

their work by naming the judicial center and courthouse after them.

Mr. Speaker, I reserve the balance of my time.

Mr. BISHOP of New York. Mr. Speaker, I rise in support of this bill, and I yield such time as he may consume to the gentleman from California (Mr. PETERS) who is the author of this bill.

Mr. PETERS of California. Mr. Speaker, I thank the gentleman for yielding.

I rise today to support my legislation, H.R. 1378, to designate the Federal Courthouse on West Broadway in downtown San Diego as the James M. Carter and Judith N. Keep United States Courthouse, and to designate the Federal Judicial Center in San Diego as the John Rhoades Federal Judicial Center.

In San Diego's collaborative spirit, in order to find a name for the new building, the San Diego legal community reached out to find ideas, and through this process some prominent jurists clearly emerged.

These jurists were enthusiastically touted by a bipartisan coalition, including the San Diego County Bar Association, our district's Federal judges, and both Republican and Democratic community leaders across San Diego.

Judge Carter was the moving force behind the creation of the Southern District of California. After its creation, he became the first Chief Judge of the District Court, serving in that position until he was appointed to the Ninth Circuit Court of Appeals.

Judge Keep was instrumental in opening up the San Diego legal field to women. She graduated from the University of San Diego School of Law as its valedictorian and went on to become the first female judge for the District Court of the Southern District of California, and later the District Court's first female Chief Judge.

This bill also honors Judge John Rhoades, who served as a Federal judge in San Diego for 22 years and was widely respected and beloved throughout the region's legal community.

Judges Carter, Keep, and Rhoades all served the public with distinction and reflected the San Diego legal community's shared values of excellence and integrity. I am proud to honor their legacy with this legislation.

I want to thank two of my colleagues in particular, Congresswoman SUSAN DAVIS, who represented this area before I did and led this effort for the past several years, and Congressman DARRYL ISSA for his support and great amendments to the bill. It is better because of his work.

I am proud to have worked with them both in this Congress to move it forward.

Mr. GIBBS. Mr. Speaker, I reserve the balance of my time.

Mr. BISHOP of New York. Mr. Speaker, we have no further speakers, so I urge adoption of this bill and I yield back the balance of my time.

Mr. GIBBS. Mr. Speaker, I too urge my colleagues to support this bill, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. WEBER of Texas). The question is on the motion offered by the gentleman from Ohio (Mr. GIBBS) that the House suspend the rules and pass the bill, H.R. 1378, 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 of the bill was amended so as to read: "A bill to designate the United States Federal Judicial Center located at 333 West Broadway in San Diego, California, as the 'John Rhoades Federal Judicial Center' and to designate the United States courthouse located at 333 West Broadway in San Diego, California, as the 'James M. Carter and Judith N. Keep United States Courthouse'."

A motion to reconsider was laid on the table.

CLAY HUNT SUICIDE PREVENTION FOR AMERICAN VETERANS ACT

Mr. MILLER of Florida. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5059) to direct the Secretary of Defense and the Secretary of Veterans Affairs to provide for the conduct of annual evaluations of mental health care and suicide prevention programs of the Department of Defense and the Department of Veterans Affairs, to review the terms or characterization of the discharge or separation of certain individuals from the Armed Forces, to require a pilot program on loan repayment for psychiatrists who agree to serve in the Veterans Health Administration of the Department 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. 5059

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 "Clay Hunt Suicide Prevention for American Veterans Act" or the "Clay Hunt SAV Act".

SEC. 2. EVALUATIONS OF MENTAL HEALTH CARE AND SUICIDE PREVENTION PROGRAMS OF DEPARTMENT OF VETERANS AFFAIRS.

(a) EVALUATIONS.—

(1) IN GENERAL.—Not less frequently than once each year, the Secretary of Veterans Affairs shall provide for the conduct of an evaluation of the mental health care and suicide prevention programs carried out under the laws administered by the Secretary.

(2) ELEMENTS.—Each evaluation conducted under paragraph (1) shall—

(A) use metrics that are common among and useful for practitioners in the field of mental health care and suicide prevention;

(B) identify the most effective mental health care and suicide prevention programs conducted by the Secretary, including such programs conducted at a Center of Excellence;

(C) identify the cost-effectiveness of each program identified under subparagraph (B);

(D) measure the satisfaction of patients with respect to the care provided under each such program; and

(E) propose best practices for caring for individuals who suffer from mental health disorders or are at risk of suicide, including such practices conducted or suggested by other departments or agencies of the Federal Government, including the Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services.

(3) THIRD PARTY.—Each evaluation conducted under paragraph (1) shall be conducted by an independent third party unaffiliated with the Department of Veterans Affairs. Such third party shall submit to the Secretary each such evaluation.

(b) ANNUAL SUBMISSION.—Not later than December 1 of each year, beginning in 2015, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report that contains the following:

(1) The most recent evaluations submitted to the Secretary under subsection (a)(3) that the Secretary has not previously submitted to such Committees.

(2) Any recommendations the Secretary considers appropriate.

SEC. 3. PUBLICATION OF INTERNET WEBSITE TO PROVIDE INFORMATION REGARDING MENTAL HEALTH CARE SERVICES.

(a) IN GENERAL.—Using funds made available to the Secretary of Veterans Affairs to publish the Internet websites of the Department of Veterans Affairs, the Secretary shall survey the existing Internet websites and information resources of the Department to publish an Internet website that serves as a centralized source to provide veterans with information regarding all of the mental health care services provided by the Secretary.

(b) ELEMENTS.—The Internet website published under subsection (a) shall provide to veterans information regarding all of the mental health care services available in the Veteran Integrated Service Network that the veteran is seeking such services, including, with respect to each medical center, Vet Center (as defined in section 1712A of title 38, United States Code), and community-based outpatient center in the Veterans Integrated Service Network—

(1) the name and contact information of each social work office;

(2) the name and contact information of each mental health clinic;

(3) a list of appropriate staff; and

(4) any other information the Secretary determines appropriate.

(c) UPDATED INFORMATION.—The Secretary shall ensure that the information described in subsection (b) that is published on the Internet website under subsection (a) is updated not less than once every 90 days.

(d) OUTREACH.—In carrying out this section, the Secretary shall ensure that the outreach conducted under section 1720F(i) of title 38, United States Code, includes information regarding the Internet website published under subsection (a).

SEC. 4. PILOT PROGRAM FOR REPAYMENT OF EDUCATIONAL LOANS FOR CERTAIN PSYCHIATRISTS OF VETERANS HEALTH ADMINISTRATION.

(a) ESTABLISHMENT.—The Secretary of Veterans Affairs shall carry out a pilot program to repay loans of individuals described in subsection (b) that—

(1) were used by such individuals to finance education relating to psychiatric medicine, including education leading to—

(A) a degree of doctor of medicine; or

(B) a degree of doctor of osteopathy; and

(2) were obtained from any of the following:

(A) A governmental entity.

(B) A private financial institution.

(C) A school.

(D) Any other authorized entity as determined by the Secretary.

(b) ELIGIBLE INDIVIDUALS.—

(1) IN GENERAL.—Subject to paragraph (2), an individual eligible for participation in the pilot program is an individual who—

(A) either—

(i) is licensed or eligible for licensure to practice psychiatric medicine in the Veterans Health Administration of the Department of Veterans Affairs; or

(ii) is enrolled in the final year of a residency program leading to a specialty qualification in psychiatric medicine that is approved by the Accreditation Council for Graduate Medical Education; and

(B) demonstrates a commitment to a long-term career as a psychiatrist in the Veterans Health Administration, as determined by the Secretary.

(2) PROHIBITION ON SIMULTANEOUS ELIGIBILITY.—An individual who is participating in any other program of the Federal Government that repays the educational loans of the individual is not eligible to participate in the pilot program.

(c) SELECTION.—The Secretary shall select not less than 10 individuals described in subsection (b) to participate in the pilot program for each year in which the Secretary carries out the pilot program.

(d) PERIOD OF OBLIGATED SERVICE.—The Secretary shall enter into an agreement with each individual selected under subsection (c) in which such individual agrees to serve a period of two or more years of obligated service for the Veterans Health Administration in the field of psychiatric medicine, as determined by the Secretary.

(e) LOAN REPAYMENTS.—

(1) AMOUNTS.—Subject to paragraph (2), a loan repayment under this section may consist of payment of the principal, interest, and related expenses of a loan obtained by an individual who is participating in the pilot program for all educational expenses (including tuition, fees, books, and laboratory expenses) of such individual relating to education described in subsection (a)(1).

(2) LIMIT.—For each year of obligated service that an individual who is participating in the pilot program agrees to serve under subsection (d), the Secretary may pay not more than \$30,000 in loan repayment on behalf of such individual.

(f) BREACH.—

(1) LIABILITY.—An individual who participates in the pilot program and fails to satisfy the period of obligated service under subsection (d) shall be liable to the United States, in lieu of such obligated service, for the amount that has been paid or is payable to or on behalf of the individual under the pilot program, reduced by the proportion that the number of days served for completion of the period of obligated service bears to the total number of days in the period of obligated service of such individual.

(2) REPAYMENT PERIOD.—Any amount of damages that the United States is entitled to recover under this subsection shall be paid to the United States not later than one year after the date of the breach of the agreement.

(g) REPORT.—

(1) INITIAL REPORT.—Not later than two years after the date on which the pilot program under subsection (a) commences, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the pilot program.

(2) ELEMENTS.—The report required by paragraph (1) shall include the following:

(A) The number of individuals who participated in the pilot program, including the number of new hires.

(B) The locations in which such individuals were employed by the Department, including how many such locations were rural or urban locations.

(C) An assessment of the quality of the work performed by such individuals in the course of such employment, including the performance reviews of such individuals.

(D) The number of psychiatrists the Secretary determines is needed by the Department in the future.

(3) FINAL REPORT.—Not later than 90 days before the date on which the pilot program terminates under subsection (1), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives an update to the report submitted under paragraph (1) and any recommendations that the Secretary considers appropriate.

(h) REGULATIONS.—The Secretary shall prescribe regulations to carry out this section, including standards for qualified loans and authorized payees and other terms and conditions for the making of loan repayments.

(i) TERMINATION.—The authority to carry out the pilot program shall expire on the date that is three years after the date on which the Secretary commences the pilot program.

SEC. 5. PILOT PROGRAM ON COMMUNITY OUT-REACH.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall establish a pilot program to assist veterans transitioning from serving on active duty and to improve the access of veterans to mental health services.

(b) LOCATIONS.—The Secretary shall carry out the pilot program under subsection (a) at not less than five Veterans Integrated Service Networks that have a large population of veterans who—

(1) served in the reserve components of the Armed Forces; or

(2) are transitioning into communities with an established population of veterans after having recently separated from the Armed Forces.

(c) FUNCTIONS.—The pilot program at each Veterans Integrated Service Network described in subsection (b) shall include the following:

(1) A community oriented veteran peer support network, carried out in partnership with an appropriate entity with experience in peer support programs, that—

(A) establishes peer support training guidelines;

(B) develops a network of veteran peer support counselors to meet the demands of the communities in the Veterans Integrated Service Network;

(C) conducts training of veteran peer support counselors;

(D) with respect to one medical center selected by the Secretary in each such Veterans Integrated Service Network, has—

(i) a designated peer support specialist who acts as a liaison to the community oriented veteran peer network; and

(ii) a certified mental health professional designated as the community oriented veteran peer network mentor; and

(E) is readily available to veterans, including pursuant to the Veterans Integrated Service Network cooperating and working with State and local governments and appropriate entities.

(2) A community outreach team for each medical center selected by the Secretary pursuant to paragraph (1)(D) that—

(A) assists veterans transitioning into communities;

(B) establishes a veteran transition advisory group to facilitate outreach activities;

(C) includes the participation of appropriate community organizations, State and

local governments, colleges and universities, chambers of commerce and other local business organizations, and organizations that provide legal aid or advice; and

(D) coordinates with the Veterans Integrated Service Network regarding the Veterans Integrated Service Network carrying out an annual mental health summit to assess the status of veteran mental health care in the community and to develop new or innovative means to provide mental health services to veterans.

(d) REPORTS.—

(1) INITIAL REPORT.—Not later than 18 months after the date on which the pilot program under subsection (a) commences, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the pilot program. With respect to each Veterans Integrated Service Network described in subsection (b), the report shall include—

(A) a full description of the peer support model implemented under the pilot program, participation data, and data pertaining to past and current mental health related hospitalizations and fatalities;

(B) recommendations on implementing peer support networks throughout the Department;

(C) whether the mental health resources made available under the pilot program for members of the reserve components of the Armed Forces is effective; and

(D) a full description of the activities and effectiveness of community outreach coordinating teams under the pilot program, including partnerships that have been established with appropriate entities.

(2) FINAL REPORT.—Not later than 90 days before the date on which the pilot program terminates under subsection (e), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives an update to the report submitted under paragraph (1).

(e) CONSTRUCTION.—This section may not be construed to authorize the Secretary to hire additional employees of the Department to carry out the pilot program under subsection (a).

(f) TERMINATION.—The authority of the Secretary to carry out the pilot program under subsection (a) shall terminate on the date that is three years after the date on which the pilot program commences.

SEC. 6. COLLABORATION ON SUICIDE PREVENTION EFFORTS BETWEEN DEPARTMENT OF VETERANS AFFAIRS AND NON-PROFIT MENTAL HEALTH ORGANIZATIONS.

(a) COLLABORATION.—The Secretary of Veterans Affairs may collaborate with non-profit mental health organizations to prevent suicide among veterans as follows:

(1) To improve the efficiency and effectiveness of suicide prevention efforts carried out by the Secretary and non-profit mental health organizations.

(2) To assist non-profit mental health organizations with the suicide prevention efforts of such organizations through the use of the expertise of employees of the Department of Veterans Affairs.

(3) To jointly carry out suicide prevention efforts.

(b) EXCHANGE OF RESOURCES.—In carrying out any collaboration under subsection (a), the Secretary and any non-profit mental health organization with which the Secretary is collaborating under such subsection shall exchange training sessions and best practices to help with the suicide prevention efforts of the Department and such organization.

(c) DIRECTOR OF SUICIDE PREVENTION COORDINATION.—The Secretary shall select

within the Department a Director of Suicide Prevention Coordination to undertake any collaboration with non-profit mental health organizations under this section or any other provision of law.

SEC. 7. ADDITIONAL PERIOD OF ELIGIBILITY FOR HEALTH CARE FOR CERTAIN VETERANS OF COMBAT SERVICE DURING CERTAIN PERIODS OF HOSTILITIES AND WAR.

Paragraph (3) of section 1710(e) of title 38, United States Code, is amended to read as follows:

“(3) In the case of care for a veteran described in paragraph (1)(D), hospital care, medical services, and nursing home care may be provided under or by virtue of subsection (a)(2)(F) only during the following periods:

“(A) Except as provided by subparagraph (B), with respect to a veteran described in paragraph (1)(D) who is discharged or released from the active military, naval, or air service after January 27, 2003, the five-year period beginning on the date of such discharge or release.

“(B) With respect to a veteran described in paragraph (1)(D) who is discharged or released from the active military, naval, or air service after January 1, 2009, and before January 1, 2011, but did not enroll to receive such hospital care, medical services, or nursing home care pursuant to such paragraph during the five-year period described in subparagraph (A), the one-year period beginning on January 1, 2015.

“(C) With respect to a veteran described in paragraph (1)(D) who is discharged or released from the active military, naval, or air service on or before January 27, 2003, and did not enroll in the patient enrollment system under section 1705 of this title on or before such date, the three-year period beginning on January 27, 2008.”.

SEC. 8. PROHIBITION ON NEW APPROPRIATIONS.

No additional funds are authorized to be appropriated to carry out this Act and the amendments made by this Act, and this Act and such amendments shall be carried out using amounts otherwise made available for such purposes.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. MILLER) and the gentleman from Maine (Mr. MICHAUD) each will control 20 minutes.

The Chair recognizes the gentleman from Florida.

GENERAL LEAVE

Mr. MILLER of Florida. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H.R. 5059, as amended.

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

There was no objection.

Mr. MILLER of Florida. Mr. Speaker, I yield myself such time as I might consume.

Mr. Speaker, I rise today in proud support of H.R. 5059, as amended, the Clay Hunt Suicide Prevention for American Veterans Act.

In July, amidst the largest scandal—an accountability scandal—the Department of Veterans Affairs has ever faced, the committee heard testimony from three mothers whose sons had lost their lives to suicide following their service in our military.

One of those mothers was Susan Selke, the mother of Clay Hunt. Clay

was a Marine Corps combat veteran who served honorably in both Afghanistan and Iraq, where he was wounded in battle.

Despite suffering from post-traumatic stress upon his separation, Clay devoted himself to humanitarian work and advocated on behalf of his fellow veterans.

Nevertheless, in March of 2011, Clay took his own life at the age of 28. Tragically, Clay was far from alone in his struggle, and his family and friends are far from alone in their heartbreak.

On average, 22 of our Nation's heroes commit suicide each day, in spite of significant increases in VA's mental health and suicide prevention budget, staff, and programs over the last several years.

What is more, for some groups of veterans, including female veterans and veterans of Iraq and Afghanistan, suicide rates are actually getting worse.

Mr. Speaker, we must do more to help these veterans. With the passage of H.R. 5059, as amended, which is named in Clay's memory, I think we will. The Clay Hunt SAV Act will help struggling veterans access the supportive services and mental health care they need to, hopefully, save their lives.

To improve the efficiency and effectiveness of VA programs and increase awareness of available services, the bill would require an annual third-party evaluation of VA's mental health care and suicide prevention programs, and it would require that VA publish an interactive Web site to serve as the central source of information regarding VA mental health services.

To increase VA's capacity to meet the mental health care needs of our veterans, it would establish a pilot program to repay education loans for individuals who have received a degree in psychiatric medicine and who agree to work at VA for at least 2 years.

To create a seamless transition from Active Duty to veteran status and increase community support for those in need, it would establish a pilot program to assist veterans during transition and require VA to collaborate with nonprofit mental health organizations in their communities.

Importantly, the bill would also extend an additional 1 year of eligibility for VA health care services for certain combat veterans who have not yet enrolled and whose 5-year combat eligibility period recently expired.

Congressman WALZ from Minnesota introduced the bill, along with me and Congresswoman DUCKWORTH from Illinois. I would like to express my heartfelt appreciation to both of them for their service to our Nation in their uniform and in this Congress.

I am proud to say that this bill has the support of numerous groups of veteran service organizations, including Iraq and Afghanistan Veterans of America, the Veterans of Foreign Wars of the United States, the American Legion, the Disabled American Veterans,

the Military Officers Association of America, and the Wounded Warrior Project.

The Clay Hunt SAV Act will not singlehandedly halt the scourge of suicide. The problems the VA health care system faces, and the mental health wounds of war that our veterans face, are far too deep for any single solution to resolve. But it is an important first step, and it is a step that we owe Clay and those like him who returned home from honorable service troubled in mind and in need of help.

With that, Mr. Speaker, I urge all of my colleagues to join me in supporting H.R. 5059, as amended, and I reserve the balance of my time.

Mr. MICHAUD. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 5059, the Clay Hunt SAV Act, which was introduced in July of this year. It has 134 cosponsors, including myself, Chairman MILLER, and the chairman and ranking member of the Health Care Subcommittee. Congressman WALZ is the primary sponsor of this very important piece of legislation.

Over the years, the Veterans Affairs' Committee has taken steps to address the rise of suicide among veterans. In the 110th Congress we enacted the Joshua Omvig Suicide Prevention Act.

Earlier in this Congress we reported H.R. 4971, which included a measure sponsored by our colleague, Representative SINEMA, that would protect veterans who have worked in classified environments by ensuring that appropriate mental health care treatment options exist for them.

Today, we are acting again, by considering H.R. 5059, the Clay Hunt SAV Act. There are no easy answers or quick fixes to addressing veterans suicide. It will take a concerted effort for all of us in Congress, the White House, the Department of Veterans Affairs, and the Department of Defense to work together to find real solutions. Veterans support groups, community employers, and families are part of the solution too.

H.R. 5059 takes a number of steps toward that goal. It will improve the safety net for at-risk veterans, while introducing some accountability into the Department of Veterans Affairs mental health care and suicide prevention programs, using a third-party evaluation.

It will provide veterans with a Web site that will serve as a centralized source of information on mental health services.

H.R. 5059 initiates a program to help address some of the glaring mental health personnel shortages at the Department of Veterans Affairs. While the incentives in this bill are limited to the psychiatric field, I would like to see this effort expanded in the future to all mental health professional shortfalls.

H.R. 5059 also takes steps to temporarily expand peer support networks,

which we have heard are quite effective. I believe the reports required by this bill will confirm additional resources that should permanently be dedicated to fully utilizing peer support.

H.R. 5059 also provides an additional window of eligibility for combat veterans who may have missed the window of opportunity to sign up for VA health care. This extra time will help to ensure that veterans receive the health care, including mental health care, that they need. I would encourage my colleagues to support this piece of legislation.

Mr. Speaker, I reserve the balance of my time.

Mr. MILLER of Florida. Mr. Speaker, it is a pleasure to yield 2 minutes to the gentleman from the First District of Michigan (Mr. BENISHEK), who is the chairman of the Subcommittee on Health.

Mr. BENISHEK. Mr. Speaker, I thank the chairman, the ranking member, and Mr. WALZ, thank you so much for introducing this legislation.

Mr. Speaker, I rise today to ask my colleagues to support the Clay Hunt SAV Act. I am honored to be an original cosponsor of this important legislation.

As the father of a veteran, and a doctor who worked at the VA hospital in northern Michigan, I know that the challenges of military life do not end once our servicemembers return from active duty.

The mental wounds of war may be invisible, but no less real to the young men and women suffering from them. Facing high unemployment rates, the stigma of post-traumatic stress disorder, and the loss of military fellowship, returning veterans often face a crisis of confidence at the very moment they should feel nothing but relief and rest.

That is why our bill will help the VA to put the very best mental health professionals to work for our veterans and will create peer support networks to help catch those transitioning servicemembers who might otherwise fall through the cracks.

The time to act to address the epidemic of veterans suicide is now. With this bill, and with continued focus on the health of our veterans, and their mental health as well, we can make a real impact.

I urge my colleagues to support this legislation and pass the Clay Hunt SAV Act.

Mr. MICHAUD. Mr. Speaker, I yield 5 minutes to the gentleman from Minnesota (Mr. WALZ). I want to thank Mr. WALZ for his continued effort to make sure that our veterans are taken care of in this great Nation of ours.

Mr. WALZ. Mr. Speaker, I want to extend my thanks to Chairman MILLER and Ranking Member MICHAUD. I think an American public which, many times, thinks all politics is bickering and fighting and pettiness needs to see the two examples that these leaders

show, consistently putting the needs of our veterans first and foremost, finding areas to improve, and holding people accountable, but this piece of legislation, most importantly, finding solutions to make life better for our veterans. And for that, I am forever grateful to them for the work and for the staff that worked on this.

□ 1515

Ms. DUCKWORTH is not able to be with us today. I said a lot of times that people talk about patriotism and service and heroics. In TAMMY DUCKWORTH's case, you just state her name, and her life is a living testament to that, and she works every day. We are just happy she is with her little one now, but she had a big part in this.

There are very few things that unite this country in the security of our Nation and in the care of our warriors, as I think many of us know, as do the millions who have fought the conflicts and who have fought extremism across the globe—people like Clay Hunt, a young marine, who went and did his duty. He was wounded in Iraq.

That was not enough for Clay, so he went to Afghanistan, where he experienced some of the most horrific conditions you could imagine. That was not enough for Clay. He came home after he did his service in the Marine Corps, and he continued to serve. He went to Haiti, taking his skills that he had learned in the military to help after the hurricane.

Then he came and sat in many of our offices and had many conversations—everything from the GI Bill to the transitioning back of our warriors who are dealing with PTS and making sure that we address their mental health issues.

I know, for many of us, Clay was the epitome of American patriotism, of strength, of everything that is right, and it comes as such a shock. I know it sounds like a cliché, but how could someone so strong and who had done so much be dealing with these demons? We know he was, and we know this Nation didn't do enough. We know he didn't receive the adequate care that he deserved and had earned. To be quite honest with you, it is in our Nation's best interest, both morally and security-wise and everything else, to give them that.

Again, he didn't stop there, and his parents didn't stop there. His parents—his mother and father—are here in this Chamber, as are his friends, to make sure this never happens to another family. Our friends at the veterans service organizations, like the IAVA and Paul Rykoff and his folks and the VFW, have asked us to do better.

The result of this piece of legislation is the folks like Chairman MILLER, Ranking Member MICHAUD, TAMMY DUCKWORTH, Mr. BENISHEK, and others who have come down here to speak. Our differences are small compared to our commonalities, and our care for our warriors has to be there. You heard

the specifics of this bill, some of the things that it will do.

There is not one of us who is kidding oneself that this is going to be the silver bullet, but it puts it on the forefront. It brings some solutions that came from our warriors, that came from best practices, that came from both sides of the aisle, and brought it forward to find real solutions.

The thing that most encourages me about this is that it is asking us, if things are not working, evaluate them and get rid of them, and bring the things forward that are going to work. Don't get buried in studies for 10 years. We don't have 10 years. We don't have 10 days for people. It is now.

That is, I think, the beauty of this piece of legislation. It starts to move those things forward. It starts to bring the communities back into this. It starts to understand a holistic approach to dealing with the issues of veterans' suicides, because this Nation cannot allow this to happen. We morally cannot. It attacks our soul when we do this. To be very honest, we can't afford to lose people like Clay Hunt.

Clay Hunt is our leader. He is our future leader. He is our business leader. He would at some point have been in this Chamber or wherever he would have chosen to have gone. That was his destiny, and this is happening over 22 times every day.

I encourage my colleagues to support this piece of legislation but, more importantly, to support the spirit that is behind it—bringing us together to get it right: to care for our warriors with the best possible use for our resources and an accountability to those resources to make sure that the outcome is most important.

That outcome is honoring our commitment to the reintegration of these warriors. Once they have done their service to this country, bring them home; make them whole; make sure that they are able to continue to serve this Nation as they wish.

For that, I am grateful. I am especially grateful for the leadership of Clay's family and of his mother, Susan, who absolutely said this can be done; this must be done; and it will be done. Thanks to these two gentlemen's leadership, it will.

Mr. MILLER of Florida. Mr. Speaker, I now yield 2 minutes to the gentleman from the Second District of Indiana (Mrs. WALORSKI), who is a stalwart supporter of veterans in her district and who has a great future ahead in veteran issues.

Mrs. WALORSKI. I thank the distinguished gentleman from Florida, the chairman.

Mr. Speaker, every day, 22 veterans take their own lives. Many of us in this Chamber have experienced this in our own districts. This has been a tragedy in my district as well. Sadly, on March 31, nearly 3 years ago, Clay Hunt was one of those 22 veterans who took his own life at the age of 28.

An Afghanistan and Iraq war veteran and suicide prevention advocate, Clay

Hunt epitomized what it meant to have a life of service both in and out of uniform. Today, we honor Clay and his family with H.R. 5059, the Clay Hunt SAV Act. Clay's story was one of bravery and dedication to our country.

He enlisted in the Marine Corps and served on several missions to Iraq and Afghanistan. After his final deployment to Afghanistan, his unit returned in October of 2008, and he was honorably discharged from the Marines.

Here is the key: Clay relied on the VA for medical care and received a 30 percent disability rating from the VA for PTSD. After realizing his PTSD is what prohibited him from keeping a steady job, he appealed the 30 percent rating and encountered a bureaucratic nightmare, including the VA's losing his files.

Clay had to wait months to get in to see a psychiatrist at a VA medical center. When he finally did, he told his mother he would never go back. Two weeks later, Clay took his own life. Five weeks after his death and 18 months after filing an appeal with the VA for his PTSD rating, Clay's appeal went through. His PTSD rating was 100 percent.

Too little, too late.

Clay's story details the urgency our Nation's heroes deserve in care. If we are going to lower this incredibly alarming rate of suicides, we have to improve the access and effectiveness of mental health care available to our returning heroes, and this step is a step in the right direction. The Clay Hunt SAV Act will increase access to mental health care and improve the quality of care that troops and veterans receive.

Together, we can change this system so no other veteran or spouse or parent will ever have to do what thousands of veterans have endured, including Clay. We owe it today to do what we can do and to continue the fight for our veterans, for what they have endured, and give them nothing but the best.

Mr. MICHAUD. Mr. Speaker, I yield 3 minutes to the gentlewoman from Florida (Ms. BROWN), the incoming ranking member for the Veterans' Affairs Committee, who has been a strong advocate for our veterans for the number of years she has been on the committee.

Ms. BROWN of Florida. Thank you, Ranking Member MICHAUD.

First of all, let me just thank you for your service—your 12 years of service to this Congress—for what you have done for veterans throughout this country and also for working with you on transportation. I want to salute you for all that you have done. Thank you very much.

Mr. Speaker, earlier today, I visited the Walter Reed National Military Medical Center, where part of the facility is named the Murtha Cancer Center. Jack Murtha was a friend of mine, and he was the biggest advocate in Congress for men and women who serve in our military. I am especially proud of the visitors' center at the Normandy American Cemetery in France.

I had the opportunity to visit this center not long after it opened in 2007. The visitors' center truly pays tribute to the soldiers who stormed the beaches. It gives visitors a true sense of what the men and their loved ones had gone through on that D-day. I am pleased to have worked with John Murtha, and I am pleased that his memory will live on in the Murtha Cancer Center at Walter Reed.

I rise in support of this legislation, introduced by Mr. WALZ, to help bring attention to the horrible problems that are affecting our Nation's veterans.

I am pleased that my colleague introduced this legislation, which will require the Secretary of Veterans Affairs and the Secretary of Defense to arrange for an outside evaluation of their mental health care and suicide prevention programs. I am also requiring any servicemember who is discharged for posttraumatic stress disorder or brain injury or military sexual trauma to get treatment. Twenty-two veterans' suicides per day is too many. One suicide is too many.

Again, I want to thank Mr. WALZ for introducing this legislation.

Last night at the White House Christmas ball there were cards available for Members of Congress to sign that would be sent to servicemembers this holiday season. I have placed these cards in the Democratic cloakroom and in the Republican cloakroom, and I am asking for Members who would to sign these cards and send notes to our veterans throughout the world.

Mr. MILLER of Florida. I now yield 2 minutes to the gentleman from the great State of Florida (Mr. JOLLY), a colleague of mine and a fine member of the Veterans' Affairs Committee.

Mr. JOLLY. Thank you, Mr. Chairman.

Mr. Speaker, I rise today in support of H.R. 5059, legislation to improve mental health and suicide prevention services for our Nation's veterans.

Across the country today, there are families grieving, remembering loved ones who, in a moment of tragedy, took their own lives. These families also have in common another memory—the day their loved ones put on the uniform of the Armed Forces for the first time, who raised their right hands and took an oath to defend the Nation, to defend and protect each of us.

In many ways, we as a nation have failed to defend and protect them. We have failed to ensure sufficient access to mental health care and suicide prevention services.

We have remarkable caregivers and mental health counselors in our VA and DOD health systems who are on the front lines of mental health services every day, who do remarkable work; but, administratively, we must do more. We must empower veterans to seek immediate care for mental health and suicide prevention services. We must incentivize mental health professionals to join the VA workforce and

deliver health care to our veterans, and we must improve the coordination between the VA and the DOD to deliver these services. This legislation does exactly that, and it is why it deserves our full support.

Mr. Speaker, this is a matter of national importance, but it is also a matter of personal conviction for many families, including for a mother in my district who, on Memorial Day of this year, at the C.W. Bill Young VA Medical Center at Bay Pines, approached me to share a story about the loss of her son who took his own life while awaiting enrollment in the VA, while awaiting mental health treatment from the VA. His mental health needs were left untreated, and he took his own life.

There are very few things more important for this body than to give voice to the voiceless. We are doing that today by speaking out about the tragic experiences of those who are no longer with us and by improving a health care system that provides remarkable care every day to our veterans but who need this Congress and this administration to enact much-needed changes. Mr. Speaker, this is critically important legislation, and I urge my colleagues to join me in its passage.

Mr. MICHAUD. Mr. Speaker, how many more speakers has the gentleman from Florida?

Mr. MILLER of Florida. We have one more speaker before I close.

Mr. MICHAUD. We have one more speaker, and I believe she is on her way.

Mr. Speaker, I reserve the balance of my time.

Mr. MILLER of Florida. Mr. Speaker, I yield 2 minutes to the gentleman from the Sixth District of Illinois (Mr. ROSKAM), a gentleman who does not serve on the committee with us but who has a very keen interest in veterans affairs issues.

Mr. ROSKAM. Thank you, Mr. Chairman.

Mr. Speaker, in listening to the debate and this discussion today, this is really a bill about real contrasts. The contrast, as the gentleman from Minnesota described a couple of minutes ago, is starting at a very high point, which is a sense of calling, a sense of patriotism, a sense of going forward and meeting a duty and joining the Armed Forces of the United States. That is one end of the spectrum. At the other end of the spectrum was the description that Mrs. WALORSKI had, and that was of Clay Hunt's experience.

From one end of the spectrum to the other.

As I was sitting and listening, Mr. Speaker, I was looking above your head. There is a clock over your head. If you look at these numbers, you have 22 people every day who are going to kill themselves, and we know that. If you think about that and if you look at that clock, you think, in a little bit more than an hour, there is going to be a terrible thing that is going to happen. The good news is that TAMMY

DUCKWORTH from Illinois and TIM WALZ from Minnesota and JEFF MILLER from Florida decided to do something about it.

The power of this is when you have that broad of a political spectrum that says we are not going to tolerate this, that we are going to make sure that this issue is not lost in the shuffle, that this is not a statistic, that this is not 22. Rather, these are people who are going to be named; these are people who are going to be discussed; and these are people who are going to be defended.

□ 1530

So I am happy today to join with those who are asking for favorable passage of the Clay Hunt SAV Act.

Mr. MICHAUD. Mr. Speaker, I yield myself such time as I may consume.

Providing sufficient and effective mental health care to our veterans is an issue that I believe we must focus on. It is an issue that I hope will bring comprehensive policies in the next Congress. Finding real solutions will require all of us working together and will require sufficient resources and dedication.

I know my colleague, the gentleman from Minnesota, will be at the forefront of this fight, joined by Chairman MILLER, Ranking Member-elect Ms. BROWN, and all of the Republicans and Democrats on the Veterans' Affairs Committee. But I will not be in the House of Representatives next session to join that fight.

In my years in Congress, I have worked hard toward solutions that provide modern and effective care and benefits for our veterans. I have fought against inadequate budgets and for resources necessary to do the job. I have worked hard to improve the care and benefits of our newest veterans, while never forgetting our veterans from previous conflicts.

I have been encouraged by what we have all been able to accomplish together. But there is more that we have to do, and I know my colleagues will not give up the fight until we have won that battle.

But I do want to thank Chairman MILLER for his leadership, his support, and his friendship over the years. It has been an honor to work with Chairman MILLER, and it has been a pleasure to serve with him as well.

I also want to thank the members of the House Veterans' Affairs Committee, both past and present. They have been true colleagues, mentors, and friends.

I want to wish the gentlewoman from Florida (Ms. BROWN), our ranking member-elect, the best of luck, and I hope that she will enjoy her time as ranking member as much as I have enjoyed my time as ranking member.

And for the staff, both the majority and minority staff, they are the ones that make Members look good. They work very hard day and night to make sure that the policies that the mem-

bers of the committee want are put into legislation.

I can say truly that the majority and minority staff in this Congress has worked very well together. They have put aside the partisanship that other committees have not. So I thank them for their hard work and dedication to making sure that we do what we are here to do, and that is to serve our veterans.

There is no more noble calling than serving those who have served this great Nation of ours.

And to my colleagues here in Congress who are veterans and to America's veterans, I will simply say, thank you. Thank you for your service to this great Nation of ours. It is because of you that we are the country that we are today. You never turned your back. You never faltered. And some of you have made the ultimate sacrifice and have given your life for this country. So thank you for your service.

Mr. Speaker, I would urge my colleagues to support this bill and move it to the Senate.

With that, I yield back the balance of my time.

Mr. MILLER of Florida. Mr. Speaker, I yield myself such time as I may consume.

I would be remiss if I did not say thank you to the gentleman from Maine, MIKE MICHAUD. As the ranking member of the Veterans' Affairs Committee, we, as a team, along with the members and the staff, have accomplished much this year, but it has all been done in a bipartisan way. We were able to move large pieces of legislation that will impact, in a positive way, veterans for years to come.

We uncovered probably the largest scandal that has ever been uncovered at the Department of Veterans Affairs, and we are now turning that agency in a direction to where it serves the veterans and not itself.

This wouldn't have happened without the steady hand of the gentleman from Maine, MIKE MICHAUD, as the ranking member. Again, he is a fine man. He has been a great Representative, and he is a friend that will be missed. I look forward to going to Maine one day and hunting moose with MIKE, whom I have pestered for 12 years to get a chance to go up and visit. But we will miss him, and we wish him well.

And with that, I want to take a moment to express my condolences and my appreciation to Clay's family, whom I understand are in the Capitol with us today, as well as to all the families of veterans who have lost their lives to suicide. My thoughts and my prayers are with each of them.

Once again, I encourage all the Members to support this legislation, and I yield back the balance of my time.

Ms. DUCKWORTH. Mr. Speaker, I was proud to help introduce H.R. 5059, the Clay Hunt Suicide Prevention for American Veterans Act with Chairman JEFF MILLER and Representative TIM WALZ.

This bipartisan bill, named after 28-year-old Marine Veteran Clay Hunt, who tragically took

his own life in March 2011, will reduce the barriers that prevent our Veterans from receiving quality mental health care.

It is a heartbreaking reality that twenty-two Veterans take their own lives each day. These are all casualties of war. As a nation, we are failing these brave men and women.

This legislation will task an independent, third party to annually review mental health care and suicide prevention programs and make recommendations on how to improve care. The bill also requires the VA to create a centralized source of information for all mental health services for Veterans. It will also address the shortage of mental health care professionals in order to ensure access to care as demand increases. Finally, through a pilot program, Veterans will receive reintegration assistance directly from the communities in which they live, fostering a smoother and more inclusive transition to life after the uniform.

Just as these Veterans remained faithful to our country on the battlefield, it is our turn as their Representatives to remain faithful to them. When our service men and women make the brave decision to seek help, we must ensure that they can get the quality assistance and treatment they deserve in a timely manner.

I urge all of the Members to support this legislation so that we can begin to turn the tide against suicide.

The SPEAKER pro tempore (Mr. SALMON). The question is on the motion offered by the gentleman from Florida (Mr. MILLER) that the House suspend the rules and pass the bill, H.R. 5059, 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 of the bill was amended so as to read: "A bill to direct the Secretary of Veterans Affairs to provide for the conduct of annual evaluations of mental health care and suicide prevention programs of the Department of Veterans Affairs, to require a pilot program on loan repayment for psychiatrists who agree to serve in the Veterans Health Administration of the Department of Veterans Affairs, and for other purposes."

A motion to reconsider was laid on the table.

TRIBUTE TO CONGRESSMAN RALPH HALL

GENERAL LEAVE

Mr. BARTON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous materials on the subject of this 1 hour Special Order for RALPH HALL.

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

There was no objection.

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2013, the gentleman from Texas (Mr. BARTON) is recognized for 60 minutes as the designee of the majority leader.