

H.R. 2189 requires States to report to the Attorney General on quarterly basis information regarding the death of any person who is detained, arrested, en route to incarceration, or incarcerated in state or local facilities or a boot camp prison. To encourage compliance with this requirement States that fail to comply must pay a penalty. H.R. 2189 also requires the head of each Federal law enforcement agency to provide a report directly to the Attorney General. The Attorney General will then study the information and report on means by which it can be used to reduce the number of such deaths.

Summarily H.R. 2189 reauthorizes the Death in Custody Reporting Act. This legislation requires the submission of death statistics at the Federal, State and local levels. The legislation also provides for reductions of up to ten percent of Federal Byrne JAG grant funds at the discretion of the Attorney General, in the event of a State's non-compliance with the reporting requirements. H.R. 2189 also requires an accurate and complete study and report of information on deaths that occurred in custody. Further, H.R. 2189 does not authorize or require any additional spending.

For these reasons I support this legislation and firmly believe it can be used to advance our understanding of mortality in the criminal justice system, which will one day save a life. We must continue to protect persons who are in the custody of Federal, State, and local authorities. I urge my colleagues to lend their support to the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. SMITH) that the House suspend the rules and pass the bill, H.R. 2189.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. SMITH of Texas. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

The point of no quorum is considered withdrawn.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 3:30 p.m. today.

Accordingly (at 2 o'clock and 25 minutes p.m.), the House stood in recess until approximately 3:30 p.m.

□ 1533

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. HARRIS) at 3 o'clock and 33 minutes p.m.

VETERANS HEALTH CARE FACILITIES CAPITAL IMPROVEMENT ACT OF 2011

Mr. JOHNSON of Ohio. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2646) to authorize certain Department of Veterans Affairs major medical facility projects and leases, to extend certain expiring provisions of law, and to modify certain authorities of the Secretary of Veterans Affairs, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2646

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Veterans Health Care Facilities Capital Improvement Act of 2011”.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Authorization of fiscal year 2012 major medical facility projects.

Sec. 3. Modification of authorization for certain major medical facility construction projects previously authorized.

Sec. 4. Authorization of fiscal year 2012 major medical facility leases.

Sec. 5. Authorization of appropriations.

Sec. 6. Modification of requirements relating to congressional approval of certain medical facility acquisitions.

Sec. 7. Limitation on authority of Secretary of Veterans Affairs to use bid savings on major construction projects to expand purpose of major medical facility projects.

Sec. 8. Name of Department of Veterans Affairs telehealth clinic, Craig, Colorado.

Sec. 9. George H. O'Brien, Jr., Department of Veterans Affairs Medical Center.

Sec. 10. Extension of certain expiring authorities.

Sec. 11. Authorization of appropriations for comprehensive service programs for homeless veterans.

Sec. 12. Reauthorization of appropriations for financial assistance for supportive services for very low-income veteran families in permanent housing.

Sec. 13. Extension of grant program for homeless veterans with special needs.

Sec. 14. Extension of specially adapted housing assistance for individuals residing temporarily in housing owned by a family member.

Sec. 15. Extension of funding fees.

Sec. 16. Notice and verification of the use of income information from other agencies.

Sec. 17. Termination or reduction of certain benefits and services based on income information obtained from other agencies.

SEC. 2. AUTHORIZATION OF FISCAL YEAR 2012 MAJOR MEDICAL FACILITY PROJECTS.

The Secretary of Veterans Affairs may carry out the following major medical facility projects in fiscal year 2012, with each project to be carried out in the amount specified for each project:

(1) Construction of seismic corrections for Building 100 at the Department of Veterans Affairs Medical Center in Seattle, Wash-

ington, in an amount not to exceed \$51,800,000.

(2) Construction of seismic corrections and renovation of various buildings to include Building 209 for housing facilities for homeless veterans at the Department of Veterans Affairs Medical Center in West Los Angeles, California, in an amount not to exceed \$35,500,000.

SEC. 3. MODIFICATION OF AUTHORIZATION FOR CERTAIN MAJOR MEDICAL FACILITY CONSTRUCTION PROJECTS PREVIOUSLY AUTHORIZED.

(a) MODIFICATION OF AUTHORIZATION OF FISCAL YEAR 2007 MAJOR MEDICAL FACILITY PROJECT AT DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER IN FAYETTEVILLE, ARKANSAS.—Section 803(3) of the Veterans Benefits, Health Care, and Information Technology Act of 2006 (Public Law 109-461) is amended—

(1) by inserting “and a parking garage” after “clinical addition”; and

(2) by striking “\$56,163,000” and inserting “\$90,600,000”.

(b) MODIFICATION OF EXTENSION OF AUTHORIZATION FOR MAJOR MEDICAL FACILITY CONSTRUCTION PROJECT IN ORLANDO, FLORIDA, PREVIOUSLY AUTHORIZED IN CONNECTION WITH CAPITAL ASSET REALIGNMENT INITIATIVE.—Section 802(11) of the Veterans Benefits, Health Care, and Information Technology Act of 2006 (Public Law 109-461), as amended by section 702(b)(4) of the Veterans' Mental Health and Other Care Improvements Act of 2008 (Public Law 110-387; 122 Stat. 4137), is amended by inserting “, including a Simulation, Learning, Education, and Research Network Center,” after “Florida, area”.

(c) INCREASE IN AMOUNT OF AUTHORIZATION OF FISCAL YEAR 2008 MAJOR MEDICAL FACILITY PROJECT AT DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER IN PALO ALTO, CALIFORNIA.—The Secretary of Veterans Affairs may carry out the major medical facility project at the Department of Veterans Affairs Medical Center in Palo Alto, California, for which amounts were appropriated under chapter 3 of title I of the Supplemental Appropriations Act, 2008 (Public Law 110-252; 122 Stat. 2326) under the heading “CONSTRUCTION, MAJOR PROJECTS” under the heading “DEPARTMENT OF VETERANS AFFAIRS” in an amount not to exceed \$716,600,000.

(d) INCREASE IN AMOUNT OF AUTHORIZATION OF FISCAL YEAR 2009 MAJOR MEDICAL FACILITY PROJECT AT DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER, SAN JUAN, PUERTO RICO.—Section 701(3) of the Veterans' Mental Health and Other Care Improvements Act of 2008 (Public Law 110-387; 122 Stat. 4137) is amended by striking “\$225,900,000” and inserting “\$277,000,000”.

(e) INCREASE IN AMOUNT OF AUTHORIZATION OF FISCAL YEAR 2007 MAJOR MEDICAL FACILITY PROJECT AT DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER, ST. LOUIS, MISSOURI.—Section 803(5) of the Veterans Benefits, Health Care, and Information Technology Act of 2006 (Public Law 109-461) is amended by striking “\$69,053,000” and inserting “\$346,300,000”.

SEC. 4. AUTHORIZATION OF FISCAL YEAR 2012 MAJOR MEDICAL FACILITY LEASES.

The Secretary of Veterans Affairs may carry out the following fiscal year 2012 major medical facility leases at the locations specified, in an amount not to exceed the amount shown for that location:

(1) Columbus, Georgia, Community-Based Outpatient Clinic, in an amount not to exceed \$5,335,000.

(2) Fort Wayne, Indiana, Outpatient Clinic, in an amount not to exceed \$2,845,000.

(3) Mobile, Alabama, Outpatient Clinic, in an amount not to exceed \$6,565,000.

(4) Rochester, New York, Outpatient Clinic, in an amount not to exceed \$9,232,000.

(5) Salem, Oregon, Community-Based Outpatient Clinic, in an amount not to exceed \$2,549,000.

(6) San Jose, California, Outpatient Clinic, in an amount not to exceed \$9,546,000.

(7) South Bend, Indiana, Outpatient Clinic, in an amount not to exceed \$6,731,000.

(8) Springfield, Missouri, Community-Based Outpatient Clinic, in an amount not to exceed \$6,489,000.

SEC. 5. AUTHORIZATION OF APPROPRIATIONS.

(a) AUTHORIZATION OF APPROPRIATIONS FOR CONSTRUCTION.—There is authorized to be appropriated to the Secretary of Veterans Affairs for fiscal year 2012 or the year in which funds are appropriated for the Construction, Major Projects, account \$87,300,000 for the projects authorized in section 2.

(b) MODIFICATION OF AUTHORIZATION FOR CERTAIN MAJOR MEDICAL FACILITY CONSTRUCTION PROJECTS PREVIOUSLY AUTHORIZED.—There is authorized to be appropriated to the Secretary of Veterans Affairs for fiscal year 2012 or the year in which funds are appropriated for the Construction, Major Projects, account \$850,070,000 for the projects authorized in section 3.

(c) AUTHORIZATION OF APPROPRIATIONS FOR MEDICAL FACILITY LEASES.—There is authorized to be appropriated to the Secretary of Veterans Affairs for fiscal year 2012 or the year in which funds are appropriated for the Medical Facilities account \$49,292,000 for the leases authorized in section 4.

(d) LIMITATION.—The projects authorized in sections 2, 3, and 4 may only be carried out using—

(1) funds appropriated for fiscal year 2012 pursuant to the authorization of appropriations in subsection (a) of this section;

(2) funds available for Construction, Major Projects, for a fiscal year before fiscal year 2012 that remain available for obligation;

(3) funds available for Construction, Major Projects, for a fiscal year after fiscal year 2012 that remain available for obligation;

(4) funds appropriated for Construction, Major Projects, for fiscal year 2012 for a category of activity not specific to a project;

(5) funds appropriated for Construction, Major Projects, for a fiscal year before 2012 for a category of activity not specific to a project; and

(6) funds appropriated for Construction, Major Projects, for a fiscal year after 2012 for a category of activity not specific to a project.

SEC. 6. MODIFICATION OF REQUIREMENTS RELATING TO CONGRESSIONAL APPROVAL OF CERTAIN MEDICAL FACILITY ACQUISITIONS.

Section 8104 of title 38, United States Code, is amended—

(1) in subsection (b)—

(A) in paragraph (1)—

(i) by striking “detailed description” and inserting “detailed estimate of the total costs”;

(ii) by striking “a description of the consideration” and inserting “a detailed report of the consideration”;

(iii) by adding at the end the following: “Such detailed estimate shall include an identification of each of the following:

“(A) Total construction costs.

“(B) Activation costs.

“(C) Special purpose alterations (lump-sum payment) costs.

“(D) Number of personnel.

“(E) Total costs of ancillary services, equipment, and all other items.”;

(B) by striking paragraphs (2) and (3) and redesignating paragraphs (4) through (8) as paragraphs (2) through (6), respectively;

(C) in paragraph (2), as so redesignated, by striking “a five-year period and a ten-year period” and inserting “a five-year period, a ten-year period, and a twenty-year period”;

(D) in paragraph (3), as so redesignated, by inserting before the period at the end the following: “, including information on projected changes in workload and utilization over a five-year period, a ten-year period, and a twenty-year period”;

(E) in paragraph (4), as so redesignated—

(i) by striking “Current and projected” and inserting “Projected”;

(ii) by inserting before the period at the end the following: “(including and identifying both recurring and non-recurring costs (including activation costs and total costs of ancillary services, equipment and all other items)) over a five-year period, a ten-year period, and a twenty-year period”;

(F) in paragraph (6), as so redesignated—

(i) by striking “a description of each alternative to construction of the facility that was considered.” and inserting “each of the following”;

(ii) by adding at the end the following new subparagraphs:

“(A) A detailed estimate of the total costs (including total construction costs, activation costs, special purpose alterations (lump-sum payment) costs, number of personnel and total costs of ancillary services, equipment and all other items) for each alternative to construction of the facility that was considered.

“(B) A comparison of total costs to total benefits for each such alternative.

“(C) An explanation of why the preferred alternative is the most effective means to achieve the stated project goals and the most cost-effective alternative.”;

(2) in subsection (d)—

(A) by striking “major medical facility project” each place it appears and inserting “major construction project”;

(B) in paragraph (2)—

(i) in subparagraph (A), by striking “major medical facility projects” and inserting “major construction projects”;

(ii) in subparagraph (B), by striking “major medical facility” and inserting “major construction project”.

SEC. 7. LIMITATION ON AUTHORITY OF SECRETARY OF VETERANS AFFAIRS TO USE BID SAVINGS ON MAJOR CONSTRUCTION PROJECTS TO EXPAND PURPOSE OF MAJOR MEDICAL FACILITY PROJECTS.

Section 8104(d)(2) of title 38, United States Code, as amended by section 6, is further amended by adding at the end the following new subparagraph:

“(C) The Secretary may not obligate an amount under subparagraph (A) to expand the purpose of a major construction project except pursuant to a provision of law enacted after the date on which the Secretary submits to the committees described in subparagraph (B) notice of the following:

“(i) The major construction project that is the source of the bid savings.

“(ii) The major construction project for which the Secretary intends to expand the purpose.

“(iii) A description of such expansion of purpose.

“(iv) The amounts the Secretary intends to obligate to expand the purpose.”.

SEC. 8. NAME OF DEPARTMENT OF VETERANS AFFAIRS TELEHEALTH CLINIC, CRAIG, COLORADO.

(a) DESIGNATION.—The Department of Veterans Affairs telehealth clinic in Craig, Colorado, shall after the date of the enactment of this Act be known and designated as the “Major William Edward Adams Department of Veterans Affairs Clinic”.

(b) REFERENCES.—Any reference in any law, regulation, map, document, record, or other paper of the United States to the clinic referred to in subsection (a) shall be considered to be a reference to the “Major William

Edward Adams Department of Veterans Affairs Clinic”.

SEC. 9. GEORGE H. O'BRIEN, JR., DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER.

(a) DESIGNATION.—The Department of Veterans Affairs medical center located in Big Spring, Texas, shall after the date of the enactment of this Act be known and designated as the “George H. O'Brien, Jr., Department of Veterans Affairs Medical Center”.

(b) REFERENCES.—Any reference in any law, regulation, map, document, record, or other paper of the United States to the Department of Veterans Affairs medical center referred to in subsection (a) shall be considered to be a reference to the “George H. O'Brien, Jr., Department of Veterans Affairs Medical Center”.

SEC. 10. EXTENSION OF CERTAIN EXPIRING AUTHORITIES.

(a) RECOVERY AUDITS FOR CERTAIN CONTRACTS.—Section 1703(d)(4) of title 38, United States Code, is amended by striking “September 30, 2013” and inserting “September 30, 2020”.

(b) HOMELESS VETERANS REINTEGRATION PROGRAMS.—Section 2021(e)(1)(F) of such title is amended by striking “2011” and inserting “2012”.

(c) TREATMENT AND REHABILITATION FOR SERIOUSLY MENTALLY ILL AND HOMELESS VETERANS.—Section 2031(b) of such title is amended by striking “December 31, 2011” and inserting “December 31, 2012”.

(d) ADDITIONAL SERVICES FOR SERIOUSLY MENTALLY ILL AND HOMELESS VETERANS.—Section 2033(d) of such title is amended by striking “December 31, 2011” and inserting “December 31, 2012”.

(e) HOUSING ASSISTANCE FOR HOMELESS VETERANS.—Section 2041(c) of such title is amended by striking “December 31, 2011” and inserting “December 31, 2012”.

(f) ADVISORY COMMITTEE ON HOMELESS VETERANS.—Section 2066(d) of such title is amended by striking “December 30, 2011” and inserting “December 31, 2012”.

(g) AUTHORITY TO TRANSFER REAL PROPERTY.—Section 8118(a)(5) of such title is amended by striking “the date that is seven years after the date of the enactment of this section” and inserting “December 31, 2018”.

SEC. 11. AUTHORIZATION OF APPROPRIATIONS FOR COMPREHENSIVE SERVICE PROGRAMS FOR HOMELESS VETERANS.

Section 2013 of title 38, United States Code, is amended—

(1) by striking “subchapter” and all that follows through the period at the end and inserting the following: “subchapter amounts as follows”;

(2) by adding at the end the following new paragraphs:

“(1) \$150,000,000 for each of fiscal years 2007 through 2009.

“(2) \$175,100,000 for fiscal year 2010.

“(3) \$217,700,000 for fiscal year 2011.

“(4) \$250,000,000 for fiscal year 2012.

“(5) \$150,000,000 for fiscal year 2013 and each subsequent fiscal year.”.

SEC. 12. REAUTHORIZATION OF APPROPRIATIONS FOR FINANCIAL ASSISTANCE FOR SUPPORTIVE SERVICES FOR VERY LOW-INCOME VETERAN FAMILIES IN PERMANENT HOUSING.

(a) IN GENERAL.—Subsection (e) of section 2044 is amended—

(1) in paragraph (1), by adding at the end the following new subparagraph:

“(D) \$100,000,000 for fiscal year 2012.”;

(2) in paragraph (3), by striking “2011” and inserting “2012”.

(b) TECHNICAL AMENDMENT.—Paragraph (1) of such subsection is further amended by striking “carry out subsection (a), (b), and (c)” and inserting “carry out subsections (a), (b), and (c)”.

SEC. 13. EXTENSION OF GRANT PROGRAM FOR HOMELESS VETERANS WITH SPECIAL NEEDS.

Section 2061(c)(1) of title 38, United States Code, is amended by striking “2011” and inserting “2012”.

SEC. 14. EXTENSION OF SPECIALLY ADAPTED HOUSING ASSISTANCE FOR INDIVIDUALS RESIDING TEMPORARILY IN HOUSING OWNED BY A FAMILY MEMBER.

Section 2102A(e) of title 38, United States Code, is amended by striking “2011” and inserting “2012”.

SEC. 15. EXTENSION OF FUNDING FEES.

Section 3729(b)(2) of title 38, United States Code, is amended by striking “October 1, 2011” each place it occurs and inserting “November 18, 2011”.

SEC. 16. NOTICE AND VERIFICATION OF THE USE OF INCOME INFORMATION FROM OTHER AGENCIES.

Section 5317(g) of title 38, United States Code, is amended by striking “September 30, 2011” and inserting “November 18, 2011”.

SEC. 17. TERMINATION OR REDUCTION OF CERTAIN BENEFITS AND SERVICES BASED ON INCOME INFORMATION OBTAINED FROM OTHER AGENCIES.

(a) TITLE 38.—Section 5317A(d) of title 38, United States Code, is amended by striking “September 30, 2011” and inserting “November 18, 2011”.

(b) SOCIAL SECURITY ACT.—Section 453(j)(11)(G) of the Social Security Act (42 U.S.C. 653(j)(11)(G)) is amended by striking “September 30, 2011” and inserting “November 18, 2011”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Ohio (Mr. JOHNSON) and the gentleman from Minnesota (Mr. WALZ) each will control 20 minutes.

The Chair recognizes the gentleman from Ohio.

Mr. JOHNSON of Ohio. I yield myself such time as I may consume.

Mr. Speaker, H.R. 2646, as amended, the Veterans Health Care Facilities Capital Improvement Act, would encompass the Department of Veterans Affairs' request for major medical facility projects and leases for fiscal year 2012 and extend certain expiring authorities.

The bill before us today tracks with the resources that were provided in the appropriations bill that passed the House with bipartisan support.

The VA provides high-quality medical care and services to our honored veterans through an extensive and diverse portfolio of medical facilities. This national infrastructure generates a great deal of costly construction and maintenance needs which the Department must address.

Section 2 of the bill would authorize the appropriation of \$87 million for seismic corrections and renovations at facilities in Los Angeles, California, and Seattle, Washington.

Section 3 of the bill would authorize the appropriation of \$850 million to construct and modify medical facilities in Palo Alto, California; St. Louis, Missouri; San Juan, Puerto Rico; Fayetteville, Arkansas; and Orlando, Florida.

Section 4 would authorize the appropriation of \$50 million for leasing eight out-patient medical facilities in Columbus, Georgia; Salem, Oregon;

Springfield, Missouri; Fort Wayne, Indiana; Mobile, Alabama; Rochester, New York; San Jose, California; and South Bend, Indiana.

Section 6 of the bill would clarify what information the VA must provide to Congress when seeking authorization for a major medical project or facility project or lease.

Under current law, the VA is required to submit to Congress a prospectus for all major medical facility projects and lease requests. The information should include details relating to construction, equipment, and other costs for the proposed project, as well as any and all alternatives considered and data on projected utilization and operating costs. However, the VA has not provided this information in sufficient detail to allow Congress to effectively evaluate proposed projects and alternatives. Without accurate and complete information, Congress cannot carry out its statutory mission of ensuring an equitable distribution of medical facilities to provide access to care for our veterans across the United States or be assured we are good stewards of taxpayer dollars.

To similarly improve oversight, section 7 of the bill would require the VA to obtain congressional authorization when using bid savings to expand the purpose of a major medical facility project.

Section 8 of the bill would name the VA telehealth clinic in Craig, Colorado, the “Major William Edward Adams VA Clinic.” This provision was adopted from H.R. 1658, introduced by my friend and colleague SCOTT TIPTON from Colorado, and I thank him for bringing this proposal forward. Major William Edward Adams, a Medal of Honor recipient, was a true American hero, and this designation would appropriately memorialize his brave service.

Section 9 of the bill would name the VA medical center in Big Spring, Texas, the “George H. O'Brien, Jr., Department of Veterans Affairs Medical Center.” I would also like to thank my friend and colleague from Texas, RANDY NEUGEBAUER, for his efforts to introduce H.R. 558, which became this provision. George H. O'Brien, Jr., is also a Medal of Honor recipient, and it is important that we recognize his honorable service.

Additionally, the bill would extend, for various periods, expiring authorities for several programs, including those that provide services to homeless veterans.

It is deeply concerning that veterans continue to be overrepresented in the homeless population, and helping homeless veterans and those at risk gain access to the support they need to reintegrate into stable community environments and lead productive lives is one of the highest priorities of the Veterans' Affairs Committee.

The extension of these programs would provide comprehensive supportive services to help homeless and at-risk veterans find permanent hous-

ing, overcome substance use or other issues, gain meaningful employment, and put them on the path to being productive, successful members of our society.

This legislation represents a bipartisan effort, and I would like to express my thanks to Chairman JEFF MILLER and Ranking Member BOB FILNER, as well as Subcommittee on Health Chairwoman ANN MARIE BUEKLE and Ranking Member MIKE MICHAUD, for their efforts to quickly move this important legislation through committee and to the House floor.

□ 1540

Further, the manager's amendment reflects an agreement reached with the chairman and ranking member of the Senate Committee on Veterans' Affairs, Senator PATTY MURRAY and Senator RICHARD BURR. I extend my appreciation to them for their work on this bill. It is my expectation that, following consideration in the House, the Senate will act to take up H.R. 2646, as amended, and the legislation will be presented to the President for signature prior to the end of the fiscal year.

Mr. Speaker, I urge all of my colleagues to join me in supporting H.R. 2646, as amended, and I reserve the balance of my time.

Mr. WALZ of Minnesota. I yield myself such time as I may consume.

I would like to thank the gentleman for his hard work on this bill as well as the chairman and the ranking member. I would also like to thank the gentleman for his service to this Nation in uniform and now on the VA Committee—a tireless advocate for our veterans. I think this piece of legislation authorizing the construction and some important things that you've just heard the gentleman talk about is a model for how we can do business here in a bipartisan manner—agreeing on things, discussing them, moving out of subcommittees, through the full committee, and now here to the House floor. So thank you for that.

Mr. Speaker, our most solemn obligation is to take care of the men and women who have served our Nation and to ensure that they have access to the benefits and the quality health care that they've so rightly earned. We have an obligation to make sure the places that they receive care are world class and safe.

H.R. 2646, as amended, would authorize \$937,370,000 for seven major medical facilities. These projects include critical improvements to VA medical centers to protect them in the event of natural disasters and to protect our recovering veterans by addressing basic safety needs, such as adding fire extinguishers and abating existing asbestos. The projects also provide for state-of-the-art facilities and training centers to improve the care veterans receive and to make sure that veterans feel comfortable and welcome at all our facilities. Additionally, the bill would authorize funds for eight new major

medical facility leases that will assist the VA in bringing health care closer to veterans and improve the quality of current health care services, especially in rural America.

It contains several extensions of authority for homeless programs and supportive services for very low-income veteran families. We owe it to our veterans to ensure they have access to secure, safe, clean housing that offers a supportive environment.

Finally, this bill extends programs that are critical for our veterans who suffer from mental health issues. Nearly 30 percent of the patients the VA sees during any given year have a mental health diagnosis. We've taken strides to address this ever-growing issue, but we still have a long way to go. With the growing number of veterans returning from Iraq and Afghanistan and with an increasing number of veterans suffering from mental health issues, we must work together to tackle this challenge, and this legislation helps by extending those programs.

I would certainly encourage my colleagues to do what's right by our veterans and to support this good piece of legislation, H.R. 2646, as amended.

I reserve the balance of my time.

Mr. JOHNSON of Ohio. Mr. Speaker, I yield 3 minutes to my friend and colleague from the great State of Texas, Representative RANDY NEUGEBAUER.

Mr. NEUGEBAUER. I thank the gentleman for yielding.

Earlier this year, I introduced H.R. 558. This legislation would rename the Veterans Affairs Medical Center located in Big Spring, Texas, after Medal of Honor recipient George H. O'Brien, Jr. I would like to thank Chairman MILLER and Congressman FLORES for working to include this legislation as a part of the bill before us today.

Born in Fort Worth, Texas, in 1926, Mr. O'Brien enlisted in the Marine Corps while attending Texas Tech University. Shortly after graduation, he was deployed to Korea.

On October 27, 1952, the Americans mounted a counterattack during the Battle of the Hook, a position of key strategic significance. When the battle began, Second Lieutenant O'Brien leapt from his trench and bravely led his platoon into deadly small arms, artillery, and mortar fire against a numerically superior force.

Mr. O'Brien's official citation tells his story best: "Although shot through the arm and thrown to the ground by hostile automatic-weapons fire as he neared the well-entrenched enemy position, he regained his feet, waved his men onward, and continued to spearhead the assault, pausing only long enough to go to the aid of a wounded marine. Encountering the enemy at close range, Second Lieutenant O'Brien proceeded to hurl handgrenades into the bunkers and, utilizing his carbine to best advantage in savage hand-to-hand combat, succeeded in killing at least three of the enemy."

Impressively, despite being wounded, Second Lieutenant O'Brien refused to

be evacuated for medical treatment for nearly four hours, and continued to lead his men in battle.

One year to the day after his actions, Mr. O'Brien was awarded the Medal of Honor by President Eisenhower for "conspicuous gallantry and intrepidity at the risk of his life above and beyond the call of duty as a rifle platoon commander in action against enemy aggressor forces."

Upon his discharge from the United States Marines, O'Brien settled in Big Spring, Texas, to raise a family and begin a career in petroleum geology. He often participated in volunteer programs at the Big Spring VA. In a 2003 interview with American Veteran magazine, old Mr. O'Brien stated, "This Medal of Honor is not mine. I hold it in trust for so many young people who didn't become grandfathers." George Herman O'Brien, Jr., passed away on March 11, 2005. He was 78 years old.

I urge my colleagues to support the underlying bill, and I am proud to honor this great American veteran.

Mr. WALZ of Minnesota. Mr. Speaker, I urge the support of this important piece of legislation. Again, I thank the gentleman from Ohio and the staff on both sides for putting together an important piece of legislation for America's veterans.

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

GENERAL LEAVE

Mr. JOHNSON of Ohio. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks on the manager's amendment to H.R. 2646, as amended.

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

There was no objection.

Mr. JOHNSON of Ohio. Once again, I encourage all Members to support H.R. 2646, as amended, and I yield back the balance of my time.

Mr. STUTZMAN. Mr. Speaker, I rise today in support of H.R. 2646, the Veterans Health Care Facilities Capital Improvement Act of 2011. This bill authorizes appropriations for the Department of Veterans Affairs to begin major construction projects and enter into leases for VA facilities in 15 cities. These construction projects and leases will help many veterans around the country receive the best care they possibly can.

One of those leases has special significance for Hoosier veterans. Today, I'm very pleased that Fort Wayne, Indiana, will benefit from a lease that will support an important annex to the VA hospital that serves vets in northeast Indiana.

A 27,000 square-foot annex will provide a mental health clinic, Post Traumatic Stress Disorder Clinic, and substance abuse clinic. This bill is the final step in moving the lease for this annex into fruition and extending health services for veterans in northeast Indiana. This annex will only add to the array of services already provided by the Fort Wayne VA Hospital. It's not the last chapter in our ongoing effort to ensure quality care for our vets, but it's an important one.

Nearly 30 percent of our men and women returning from Operations Enduring Freedom and Iraqi Freedom who use the VA Health System have Post Traumatic Stress Disorder. Seven percent of newly returning veterans enrolled in the VA Health System are addicted to alcohol and/or other substances. It's only right to take care of those who have risked their lives for our Nation.

When I came to Washington, I knew it was critical to obtain a seat on the House Veterans Affairs Committee for this very reason. I have the honor of working for the Fort Wayne hospital and veterans health care in northeast Indiana. This bill is not only important to Hoosier veterans, but also for our veterans around the country. I urge my colleagues to support the passage of H.R. 2646.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Ohio (Mr. JOHNSON) that the House suspend the rules and pass the bill, H.R. 2646, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. JOHNSON of Ohio. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess for a period of less than 15 minutes.

Accordingly (at 3 o'clock and 48 minutes p.m.), the House stood in recess subject to the call of the Chair.

□ 1554

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. HARRIS) at 3 o'clock and 54 minutes p.m.

COMBATING AUTISM REAUTHORIZATION ACT OF 2011

Mr. PITTS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2005) to reauthorize the Combating Autism Act of 2006.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2005

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Combating Autism Reauthorization Act of 2011".

SEC. 2. DEVELOPMENTAL DISABILITIES SURVEILLANCE AND RESEARCH PROGRAM.

Part R of title III of the Public Health Service Act (42 U.S.C. 280i et seq.) is amended—

(1) in section 399AA(e), by striking "2011" and inserting "2014";

(2) in section 399BB(g), by striking "2011" and inserting "2014";