

nation must provide more opportunities, like those at this outstanding school, to encourage our children and youth to focus on STEM fields and to help our nation remain competitive in the global economy.

In times of economic uncertainty, we cannot lose sight of the paramount importance of our children's education, and I am honored to represent Silva Health Magnet High School.

VETERANS SEXUAL ASSAULT PREVENTION AND HEALTHCARE ENHANCEMENT ACT

SPEECH OF

HON. SHEILA JACKSON LEE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 11, 2011

Ms. JACKSON LEE of Texas. Madam Speaker, I rise today in support of H.R. 2074, "the Veterans Sexual Assault Prevention and Healthcare Enhancement Act of 2011." This legislation requires the Veterans' Administration, VA, to report and track sexual assaults and other safety related incidents at its medical facilities. Further, it requires: a payment of nursing home care for veterans with service-connected disabilities, requires individualized care for traumatic brain injuries (TBI), allows service dogs on VA properties, and establishes a three year pilot program to assess the effectiveness of mental health and post traumatic stress disorder (PTSD) treatments of veterans who are utilizing dog training therapy.

Throughout my tenure in Congress, I have remained committed to meeting the needs of veterans. They have kept their promise to serve our nation and have willingly risked their lives to protect the country we all love. We must now ensure that we keep our promises to our veterans. It is only prudent to require the VA to take steps to ensure that our veterans are safe while in their care.

In the State of Texas, we have nearly 1.7 million veterans, and 18th District is home to 32,000 of them. The veterans I represent are aware of the services provided by the Veterans' Administration. When they return home, the least we can do is to ensure that while they are receiving care their physical safety concerns are being addressed.

The Veterans' Administration is charged with providing for the healthcare needs of our nation's veterans. Part of this care includes providing for their safety. Although the majority of the men and women who have served our country are upright and law abiding citizens there are always a few bad actors. The veterans must be protected against bad actors in the same way that they have helped to protect the United States against our enemies.

The Department of Defense estimates that in 2010 alone, there were over 19,000 sexual assaults in the military, which amounts to nearly 52 sexual assaults per day. It is not unreasonable to imagine that those tens of thousands of survivors and their perpetrators vanish after they are discharged from the military. There are substantial numbers of veterans who are survivors of sexual trauma, survivors utilizing the VA services. According to a VA report in FY 2010 68,379 patients had at least one outpatient visit to a VHA facility that was for the treatment of a condition related to military sexual trauma: 61 percent, or 41,475, of

those patients were women; 39 percent, or 26,904, were men.

We must remember that the Veterans' Administration does serve tens of thousands of veterans every year. This number will continue to grow as more of our troops return home. As with any institution that meets the needs of so many the VA must ensure the safety of the patients under their care. To do so the VA must train members of their staff on sexual harassment and sexual assault responses, and educate patients on the process to file a sexual assault allegation.

According to the Government Accountability Office, GAO, there were nearly 300 sexual assault incidents reported to the VA police from January 2007 through July 2010—including alleged incidents that involved rape, inappropriate touching, forceful medical examinations, forced or inappropriate oral sex, and other types of sexual assault incidents. Many of these sexual assault incidents were not reported to officials within the management reporting stream which is a direct violation of VA policy and Federal Regulations.

H.R. 2074 addresses some of the factors identified by the GAO, namely that the VA did not have a consistent sexual assault definition that could be utilized for reporting purposes. The VA also did not have clear expectations for incident reporting across VA medical facilities. In addition, the VA does not have the ability or mechanisms in place to monitor sexual assault incidents reported through the management reporting stream. H.R. 2074 would require the VA to establish a comprehensive policy to report and track all incidents of sexual assault and other safety concerns.

It is important that the men and women receiving care at VA medical facilities are adequately protected from harm. It is unfathomable that this issue has not been addressed sooner. We must remember that although sexual assault is often considered an issue only affecting women, in fact, both men and women have suffered sexual assaults. Further, victims may be assaulted by predators of the same or the opposite sex. Like other types of trauma, sexual trauma can leave lasting scars upon the physical and mental health of its victims. Veterans who are already receiving care for their wounds should not be left to defend themselves against aggressors.

In addition, the GAO determined that five VA medical facilities visited, had poorly monitored surveillance cameras, alarm system malfunctions, and the failure of alarms to alert both VA police and clinical staff when triggered. Inadequate system configuration and testing procedures contributed to these weaknesses. Further, facility officials at most of the locations GAO visited said the VA police were understaffed. These issues could have dire consequences, as it could lead to delayed response time to incidents and seriously erode the VA's efforts to prevent or mitigate sexual assaults and other safety incidents. This is simply outrageous.

H.R. 2074 requires the VA to take this matter seriously. As it stands this bill requires the VA to have clear accountability goals for VA staff. Every VA medical facility is required to have a military sexual trauma coordinator; considering the volume of patients who are coping with this condition that should not be a surprise. What is surprising is that at most VA

facilities this position is not a full time job. These employees are often given additional duties and obligations not related to military sexual trauma. This legislation should be a wakeup call. Protecting the safety of our veterans while they are in our care is a top priority.

In addition, this legislation opens the possibility of meeting the health needs of veterans who reside in nursing homes, are receiving treatment for PTSD and other mental health services. It is important to note that when a soldier returns from the battlefield he or she brings with them both physical and mental wounds. It is our duty to ensure that each and every one of those veterans who survive the fields of combat are able to receive the care they need when they make it home.

I urge my colleagues to join me in supporting H.R. 2074, the Veterans Sexual Assault Prevention and Healthcare Enhancement Act.

USDA PROPOSED RULE FOR SCHOOL MEALS

HON. RENEE L. ELLMERS

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 18, 2011

Mrs. ELLMERS. Mr. Speaker, I rise today during National School Lunch Week to express my concern about the U.S. Department of Agriculture's proposed rule change to the National School Lunch Program. As a mother and a nurse and a representative of the medical community, families, and farmers in the second district of North Carolina, I fully support improving nutrition for our nation's school children, and I believe that we must do everything we can to protect against childhood obesity.

But in this time of economic uncertainty, we cannot overlook the unintended consequences of these new and conflicting standards. A recent Gallup poll found that 19 percent of American families are food insecure. According to a study by the USDA, nearly 17 million American children struggle with hunger. For many of these children, school is their most reliable source of a well balanced meal.

In my state more than half of the school food programs in the state are operating in the red, losing a total of \$28 million in 2008. Their financial problems are mounting at a time when parents, child health advocates and legislators are looking to school food programs to improve students' nutrition at a sensible and affordable price. In 2006, the state legislature required schools to serve more fruits, vegetables and whole-grain food, and fewer dishes with lots of fat and sugar. However, it did not kick in extra money for the higher costs of the more nutritious foods. Collectively, school food programs in North Carolina spent \$683 million during the last school year. Almost half, 47 percent, went to salaries and benefits. The rest went to food purchases (44 percent) and other expenses (9 percent).

According to USDA estimates, this new school meals rule will cost taxpayers \$6.8 billion over the next ten years. How are we going to afford that?

At a time when so many are hungry and the National School Lunch Program is serving more children than ever, I have strong reservations with USDA's proposal to place serious limitations on school nutritionists' options

in building nutritious meal plans for the nation's school children and increase the price of school meals. In many cases, the proposal would eliminate foods that are both nutritious and popular with children. The school lunch program is intended to feed hungry kids, not pick "good foods" and "bad foods". The new guidelines would limit starchy vegetables—corn, peas and lima beans, in addition to potatoes—to two servings a week. That's about one cup. As a parent, I would like to see more of these vegetables consumed, not less. School nutritionists should be applauded for the work they do in constructing meals that kids love and give them the energy they need to succeed in the classroom.

This rule will cost taxpayers \$6.8 billion over the next ten years. In this current fiscal crisis, our school children and taxpayers cannot afford to adapt to inconsistent, costly and unproven regulations. USDA should revisit its proposal and write a rule that does not put limitations on school nutritionists' choices in how to best feed hungry children or put further economic pressures on food companies that supply schools and the American taxpayer.

HONORING THE SERVICE OF GLEN KERSLAKE

HON. ADAM SMITH

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 18, 2011

Mr. SMITH of Washington. Mr. Speaker, today I honor Mr. Glen Kerslake of Tucson, Arizona, for a lifetime of service to country and community. Mr. Kerslake, who I had the pleasure of meeting in Tucson, is known to me for his close work with our colleague, Congresswoman GABRIELLE GIFFORDS, to support southern Arizona's military members, veterans, and military and veterans' families.

Glen joined the Tucson community in 1994 and quickly developed a record of deep and devoted service to southern Arizona—serving on the boards of the Tucson Arizona Boys Chorus and National Apartment Association, as a member of the Southern Arizona Leadership Council, and as President of the Arizona Conservation Land Stewards, among other community contributions.

Glen made one of his greatest civic impacts serving Tucson's military community and the proud men and women who make it up. He has served as a member, president, and board-member of the Davis-Monthan 50, a committed group of Tucson civic and business leaders dedicated to strengthening the relationship between Davis-Monthan Air Force Base and the civilian population of the region. As a DM-50 member and then president of the organization, Glen helped thousands of airmen through the child car safety seat program, which supplies car seats to young military families, and the development of the important Bachelor of Applied Science in Meteorology program at the University of Arizona. He also made critical contributions to Tucson's Military Community Relations Committee, a local organization dedicated to resolution of key issues between Davis-Monthan Air Force Base and the community.

Recently, Glen was most passionate about his role as the Honorary Commander of the 612th Air and Space Operations Center. Glen

took great pride in the critical nature of the 612th AOC's mission and its heritage springing from the famous Doolittle Raiders of World War II. The Raiders took great risk performing a tactical mission, executed in a joint manner, at a crucial juncture for our nation, ultimately demonstrating the strategic reach of American airpower. The 612th AOC was dedicated the Gen. James H. Doolittle Center in honor of the leader of the Doolittle raid, who was also the first commanding general of 12th Air Force.

I was this heritage and the 612th AOC's unit motto, "Leading the Fight—Ever Vigilant, Omnis Vigilantia," along with an abiding commitment to Davis-Monthan's airmen and women, that inspired Glen's efforts to ensure the unit would remain at Davis-Monthan when its continued existence in Arizona was threatened. Glen sprung into action and worked closely with Congresswoman GIFFORDS' office to lead a diverse group of community and governmental stakeholders to stop the effort to move the 612th AOC's operations.

The Congress and this country owe Glen, his family, and countless community leaders in Glen's mold a debt of gratitude for their selfless and inspired service. Please join Congresswoman GIFFORDS and me today in honoring Mr. Glen Kerslake of Tucson, Arizona.

PROTECT LIFE ACT

SPEECH OF

HON. LAURA RICHARDSON

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 13, 2011

Ms. RICHARDSON. Madam Speaker, I rise today in strong opposition of H.R. 358, the misnamed "Protect Life Act". At a time when the American people's top priority is job creation, Republicans continue to waste valuable time advancing legislation that has no chance of being signed into law. The real aim of the Protect Life Act is to restrict, if not eliminate all together, reproductive health options for American women. H.R. 358 is a callous piece of legislation that disrespects the judgment of American women.

The Protect Life Act imposes an unprecedented limitation on abortion coverage and takes extreme measures to prevent women from accessing safe and legal abortion services. This legislation even prevents women from using their own money to purchase private insurance coverage for abortion, worse; the bill would relieve hospitals of their obligation to treat women who need an emergency abortion to save their life.

The Affordable Care Act already contains strict safeguards at multiple levels to prevent federal funds from being used to pay for abortion services beyond those in cases of rape, incest or where the life of woman would be in grave and eminent danger. But the Protect Life Act goes further, much further. It is reckless and endangers women's lives.

The Protect Life Act makes it virtually impossible for insurance companies in state health-insurance exchanges to offer abortion coverage, including those paying for coverage entirely with private dollars. The bill also prohibits all individuals who receive federal subsidies from purchasing a plan that includes abortion coverage, as well as barring insurance plans from covering abortion if they in-

clude even one individual who receives a subsidy.

Today, nearly 87 percent of private employer-sponsored insurance offer plans which include abortion coverage. This bill would deter insurance companies from offering plans with such options and would likely force millions of women to drop the coverage they currently have.

Currently, all hospitals in America that receive Medicare or Medicaid funding are bound by the 1986 law known as the Emergency Medical Treatment and Active Labor Act (EMTALA), to provide emergency care to all patients, regardless of the circumstance. Under EMTALA, if a woman required an emergency abortion to save her life and she was a patient at an anti-abortion hospital or being treated by a health care provider against abortion on religious or moral grounds, the hospital would be required to either perform the abortion or transfer the patient.

The Affordable Care Act leaves laws that protect medical providers who have religious or moral objections to abortion services intact. But the Protect Life Act goes even further by removing the obligation for medical providers who are not willing to terminate a pregnancy to facilitate a transfer to a hospital that is willing to save the woman's life.

Madam Speaker, in short, this irresponsible and dangerous legislation would allow a hospital to let a pregnant woman die rather than perform a life-saving procedure. Saving a woman's life should be every hospital's first priority, especially hospitals that receive federal funding.

The Protect Life Act amends the historic Affordable Care Act, which was passed by the Democratic 111th Congress, so that it does not ensure access to abortion services. This broad language could prevent states and state-based health insurance exchanges from ensuring that women get information about the health care coverage options available to them. It should be an ethical healthcare provision that patients be presented with accurate and complete information about their medical options in order to make the best decisions regarding their health care. This bill denies women that fundamental right.

In addition, another provision of the Protect Life Act could allow insurers to refuse to offer important services that are part of the minimum standards for health coverage such as services and supplies related to contraception, infertility and sexually transmitted diseases.

Our friends across the aisle are fond of saying they are against government intrusion into the market place, excessive regulation, and limits on personal freedom. But here they are again trying to deny women the right to choose what is best for themselves and their families. Eliminating access to legal abortions denies women the right to make their own health decisions in accordance with their religious and moral beliefs and as a result, infringes on their equal rights. When it comes to attacking women's freedom and privacy, this legislation knows no bounds. It is an extreme attack against women's reproductive rights and undermines women's access to quality healthcare.

Mr. Speaker, for these reasons I am proud to stand in strong opposition of H.R. 358, the