

highly trained men and women develop the ability to lead, make decisions under pressure, act as a member of a team and accomplish the mission. The bottom line is they get the job done. These skills make them especially valuable to employers, whether it be in the tech industry or in any other business, nonprofit, or civic leadership position.

That is why I am proud to join my fellow veteran and friend, Congressman PAUL COOK, today in support of this important legislation because it incentivizes employers to hire and retain veterans by creating a standard of recognition for those who go the extra mile to recruit and retain veterans, and provide services that support our veteran community.

I strongly urge our colleagues to pass this legislation and help serve and empower our veterans and businesses to thrive.

Mr. MILLER of Florida. Mr. Speaker, I have no more requests for time at this point. I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, I have no further speakers. I yield myself such time as I may consume.

It just strikes me, Colonel COOK, I know we have named this act the HIRE Vets Act, and knowing of your service in Vietnam, and so many of the Vietnam veterans that live in the Inland Empire, we could also call this the Welcome Home Act because nothing is more welcoming than a job.

I share your passion for caring about our veterans in the Inland Empire, and in California, of course, all over our country, and I certainly honor your service to our country.

So I urge all my colleagues to support—to join me in passing H.R. 3286, and I look forward to seeing those medallions in many businesses across your district and mine in California.

Mr. Speaker, I yield back the balance of my time.

Mr. MILLER of Florida. Mr. Speaker, once again, I urge my colleagues to support H.R. 3286, as amended.

I yield back the balance of my time. The SPEAKER pro tempore. 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. 3286, as amended.

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

A motion to reconsider was laid on the table.

NO HERO LEFT UNTREATED ACT

Mr. MILLER of Florida. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5600) to direct the Secretary of Veterans Affairs to carry out a pilot program to provide access to magnetic EEG/EKG-guided resonance therapy to veterans, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5600

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 “No Hero Left Untreated Act”.

SEC. 2. FINDINGS.

Congress finds the following:

(1) Magnetic EEG/EKG-guided resonance therapy has successfully treated more than 400 veterans with post-traumatic stress disorder, traumatic brain injury, military sexual trauma, chronic pain, and opiate addiction.

(2) Recent clinical trials and randomized, placebo-controlled, double-blind studies have produced promising measurable outcomes in the evolution of magnetic EEG/EKG-guided resonance therapy.

(3) These outcomes have resulted in escalating demand from returning warriors and veterans who are seeking access to this treatment.

(4) Congress recognizes the importance of initiating innovative pilot programs that demonstrate the use and effectiveness of new treatment options for post-traumatic stress disorder, traumatic brain injury, military sexual trauma, chronic pain, and opiate addiction.

SEC. 3. MAGNETIC EEG/EKG-GUIDED RESONANCE THERAPY PILOT PROGRAM.

(a) PILOT PROGRAM.—The Secretary of Veterans Affairs shall carry out a pilot program to provide access to magnetic EEG/EKG-guided resonance therapy to treat larger populations of veterans suffering from post-traumatic stress disorder, traumatic brain injury, military sexual trauma, chronic pain, or opiate addiction.

(b) LOCATIONS.—The Secretary shall carry out the pilot program under subsection (a) at not more than two facilities of the Department of Veterans Affairs.

(c) PARTICIPANTS.—In carrying out the pilot program under subsection (a), the Secretary may not provide access to magnetic EEG/EKG-guided resonance therapy to more than 50 veterans.

(d) DURATION.—The Secretary shall carry out the pilot program under subsection (a) for a one-year period.

(e) REPORT.—Not later than 90 days after the date of the termination of the pilot program under subsection (a), the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the pilot program.

(f) NO AUTHORIZATION OF APPROPRIATIONS.—No additional funds are authorized to be appropriated to carry out the requirements of this section. Such requirements shall be carried out using amounts otherwise authorized.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. MILLER) and the gentleman from California (Mr. TAKANO) 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 have 5 legislative days within which to revise their remarks and add extraneous material.

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 may consume.

I do rise today in support of H.R. 5600, as amended, the No Hero Left Untreated Act.

There is no greater priority we have as a grateful nation than to care for those who have been wounded in the service of our country and to ensure that they are provided with the most successful treatments, including those that are new and are promising to assist them on their path to recovery.

H.R. 5600, as amended, would require the Department of Veterans Affairs to carry out a 1-year pilot program to provide access to magnetic EEG/EKG-guided resonance therapy to veterans with post-traumatic stress disorder, traumatic brain injury, chronic pain, opiate addiction, or who have experienced military sexual trauma.

Magnetic EEG/EKG-guided resonance therapy has proven effective in addressing symptoms of post-traumatic stress disorder and traumatic brain injury among veteran patients. For example, in a 2015 study, veteran patients experienced an almost 50 percent reduction in symptom severity after just 2 weeks of using this therapy.

Though the pilot this bill would create is limited, I am hopeful that it will provide the needed data to support the provision of this promising new treatment for many more servicemembers and veterans in the future.

This bill is sponsored by our good friend, Congressman STEVE KNIGHT from California, and I am grateful to him for sponsoring this legislation to increase access to innovative treatment for America's heroes.

I urge all of my colleagues to join me in supporting H.R. 5600, as amended.

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

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

I rise today in support of H.R. 5600, as amended, the No Hero Left Untreated Act. This bill is designed to create a pilot program in the VA to determine if magnetic EEG/EKG-guided resonance therapy technology is appropriate for larger populations of veterans suffering from post-traumatic stress disorder, traumatic brain injury, military sexual trauma, chronic pain, or opiate addiction.

Under this treatment, a veteran's EEG and EKG are analyzed to ascertain the brain's patterns of function and detect any possible abnormalities. This information is used to develop a personalized treatment for each patient aimed at restoring the brain to its optimal state.

It is essential that the VA continue to explore new and innovative treatments, like resonance therapy, that can offer breakthroughs for veterans and servicemembers suffering from PTSD and other traumas. For more than 90 years, the Veterans Affairs Research and Development program has been improving the lives of veterans and all Americans through healthcare discovery and innovation.

VA research is unique because of its focus on health issues that affect veterans. It is part of an integrated

healthcare system that coordinates care for veterans and affiliates with university medical schools and teaching hospitals to train our healthcare providers and perform groundbreaking medical research.

I look forward to learning more about this treatment and its effects on those veterans who have continued to suffer from the wounds of combat trauma here at home. Innovative pilot programs and continued investment in research will help to ensure that our Nation's veterans get the high-quality care they have earned and deserve.

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

Mr. MILLER of Florida. Mr. Speaker, I yield 3 minutes to the gentleman from the 25th District of California (Mr. KNIGHT), the prime sponsor of this important piece of legislation.

Mr. KNIGHT. Mr. Speaker, I want to thank the chair and ranking member for their support of this piece of legislation.

The No Hero Left Untreated Act is just that. We expect our young warriors to protect our values and our ideals, and we, as Americans, should do nothing less than to take care of them when they return home. The No Hero Left Untreated Act is a new and innovative way of looking at how we can treat our veterans, and I think that that is what people in America are looking for. They are looking for how we can help our veterans in new and innovative ways. Well, this is one of those.

This is a way that we have taken 500 veterans, we have given them this treatment, and about 95 percent of them have said that they have had some difference in their life because of the treatment. Sixty-one percent have said that it is a dramatic change because of this treatment. If we took those numbers and we took them to any kind of treatment or any kind of medical help across this country, I think that all of the physicians and all of the medical industry would say: yes, those are great numbers.

So what we are trying to do here is we are going to put it into two of our medical facilities; put it into two of our VA centers, and we are going to collect some data on the enormous successes that we have seen in the past and hopefully in the future. Then, I hope to come back at a certain time in the future and say: this has been great; the data that we have collected has helped our veterans, has helped our warriors when they have come home. Let's put this across the country.

I expect that everyone in every district across this country, when they see this, these types of successes, would want to put it into their VA facilities. So that is kind of our goal in what we are trying to do here.

Mental and physical injuries are part of battle. Treatment that works should be pushed by our legislative bodies. It shouldn't be stagnated. And that is exactly what this body is doing. We are

looking at this, and we are saying: this is working. Why wouldn't we push it?

I thank everyone for looking at this in a bipartisan measure and saying this will help our veterans. Let's move this forward.

This therapy has shown enormous successes, and I think that when the American people look at this and they say, we have got these successes, let's make sure that we push this forward, I think that we should also look at other treatments that might not be having these types of successes and saying, you know what, we can do different changes, and the medical industry, I am sure, would support that.

So that is what we are trying to do with the No Hero Left Untreated Act. That is why we have named it that because that is exactly what we want. We don't want to leave any hero untreated.

I appreciate the support from both sides of the aisle, and I ask for support of this important measure.

Mr. TAKANO. Mr. Speaker, I have no further speakers. I encourage my colleagues to support this legislation and join me in passing H.R. 5600, as amended.

I yield back the balance of my time.

Mr. MILLER of Florida. Mr. Speaker, I too encourage my colleagues to support this piece of legislation.

I yield back the balance of time.

The SPEAKER pro tempore. 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. 5600, as amended.

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

A motion to reconsider was laid on the table.

TIBOR RUBIN VA MEDICAL CENTER

Mr. MILLER of Florida. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6323) to name the Department of Veterans Affairs health care system in Long Beach, California, the "Tibor Rubin VA Medical Center".

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6323

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

SECTION 1. NAME OF THE DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE SYSTEM, LONG BEACH, CALIFORNIA.

The Department of Veterans Affairs health care system located at 5901 East 7th Street, Long Beach, California, shall after the date of the enactment of this Act be known and designated as the "Tibor Rubin VA Medical Center". Any reference to such health care system in any law, regulation, map, document, record, or other paper of the United States shall be considered to be a reference to the Tibor Rubin VA Medical Center.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from

Florida (Mr. MILLER) and the gentleman from California (Mr. TAKANO) 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 and add extraneous material on H.R. 6323.

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 may consume.

I do rise today in support of H.R. 6323, a bill to name the Department of Veterans Affairs healthcare system in Long Beach, California, the Tibor Rubin VA Medical Center.

Mr. Speaker, as a young man, Corporal Tibor Rubin survived 14 months in a German concentration camp in Austria during World War II before it was liberated by the United States Army.

Corporal Rubin was so inspired by the American soldiers who rescued him that he eventually moved to the United States, enlisted in the Army, and became a United States citizen. He was deployed as a member of the 1st Cavalry Division during the Korean war, and was eventually captured by the North Korean military.

During his captivity, he provided crucial moral support and improvised medical support to his fellow prisoners of war. For his service, Corporal Rubin was awarded two Purple Hearts and the Congressional Medal of Honor.

Sadly, he passed away just last year. After such an outstanding life of service and survival, it is only appropriate that we honor Corporal Rubin by naming the Long Beach VA Medical Center after him. H.R. 6323 satisfies the Committee's naming criteria and is supported by the entire California congressional delegation, as well as many local veterans service organizations.

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I am grateful to Congressman LOWENTHAL for sponsoring this legislation, and I urge all of my colleagues to join me in supporting it.

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

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

Mr. Speaker, I rise today in support of H.R. 6323, to name the Department of Veterans Affairs health care system in Long Beach, California, the Tibor Rubin VA Medical Center.

What a remarkable story about Tibor Rubin. Tibor Rubin survived the Mauthausen concentration camp for 14 months before being liberated by American soldiers in May of 1945. After immigrating to the United States in 1948, he enlisted in the United States Army and volunteered to serve in