

veterans, young male veterans are still more likely to commit suicide than those who have never served in Iraq or Afghanistan.

When the suicide rate of veterans of Iraq and Afghanistan spiked in 2004, Congress responded by increasing VA's budget for mental health by nearly a third. This allowed VA to create a veterans crisis line and place suicide prevention coordinators in every medical center.

But if any veteran who needs help cannot get help or does not know it is available, the program is a failure. As I said before, every suicide is tragic. And more must be done.

This is why I strongly support this amendment which would give the VA the necessary additional resources to let veterans know, through TV and social media, to reach out to our veterans. I hope all of my colleagues will stand with me and my colleague, Mr. HOLT, in support of this amendment.

Mr. BISHOP of Georgia. Mr. Chairman, I yield 1½ minutes to the gentlelady from Wisconsin (Ms. MOORE).

Ms. MOORE. Thank you so much to the gentleman from Georgia.

I rise to support this omnibus amendment and for the purpose of directing the Department of Veterans Affairs to examine its practices on how it plans to rehabilitate and reuse national landmarks that are aging, outdated, or in obsolete condition within the VA infrastructure and issue a report to Congress no later than January 1, 2012, on any actions taken or planned to be taken to rehabilitate and use these national landmarks, to fulfill its responsibilities under section 106 of the National Historic Preservation and to our veterans.

An example of these landmarks is the Milwaukee Soldier's Home, built in 1867, one of the original soldier's homes established by congressional legislation and approved by President Abraham Lincoln on March 3, 1865. The soldier's home reflects how our forefathers chose to care for and honor the soldiers who fought to keep the country united as one Nation.

I say forefathers because it was the ladies of Milwaukee's West Side Soldiers Aid Society whose tenacity and dedication made it possible to raise the funds necessary to create the Milwaukee Home for Disabled Volunteer Soldiers which they generously gifted to the soldier's home system, a forerunner of the Department of Veterans Affairs.

This summer, on the 150th anniversary of the Civil War, the soldier's home will hopefully be dedicated as a national historic landmark.

I urge the Department of Veterans Affairs to send a report to Congress.

Mr. CULBERSON. Mr. Chairman, I would note we're pleased to support this amendment. As the gentlewoman has just pointed out, this Veterans Hospital was created, I think she said March 30 of 1865. That would have been one of the last acts on Earth of Presi-

dent Abraham Lincoln. So we're pleased to accept her amendment to ensure the preservation of this very historic and important piece of American history.

Mr. BISHOP of Georgia. We want to commend the gentlelady for her amendment and her compassion in offering it.

While I have the time, let me discuss the Altmire amendment which has been offered, and Mr. ALTMIRE, I believe, is on his way to the floor. This amendment will move \$22 million from the Veterans Administration's general administration account to the medical and prosthetic research account.

A recent Senate Committee on Veterans' Affairs heard testimony from wounded soldiers about the disparity of prosthetics technologies between the Department of Defense and the veterans health care. This amendment will restore some of the funding that was cut from the medical and prosthetic research account by taking a small dollar amount from the VA general administration account.

Wounded warriors are deserving of no less than this Nation's full commitment. I rise in strong support of this amendment.

I reserve the balance of my time.

□ 2000

Mr. CULBERSON. Mr. Chairman, I do support Mr. ALTMIRE's amendment.

Obviously, we are all committed to supporting prosthetics research. Our military doctors have done an extraordinary job of saving the lives of these young men and women who are wounded in combat, and we want to make sure we are giving them all the support they need.

I am glad Mr. ALTMIRE has brought this amendment to us. I understand he is on the way to the floor because he would like to speak on his amendment.

I reserve the balance of my time.

Mr. BISHOP of Georgia. I yield back the balance of my time.

Mr. CULBERSON. I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentleman from Texas (Mr. CULBERSON).

The amendment was agreed to.

Mr. CULBERSON. Mr. Chairman, in an effort to expedite consideration of this bill and ensure our men and women in uniform get all the help they need as soon as possible, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. RUNYAN) having assumed the chair, Mr. TERRY, Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 2055) making appropriations for military construction, the Department of Veterans Affairs, and related agencies for the fiscal year ending September 30, 2012, and for other purposes, had come to no resolution thereon.

SECURING OUR SOUTHERN BORDER

(Mr. CULBERSON asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. CULBERSON. Mr. Speaker, I want to take 1 minute to address, tonight, an important bill the House passed on Homeland Security, funding all the agencies of Homeland Security.

In addition to funding our military, the Military Construction bill which we have just done, for Veterans Affairs, we also have a fundamental obligation to secure our borders. And the Homeland Security bill that we just passed does that in a number of important ways, most importantly, for the people of Texas.

I want to reassure everyone listening tonight that the Texas delegation and this Congress, this majority, will not rest until the southern border is secure, until we, with the full support of the people that live along the border, secure the border with zero tolerance, using existing law, which means 6 months in jail for crossing the border illegally, as we are doing in Del Rio with the full support of the local community, arresting everybody that crosses the border and throwing them in jail for up to 6 months, with the obvious exception of women and children. But we are enforcing the law in Texas, in Del Rio and in Laredo.

With the help of my friend HENRY CUELLAR and the local community, we are working in this majority to expand that zero tolerance program from Brownsville to San Diego. And I want to thank the Homeland Security Committee, Mr. ADERHOLT, for allowing us, through language in the bill, to expand rapidly the use of available empty bed space for illegal aliens so there are no more police officers like we just lost, another police officer in Houston, Texas, to an illegal alien. And we are not going to rest until that border is secured, Mr. Speaker.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H. RES. 292, REGARDING DEPLOYMENT OF UNITED STATES ARMED FORCES IN LIBYA, AND PROVIDING FOR CONSIDERATION OF H. CON. RES. 51, LIBYA WAR POWERS RESOLUTION

Mr. SCOTT of South Carolina, from the Committee on Rules, submitted a privileged report (Rept. No. 112-99) on the resolution (H. Res. 294) providing for consideration of the resolution (H. Res. 292) declaring that the President shall not deploy, establish, or maintain the presence of units and members of the United States Armed Forces on the ground in Libya, and for other purposes, and providing for consideration of the concurrent resolution (H. Con. Res. 51) directing the President, pursuant to section 5(c) of the War Powers Resolution, to remove the United

States Armed Forces from Libya, which was referred to the House Calendar and ordered to be printed.

□ 2010

THE FUTURE OF MEDICARE

The SPEAKER pro tempore (Mr. TERRY). Under the Speaker's announced policy of January 5, 2011, the gentleman from New York (Mr. TONKO) is recognized for 20 minutes as the designee of the minority leader.

Mr. TONKO. Mr. Speaker, I look forward to the next 20 minutes where we can discuss the future of Medicare. It is being addressed in this House during this 112th session of Congress. We have seen many statements made about Medicare in the last weeks.

I can tell you, a sign like this is greeting many colleagues as they return to their districts every weekend or during the recess that we have, the district work periods that we might have, signs such as this, "Hands off my Medicare," greeting us as we return to our districts, and rightfully so.

Medicare has been a program that has served our senior population for quite some time. Seniors and those living with disabilities have really found life to be far more doable with Medicare assistance.

It was in the sixties when the debate began, and it was President Lyndon Johnson who had been there to sign the measure into law. And at that point in time, our senior population, our senior community across these great United States, had a great concern. They were finding it unaffordable and inaccessible to search for health care insurance coverage.

There was cherry-picking going on. There were those with the preexisting conditions that were denied any opportunity, and I think it's fair to state that the economic stability of those who had retired at that point of retirement, they usually found that that stability had dwindled, had gone south simply because of the medical expenses that they required, and oftentimes with underinsurance or no insurance as a scenario, they were seeing their lifetime worth of savings dwindle because of that dynamic in their lives.

Now, in this four-and-a-half decade stretch forward, many have suggested that their economic consequences have stayed fairly stable, that they have enjoyed a better retirement because of the addition of Medicare to their outcome.

However, this Medicare program has been under attack. It's been under attack. There has been a Republican budget that has come forth and been produced in this House by the majority party, and they have voted on that measure to end Medicare, end the Medicare that would shift risk from government to the pockets of seniors in this country. It would take a given situation where they would be asked to shop, shop in the private sector. This

could be a 70-year-old; it could be an 80-85-year-old that might be asked to shop in that private sector market.

Well, the egregious notion is that the value of that coupon they are given to go shop for new insurance holds a value of about 32 cents for every \$1 of premium that would be paid on insurance costs. That means that they are tremendously drained economically. It means that 6,000 more dollars would come out of the pockets of our senior citizens individually for the cost of this insurance coverage.

Well, that is an unacceptable outcome. It's one that really makes it difficult for our senior community to be covered for health care purposes and to remain somewhat economically stable in their retirement years. And by the year 2030, it's suggested that the costs would triple for our seniors. By the year 2022, it would at least double.

These are frightening statistics. These are unacceptable notions for our senior community, all of whom need to be responded to with respect and sensitivity and with the utmost compassion.

This does not show compassion; this shows disinterest. It shows an insensitivity to the struggle that many would make and the correlation of the need for health care services.

With age as a factor, it is an understandable partnership. It's one that would mimic and trace each other's curves, because as you grow older, the propensity to require services of health care delivery would naturally grow. And so we do not want to put at risk our senior population.

Now, I think what is quite interesting is that, as we talk about the doubling and the tripling to seniors for this program, just recently a study came out that said that those who are age 55 today should have to save about 185, \$182,000 additional for their medical expenses without the efforts made by Medicare as it exists today. And then the numbers simply escalate. I believe it's in the \$400,000 realm if you are in your thirties. So this is going to put a huge hardship onto our American working families, onto our senior community of today and certainly of tomorrow.

Now, what I found most generous is the statements made by seniors who are eligible for Medicare today, speaking in a way that is not self-centered but really speaks to the future. They have said that they have enjoyed Medicare as a program. It has provided economic stability. It has provided health care quality of services, and they want that to be preserved for the next generation and the generation to follow. They want their children and grandchildren to enjoy the same order of benefits that they have enjoyed.

So while there might have been this idea that if we safety net somehow a certain given population currently enjoying Medicare and suggest that most of that could maybe be kept intact, well, there was a far broader sense of concern expressed by our senior com-

munity. It was not a selfish order of self-centered reflection that some might have anticipated but, rather, the seniors showed that they are truly concerned about generations to come, which I think is a magnanimous statement for our senior population in this country.

When it comes to messaging, it's important, I think, to know, to take lessons from the most recent congressional district election that was held just about a week ago. Last week the voters of the 26th Congressional District in the State of New York, in a rather Republican area, in fact, the ninth most difficult district in this Nation for a Democrat to win in—it was there that a Democrat by the name of KATHY HOCHUL was running. She was successful in that she was able to bring to the attention of the electorate in that district the facts as to the Republican plan, the Republican budget.

And it was more than just Medicare. She talked about the end of Medicare but then related it to the dollars, the savings accrued from that elimination going toward other spending. Just what was and what is that other spending proposed? It would be handouts, mindless handouts to the oil industry sitting on a profit rich situation, perhaps the most profitable situation that they have known in their history. To date, this calendar year, the industry is sitting on a \$36 billion profit margin, \$36 billion.

What they are asking here is that some \$44 billion worth of handouts, mindless handouts that have continued through the decades, nearly a century now, be continued. And how do we pay for that but by ending Medicare, ending Medicare to take care of the profit rich oil industry. The same is true of millionaire, billionaire tax cuts. You see the savings that can accrue by ending Medicare would then be slid over to provide for millionaire and billionaire tax cuts.

Well, middle-class America is not ready for that sort of assault. They are going to let their feelings be known. And it's why messages like this, "Hands off my Medicare" are greeting myself and colleagues across this country. They are concerned. They are concerned. They are letting their legislators know that this is not an acceptable thing to do.

Now, look at the track record where, with Medicare, we have avoided administrative costs to the nth degree; we have avoided marketing budgets; we have avoided all sorts of external costs that don't go to the health care delivery of patients but, rather, are the externals.

□ 2020

Avoiding those dollars has kept down the price tag on Medicare.

When we look at that same stretch from the beginning of Medicare to today, it's been an excess of a 5,000 percent increase in premiums that have risen from that point in 1965 to today.