

The Chair recognizes the gentleman from Tennessee.

GENERAL LEAVE

Mr. ROE of Tennessee. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks.

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

There was no objection.

Mr. ROE of Tennessee. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 5399, the Ethical Patient Care for Veterans Act of 2016, which I am proud to sponsor. There is no higher priority than ensuring that our Nation's veterans receive safe, high-quality care from the Department of Veterans Affairs.

The vast majority of VA employees are outstanding, well-qualified, and want nothing more than to do right by the veterans in their care. However, in the last several years, we have heard far too many instances where VA employees have failed to live up to the standards of care that our veterans deserve. In many of those cases, a culture of silence or fear of retaliation by supervisors has prevented other employees from reporting those transgressions in a timely manner.

To protect our veterans from poor-performing VA medical professionals, H.R. 5399 would require VA to ensure that every VA physician is informed of his or her duty to report impaired, incompetent, or unethical behavior that the physician witnesses or otherwise discovers directly to the applicable State licensing authorities within 5 days.

This is consistent with the longstanding practice of the American Medical Association and existing VA policy and would improve the quality of care VA provides by making sure that the poor performers, those who put the lives and well-being of veteran patients at risk, are reported to relevant authorities within a reasonable time frame so that the appropriate action can be taken to safeguard the patients in their care.

Mr. Speaker, this is commonsense legislation. More importantly, it is the right thing to do for veterans. I urge all of my colleagues to join me in supporting this legislation.

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. 5399, introduced by the gentleman from Tennessee, Dr. ROE. This bill would ensure that physicians of the Department of Veterans Affairs fulfill the ethical duty to report impaired, incompetent, and unethical healthcare activities of their colleagues.

I appreciate the gentleman bringing this issue to our attention. It is another instance of the many ethical and legal imperatives that VA physicians are under while serving those who have

dedicated themselves to protect our freedoms.

All physicians have a duty to report impaired colleagues who continue to practice, despite reasonable offers of assistance. This obligation appears in professional guidelines and in laws and regulations governing the practice of medicine.

All physicians are accredited by the American Medical Association, and their policy states, and I quote: "Physicians have an ethical obligation to report impaired, incompetent, and unethical colleagues."

The Federation of State Medical Boards of the United States' policy on physician impairment states that physician health programs have "a primary commitment to help state medical boards . . . protect the public . . . These programs should demonstrate an ongoing track record of ensuring safety to the public and reveal deficiencies if they occur."

The physicians who care for our veterans take their duties and oaths to help their patients very seriously, and I am glad for this opportunity to reiterate the topnotch quality care that the VA provides each and every day.

I reserve the balance of my time.

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

Mr. TAKANO. Mr. Speaker, I yield myself the balance of my time.

In closing, this is one of the final opportunities that I will have to discuss veterans legislation on the floor with my colleague, Chairman MILLER, who appears to have stepped off the floor at the moment. I want to offer my sincere gratitude for his leadership on the committee.

I think it is fair to say that we have not always agreed on the best path forward, but I think this bill demonstrates our ability, the ability of this committee to put aside our differences and get things done for America's veterans. The Veterans' Committee has long been a model of bipartisanship at a time where cooperation can be hard to come by. I appreciate the chairman's commitment to continuing that tradition, and I wish him all the best in the next chapter of his career.

I have no further speakers, and I do encourage my colleagues to support this legislation and join me in passing H.R. 5399.

I yield back the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, I yield myself such time as I may consume.

I encourage all Members to support this legislation. I have practiced medicine for almost 40 years under these same requirements right here, and we should expect no less for the care of our veterans. I encourage support.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Tennessee (Mr. ROE) that the House suspend the rules and pass the bill, H.R. 5399.

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

A motion to reconsider was laid on the table.

□ 1515

FASTER CARE FOR VETERANS
ACT OF 2016

Mr. ROE of Tennessee. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4352) to direct the Secretary of Veterans Affairs to carry out a pilot program establishing a patient self-scheduling appointment system, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4352

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 "Faster Care for Veterans Act of 2016".

SEC. 2. PILOT PROGRAM ESTABLISHING A PATIENT SELF-SCHEDULING APPOINTMENT SYSTEM.

(a) PILOT PROGRAM.—Not later than 120 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall commence a pilot program under which veterans use an Internet website or mobile application to schedule and confirm medical appointments at medical facilities of the Department of Veterans Affairs.

(b) SELECTION OF LOCATIONS.—The Secretary shall select not less than three Veterans Integrated Services Networks in which to carry out the pilot program under subsection (a).

(c) CONTRACTS.—

(1) AUTHORITY.—The Secretary shall seek to enter into a contract using competitive procedures with one or more contractors to provide the scheduling capability described in subsection (a).

(2) NOTICE OF COMPETITION.—Not later than 60 days after the date of the enactment of this Act, the Secretary shall issue a request for proposals for the contract described in paragraph (1). Such request shall be full and open to any contractor that has an existing commercially available, off-the-shelf online patient self-scheduling system that includes the capabilities specified in section 3(a).

(3) SELECTION.—Not later than 120 days after the date of the enactment of this Act, the Secretary shall award a contract to one or more contractors pursuant to the request for proposals under paragraph (2).

(d) DURATION OF PILOT PROGRAM.—

(1) IN GENERAL.—Except as provided by paragraph (2), the Secretary shall carry out the pilot program under subsection (a) for an 18-month period.

(2) EXTENSION.—The Secretary may extend the duration of the pilot program under subsection (a), and may expand the selection of Veterans Integrated Services Networks under subsection (b), if the Secretary determines that the pilot program is reducing the wait times of veterans seeking medical care and ensuring that more available appointment times are filled.

(e) MOBILE APPLICATION DEFINED.—In this section, the term "mobile application" means a software program that runs on the operating system of a cellular telephone, tablet computer, or similar portable computing device that transmits data over a wireless connection.

SEC. 3. CAPABILITIES OF PATIENT SELF-SCHEDULING APPOINTMENT SYSTEM.

(a) **MINIMUM CAPABILITIES.**—The Secretary of Veterans Affairs shall ensure that the patient self-scheduling appointment system used in the pilot program under section 2, and any other patient self-scheduling appointment system developed or used by the Department of Veterans Affairs, includes, at a minimum, the following capabilities:

(1) Capability to schedule, modify, and cancel appointments for primary care, specialty care, and mental health.

(2) Capability to support appointments for the provision of health care regardless of whether such care is provided in person or through telehealth services.

(3) Capability to view appointment availability in real time.

(4) Capability to make available, in real time, appointments that were previously filled but later cancelled by other patients.

(5) Capability to provide prompts or reminders to veterans to schedule follow-up appointments.

(6) Capability to be used 24 hours per day, seven days per week.

(7) Capability to integrate with the Veterans Health Information Systems and Technology Architecture of the Department, or such successor information technology system.

(b) **INDEPENDENT VALIDATION AND VERIFICATION.**—

(1) **INDEPENDENT ENTITY.**—

(A) The Secretary shall seek to enter into an agreement with an appropriate non-governmental, not-for-profit entity with expertise in health information technology to independently validate and verify that the patient self-scheduling appointment system used in the pilot program under section 2, and any other patient self-scheduling appointment system developed or used by the Department of Veterans Affairs, includes the capabilities specified in subsection (a).

(B) Each independent validation and verification conducted under subparagraph (A) shall be completed as follows:

(i) With respect to the validation and verification of the patient self-scheduling appointment system used in the pilot program under section 2, by not later than 60 days after the date on which such pilot program commences.

(ii) With respect to any other patient self-scheduling appointment system developed or used by the Department of Veterans Affairs, by not later than 60 days after the date on which such system is deployed, regardless of whether such deployment is on a limited basis, but not including any deployments for testing purposes.

(2) **GAO EVALUATION.**—

(A) The Comptroller General of the United States shall evaluate each validation and verification conducted under paragraph (1).

(B) Not later than 30 days after the date on which the Comptroller General completes an evaluation under paragraph (1), the Comptroller General shall submit to the appropriate congressional committees a report on such evaluation.

(C) In this paragraph, the term “appropriate congressional committees” means—

(i) the Committees on Veterans’ Affairs of the House of Representatives and the Senate; and

(ii) the Committees on Appropriations of the House of Representatives and the Senate.

(c) **CERTIFICATION.**—

(1) **CAPABILITIES INCLUDED.**—Not later than December 31, 2017, the Secretary shall certify to the Committees on Veterans’ Affairs of the House of Representatives and the Senate that the patient self-scheduling appointment system used in the pilot program under section 2, and any other patient self-scheduling

appointment system developed or used by the Department of Veterans Affairs as of the date of the certification, includes the capabilities specified in subsection (a).

(2) **NEW SYSTEMS.**—If the Secretary develops or begins using a new patient self-scheduling appointment system that is not covered by a certification made under paragraph (1), the Secretary shall certify to such committees that such new system includes the capabilities specified in subsection (a) by not later than 30 days after the date on which the Secretary determines to replace the previous patient self-scheduling appointment system.

(3) **EFFECT OF CAPABILITIES NOT INCLUDED.**—If the Secretary does not make a timely certification under paragraph (1) or paragraph (2), the Secretary shall replace any patient self-scheduling appointment system developed by the Secretary that is in use with a commercially available, off-the-shelf online patient self-scheduling system that includes the capabilities specified in subsection (a).

SEC. 4. PROHIBITION ON NEW APPROPRIATIONS.

No additional funds are authorized to carry out the requirements of this Act. Such requirements shall be carried out using amounts otherwise authorized.

The **SPEAKER pro tempore.** Pursuant to the rule, the gentleman from Tennessee (Mr. ROE) and the gentleman from California (Mr. TAKANO) each will control 20 minutes.

The Chair recognizes the gentleman from Tennessee.

GENERAL LEAVE

Mr. ROE of Tennessee. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and to add extraneous material.

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

There was no objection.

Mr. ROE of Tennessee. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 4352, as amended, the Faster Care for Veterans Act of 2016.

The wait time scandals that continue to plague the Department of Veterans Affairs have highlighted the need for veterans to be able to schedule their own medical appointments. Everyone agrees that the veterans who want this capability should have it.

A self-scheduling option would reduce the workload on overburdened schedulers, allow the VA to use taxpayer resources more efficiently, and grant veterans who would prefer to schedule their own appointments the ability and flexibility to do so. It would also encourage accountability by giving veterans verifiable records of their own appointment bookings.

VA has been considering self-scheduling since at least 2013. However, projects start and stop, priorities shift, and nothing usable has so far emerged from those considerations. Unfortunately, this seems to be the result of a tug of war between some VA officials who favor a commercial off-the-shelf system and others who favor a government-developed system.

VA has been developing a self-scheduling mobile application based on its

VISTA management system and plans to roll it out in January 2017. I have high hopes for that effort, but VA’s IT development record is mixed—to put it mildly—and past experience shows that meeting high standards and firm deadlines are crucial to success.

The time has come to settle this issue once and for all. H.R. 4352, as amended, establishes capability standards reflecting the state of the art that apply to any commercial or government self-scheduling system in VA. It also directs VA to pilot the best available commercial software in three locations. The bill tasks an independent expert to verify whether that commercial system and the government system meet those standards, and by the end of 2017, VA must certify whether or not they do.

The concept is, in other words, a bake-off to create the most successful possible software for our veterans. Ideally, both systems will meet the standards, but if the government system cannot make the grade, VA will have a commercial alternative thoroughly piloted and ready to go to work for VA patients.

H.R. 4352, as amended, is sponsored by Congressman SETH MOULTON from Massachusetts and Congresswoman CATHY MCMORRIS RODGERS from Washington. I thank them both for their leadership on this issue.

This broadly bipartisan legislation is an efficient, timely solution to a long-standing problem, and I encourage 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. 4352, as amended, sponsored by my friend, the gentleman from Massachusetts and a veteran himself, Representative MOULTON.

This important legislation authorizes the VA to administer a pilot program where veterans use an Internet Web site to schedule and confirm medical appointments at medical facilities of the Department of Veterans Affairs. The VA has been working to bring the power of scheduling to veterans since the wait time scandal at the Phoenix VA Medical Center in 2014.

The Department of Veterans Affairs had developed and is rolling out the Veterans Appointment Request, otherwise known as VAR, for primary care. This is a mobile application, and the approach will allow veterans to directly schedule or request primary care appointments and request mental health appointments at facilities where they are already receiving care. With the app, veterans can also view appointment details, track the status of requests, send messages about the requested appointments, get notifications about appointments, and cancel most appointments.

The VA has also implemented the Audiology and Optometry Direct

Scheduling Initiative. This program began as a successful pilot at three sites in 2015 and is now being expanded to all VA medical centers.

Veterans can schedule a routine appointment for audiology or optometry directly by calling the scheduling department or by speaking directly with audiology or optometry staff. The covered services include hearing tests, eye exams, vision prescriptions, eyeglass fittings, and other routine appointments.

This important legislation will allow veterans to better control their VA experience no matter what services they need. Ensuring veterans are comfortable with the scheduling platform ultimately used is a critical factor. Whether that is a smartphone, Internet Web site or calling directly to make that appointment, the primary consideration is the ease of use by the veteran.

The only way to make sure it works is to test it. This legislation will ensure that the technology fits the veteran and also fits the VA.

For those reasons, I support this legislation and urge my colleagues to do the same.

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

Mr. ROE of Tennessee. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, this is long overdue. One of the problems we have in VA is that we know the scandal at Phoenix where there were secret waiting lists for appointments for honorably discharged veterans to see a doctor.

This is one of the ways in which we can put veterans back in charge. One of the things I want to do is put veterans and doctors—healthcare providers—in charge of the health care and not bureaucrats, schedulers, and so forth. This puts the power back in front of the veterans.

We are at the Christmas season. Many of us order packages on Amazon or wherever. Guess what we can do? We can track that through our own personal device anywhere that package is so that it reaches our doorstep. Veterans should have that command so they can have an appointment when they want it; they can make it. The technology is available. I can't think of a better thing to do than to have a private and public competition to see which is the most effective for the veteran. I think in a year we are going to know. It will be simple to implement. Almost everyone has a smart device now that we can use for this process.

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

Mr. TAKANO. Mr. Speaker, I yield 5 minutes to the gentleman from Massachusetts (Mr. MOULTON).

Mr. MOULTON. Mr. Speaker, I rise today in support of H.R. 4352, the Faster Care for Veterans Act, which I introduced with Congresswoman CATHY McMORRIS RODGERS.

The idea behind the bill is simple. Our Nation's veterans deserve the same

technological innovations and level of service at VA healthcare facilities as patients in the private market. One such innovation is patient self-scheduling technology. Patients can log on to an app on their phone or on a Web site, indicate the type of appointment they need, select their location, and schedule their own appointments at a time convenient for them—no middle men, no obnoxious hold music, and no unending carousel of options on an automated phone menu; just a quick and easy medical appointment that works for your schedule.

This technology is not just beneficial for patients, it is good for medical providers as well. In the private market, the introduction of patient self-scheduling has dramatically decreased wait times, saving time and money. The VA ought to chase these same innovations so our veterans receive the best health care and user experience in the world.

As a Member of Congress, I declined congressional health care and pledged to receive my care at the VA. I receive excellent service from terrific doctors and nurses at my home VA facility in Bedford, Massachusetts. However, scheduling an appointment here in D.C. or at home in Bedford has never been easy.

Dennis Magnasco, my veterans' liaison in my office in Salem, Massachusetts, learned this the hard way. Shortly after I introduced the Faster Care for Veterans Act, Dennis called our local VA hospital to make an appointment himself. He listened to the options on the automated menu and pressed one to schedule an appointment. After several more pushed buttons, rather than connecting him to the talented schedulers who work in the Bedford VA, the automated menu started over again. It went into an endless cycle. He hung up, and after multiple unsuccessful further attempts, he recorded himself doing this in a video.

I put this video on my Facebook page, and the response was astonishing. Four million people saw the video, 35,000 people shared the video, and 2,000 people commented. People from all over the country shared their experience trying to schedule their own appointments at the VA. The frustration is nationwide.

A veteran from Walcott, Arkansas, said: I can tell you this is for real. It happens every time I call. I usually give up and drive to the clinic 18 or 20 miles away so I can talk to a person face to face.

A veteran from El Paso, Texas, said: This is exactly what happens every time you try to call for an appointment or even get general information about an existing appointment. This is exactly why lots of us vets end up giving up on the system.

A veteran from Philadelphia, Pennsylvania, said: The longest I have been on hold with the VA was an hour and 45 minutes before I gave up.

This is not an issue of quality of care, it is an issue of access to care.

The Faster Care for Veterans Act is a solution.

First, this bill directs the VA to conduct a pilot program to test commercial off-the-shelf self-scheduling technology at three locations across the country while allowing the VA to continue developing its inhouse solution.

Second, the bill requires both the pilot program and the VA's solution to meet several capabilities currently available in the private market. These requirements will ensure our veterans get the same level of service as every other American.

Third, the bill provides for an independent assessment to verify if the pilot program or the VA's solution meets the minimum capabilities.

Lastly, the bill requires the VA to replace any system used by the VA that does not meet those minimum requirements with a commercially available off-the-shelf technology that does meet those capabilities.

The bill is supported by the Iraq and Afghanistan Veterans of America, the American College of Neurosurgeons, and the American Osteopathic Association; and this bill is cosponsored by more than half of the House of Representatives. Our veterans are demanding a 21st century VA healthcare system. This bill is one step in that direction.

Mr. Speaker, I urge my colleagues to support this legislation.

Mr. ROE of Tennessee. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Washington (Mrs. McMORRIS RODGERS), who is our conference chair. CATHY McMORRIS RODGERS is a very passionate supporter of veterans' issues.

Mrs. McMORRIS RODGERS. Mr. Speaker, I rise today, more than 2 years after we were all shocked by the news that Phoenix veterans had died waiting for appointments at their local VA. Yet, after all this time, little has changed.

Every week veterans contact my office seeking help to get the care that they need, like the veteran who couldn't access urgent care and was afraid he would be billed if he went to the hospital for help, or the veteran who got cancer from atomic testing but had to jump through all kinds of hoops to prove it.

Is this how a grateful nation should treat its veterans? Absolutely not.

The best way we show our gratitude to those who have served is to get them the care that they have earned. When a veteran contacts the VA, they should have the red carpet rolled out for them, period; but, instead, these stories are repeated over and over and over in communities all across the country: The VA won't listen; the VA doesn't return calls; we can't see a doctor.

There is a disconnect between the service of our military and the service they receive when they return home.

Mr. MOULTON of Massachusetts and I introduced the Faster Care for Veterans Act to leverage technology to cut

back on wait times. Our veterans should have the same options that people have in doctors' offices across the country. They should be able to use an app, go online to schedule; or if they want to call, they can do that, too.

□ 1530

The point is the technology to make it easier to self-schedule already exists. Why not provide it to our veterans?

With this bill, we are demonstrating to the VA that innovative technology can work. It can get our veterans the care that they have earned more quickly without all the red tape.

But wait times are just the tip of this bureaucratic iceberg. The terrible stories this past week of HIV exposure and a veteran dying with maggots in his wounds are graphic reminders to all of us that the VA has lost sight of its sole mission: serving veterans.

Veterans should be in control of all aspects of their health care. That is not what is happening right now. After all the years, all the money, no more excuses. It is time for a deeper look into rethinking this outdated government bureaucracy.

Mr. Speaker, I never again want to hear a war hero cry because of how the VA has treated him. I urge my colleagues to join us in supporting the Faster Care for Veterans Act.

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

I have no further speakers. Before I close, I would like to say that I fully appreciate the work of my friend and colleague, the gentleman from Massachusetts (Mr. MOULTON), for the work he has done on this bill and for the way in which he is able to reach out to veterans and those who care for veterans across the country.

I am especially pleased that included in this legislation is a specific way to independently assess the off-the-shelf technology as compared to the technology that is being developed in-house at the VA. I think these provisions will ensure that the taxpayer is protected in terms of cost, efficiency, and effectiveness. And, of course, bottom line, this means effectiveness for our veterans. We want to make sure that the best technology is put forward, whether it is in-house or whether it is the off-the-shelf choice, that we have a way to independently verify which is best.

I want to encourage all of my colleagues to support this important legislation and join me in passing H.R. 4352.

I yield back the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, I yield myself such time as I may consume.

I want to thank Mr. MOULTON and one of our leaders, CATHY McMORRIS RODGERS, for bringing this very important piece of legislation to the floor. One of the reasons is that it shows when you bring someone with real-world experiences who uses the VA how they can then take that and convert that into meaningful legislation that

will actually help veterans around the country.

I encourage all Members to support this legislation.

I yield back the balance of my time. The SPEAKER pro tempore (Mr. HULTGREN). The question is on the motion offered by the gentleman from Tennessee (Mr. ROE) that the House suspend the rules and pass the bill, H.R. 4352, 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.

COLONEL DEMAS T. CRAW VA CLINIC

Mr. ROE of Tennessee. Mr. Speaker, I move to suspend the rules and pass the bill (S. 3492) to designate the Traverse City VA Community-Based Outpatient Clinic of the Department of Veterans Affairs in Traverse City, Michigan, as the "Colonel Demas T. Craw VA Clinic".

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 3492

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

SECTION 1. DESIGNATION OF COLONEL DEMAS T. CRAW VA CLINIC IN TRAVERSE CITY, MICHIGAN.

(a) FINDINGS.—Congress finds the following:

(1) Demas T. Craw was born on April 9, 1900, in Long Lake Township, Michigan.

(2) While residing in Traverse City, Michigan, Demas T. Craw enlisted in the United States Army at Columbus Barracks, Ohio, on April 18, 1918, and trained with the 12th Cavalry at Camp Stanley, Texas.

(3) Colonel Craw achieved the position of senior pilot and was awarded—

(A) the Medal of Honor for action in North Africa;

(B) the World War I Victory Medal;

(C) the World War II Victory Medal;

(D) the European-African-Middle Eastern Campaign Medal;

(E) the Mexican Service Medal;

(F) the American Defense Service Medal;

(G) the Purple Heart;

(H) the Royal Order of George I; and

(I) the Observer Badge.

(4) Colonel Craw's citation for the Medal of Honor said, "For conspicuous gallantry and intrepidity in action above and beyond the call of duty. On November 8, 1942, near Port Lyautey, French Morocco, Col. Craw volunteered to accompany the leading wave of assault boats to the shore and pass through the enemy lines to locate the French commander with a view to suspending hostilities. This request was first refused as being too dangerous but upon the officer's insistence that he was qualified to undertake and accomplish the mission he was allowed to go. Encountering heavy fire while in the landing boat and unable to dock in the river because of shell fire from shore batteries, Col. Craw, accompanied by 1 officer and 1 soldier, succeeded in landing on the beach at Mehdiya Plage under constant low-level strafing from 3 enemy planes. Riding in a bantam truck toward French headquarters, progress of the party was hindered by fire from our own naval guns. Nearing Port Lyautey, Col. Craw

was instantly killed by a sustained burst of machinegun fire at pointblank range from a concealed position near the road."

(5) Colonel Craw was killed in action on November 8, 1942, while attempting to deliver a message to broker a cease fire with France.

(b) DESIGNATION.—The Traverse City VA Community-Based Outpatient Clinic of the Department of Veterans Affairs in Traverse City, Michigan, shall after the date of the enactment of this Act be known and designated as the "Colonel Demas T. Craw VA Clinic".

(c) REFERENCE.—Any reference in any law, regulation, map, document, paper, or other record of the United States to the community-based outpatient clinic referred to in subsection (b) shall be considered to be a reference to the Colonel Demas T. Craw VA Clinic.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Tennessee (Mr. ROE) and the gentleman from California (Mr. TAKANO) each will control 20 minutes.

The Chair recognizes the gentleman from Tennessee.

GENERAL LEAVE

Mr. ROE of Tennessee. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and add extraneous material.

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

There was no objection.

Mr. ROE of Tennessee. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of S. 3492, a bill to designate the Department of Veterans Affairs Community-Based Outpatient Clinic in Traverse City, Michigan, as the Colonel Demas T. Craw VA Clinic.

I thank the bill's sponsor, Senator GARY PETERS from Michigan, for his efforts in introducing this bill.

I also want to thank my colleague, friend, and the chairman of the Subcommittee on Health, Congressman DAN BENISHEK, from Michigan, for his work on the House side to ensure that Colonel Craw is honored.

Demas T. Craw was born and raised in Long Lake Township, Michigan. He enlisted in the United States Army at just 18 years old and went to serve both in World War I and World War II, eventually earning the position of senior pilot. Colonel Craw served our country valiantly until he was tragically killed in combat.

In 1942, Colonel Craw volunteered to accompany the leading wave of assault boats to shore in Operation Torch, the Allied invasion of north Africa. The mission was to pass through the enemy lines to locate the French commander with a view to suspending hostilities. Sadly, during the course of that mission, Colonel Craw was instantly killed by a sustained burst of machine-gun fire at pointblank range from a concealed position near the road.

During his illustrious time in the Army, Colonel Craw accumulated numerous awards, including the World