953, "to

direct the Secretary of Veterans Affairs to display in each facility of the Department of Veterans Affairs a Women Veterans Bill of Rights." I would like to begin by thanking my colleague, Representative FILNER for introducing H.R. 5953 in the House. I urge my colleagues to also support this noble resolution as it reaffirms the importance of gender equality within the Department of Veterans Affairs. This bill recognizes the absolute importance of equity between men and women veterans, as they have both equally sacrificed for our great Nation. As patriotic Americans, in return, we must honor and respect these heroes.

Women's contribution to our armed forces has a long tradition, which began during World War II. This contribution included not only the women who courageously served in our Armed Forces at a time in our Nation's history where women did not possess the rights we have today, but also the six million women who manned the manufacturing plants which produced munitions and material during World War II while the men who traditionally performed this work were off fighting the war.

Today, there are 1.8 million women veterans throughout the United States, that still deserve the same acknowledgement of rights that other veterans have received. This is an important resolution which recognizes the Women Veterans Bill of Rights within each facility of the Department of Veterans Affairs. This resolution upholds a strong standard of respect and dignity for equality within the Department of Veterans Affairs. Our commitment to veterans is to both men and women veterans who have courageously dedicated their lives to serve their Nation.

The Women Veterans Bill of Rights enumerates a number of non-controversial, necessary rights for female veterans of the United States Armed Forces. The Bill of Rights includes the right to be treated with dignity, the rights to primary health care, and the right to treatment by those clinicians with training and experience in women's health issues among others.

This is an important bill that advocates the equal treatment of women veterans. It encourages the fair treatment of anyone that has served this country by defending the United States, and establishes that no one should be treated any differently based on their gender. This bill is truly American and represents an undivided Nation that respects both men and women equally and fairly. I urge my colleagues to support H.R. 5953 and support the rights of women veterans throughout the United States.

Mr. ROE of Tennessee. I yield back the balance of my time.

Mr. FILNER. Mr. Speaker, I urge my colleagues to support H.R. 5953, as amended.

I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. FILNER) that the House suspend the rules and pass the bill, H.R. 5953, as amended.

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

The title was amended so as to read: "A bill to direct the Secretary of Vet-

erans Affairs to display in each facility of the Department of Veterans Affairs a Women Veterans Bill of Rights and to display in each prosthetics and orthotics clinic of the Department an Injured and Amputee Veterans Bill of Rights, and for other purposes."

A motion to reconsider was laid on the table.

SUPPORTING DESIGNATION OF NATIONAL VETERANS HISTORY PROJECT WEEK

Mr. FILNER. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1644) expressing support for designation of a "National Veterans History Project Week".

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1644

Whereas 2010 marks the 10th anniversary of the establishment of the Veterans History Project by the United States Congress in order to collect and preserve the wartime stories of United States veterans;

Whereas Congress charged the American Folklife Center at the Library of Congress to undertake the Veterans History Project and to engage the public in the creation of a collection of oral histories that would be a lasting tribute to individual veterans;

Whereas the Veterans History Project relies on a corps of volunteer interviewers, partner organizations, and an array of civic minded institutions nationwide who interview veterans according to the guidelines it provides;

Whereas these oral histories have created an abundant resource for scholars to gather first-hand accounts of veterans' experience in World War I, World War II, the Korean War, the Vietnam War, the Persian Gulf War, and the Afghanistan and Iraq conflicts;

Whereas there are 17,000,000 wartime veterans in the United States whose stories can educate people of all ages about important moments and events in the history of the United States and the world and provide instructive narratives that illuminate the meanings of "service", "sacrifice", "citizenship", and "democracy";

Whereas more than 70,000 oral histories have already been collected and more than 8,000 oral histories are fully digitized and available through the website of the Library of Congress;

Whereas the Veterans History Project will increase the number of oral histories that can be collected and preserved and increase the number of veterans it honors; and

Whereas "National Veterans Awareness Week" has been recognized by Congress in previous years: Now, therefore, be it

Resolved, That the House of Representatives—

(1) supports the designation of a "National Veterans History Project Week";

(2) recognizes "National Veterans Awareness Week";

(3) calls on the people of the United States to interview at least one veteran in their families or communities according to guidelines provided by the Veterans History Project; and

(4) encourages local, State, and national organizations along with Federal, State, city, and county governmental institutions to participate in support of the effort to document, preserve, and honor the service of United States wartime veterans.