

wide design-build construction procedures; prohibiting VA from discouraging other Federal agencies that manage construction projects on VA's behalf from using design-build; and incorporating design-build into VA's construction management training curriculum.

Design-build is a construction delivery method that is characterized by combining architectural, engineering, and construction services into a single contract. Design-build has been used successfully across the Federal Government since the mid-1990s.

When used appropriately, it can accelerate the completion of construction projects, reduce change orders, and increase warranty protections.

However, design-build has been used infrequently by VA, particularly after it was unfairly blamed for the troubles that plagued the replacement medical center construction project in Aurora, Colorado, which is just outside of Denver, despite not being used until 4 years into that project when the majority of the design-build had already been completed.

As the chairman said, that project was \$1 billion over budget. And to put that in perspective for just regular folks like me out there where I live, that is 1,000 million dollars over budget. That is how much a billion is.

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I believe that VA could have avoided these excessive change orders and other issues that caused the delays and cost overruns that came to characterize the Denver project had they incorporated design-build principles much earlier.

Moving forward, I hope that the Department learns from the difficult lessons that Denver taught and does not shy away from using the design-build method, when appropriate, to deliver high-quality construction projects to serve our Nation's veterans.

I thank Congressman BANKS for his work on this bill; and while I wish Chairman TAKANO had used regular order to bring it forward, I am pleased to support its passage today.

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

Mr. TAKANO. Mr. Speaker, I have no further speakers. I am prepared to close, and I reserve the balance of my time.

Mr. DAVID P. ROE of Tennessee. Mr. Speaker, I yield 3 minutes to the gentleman from Indiana (Mr. BANKS), my good friend. I have had a chance to visit his district and VA and talked to many groups in his district. There is no more passionate member of our committee than Congressman BANKS.

Mr. BANKS. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I rise today in strong support of my legislation, H.R. 3996, the VA Design-Build Construction Enhancement Act.

I first want to thank Mr. PERLMUTTER, my colleague on the other side

of the aisle, for his tireless support and advocacy for veterans in the Denver area and beyond and for cosponsoring this legislation with me.

Design-build has proven itself to be an innovative and effective method for managing construction projects in the private sector and in some key Federal agencies. The most prominent application of design-build was to rebuild the Pentagon after 9/11, which was completed in less than 1 year.

VA has a multibillion-dollar backlog of construction projects but has never made much use of the design-build method, despite it being available for over 20 years. Unfortunately, one of the few times the VA did use a method similar to design-build was during the troubled Aurora, Colorado, replacement medical center project that we have already heard about today.

And as Dr. ROE noted, the VA only involved the construction contractor in the design decisions after the design was already complete. Design-build seems to have been given a bad name in the VA—unfairly—as a result.

My legislation today makes it clear that design-build is available to the VA and encourages the Department to use it when appropriate, as is already stipulated by the law, and incorporates design-build training into the VA construction management curriculum.

Mr. Speaker, I want to make sure that the VA is using every available tool to deliver world-class facilities to our veterans. When used correctly, design-build can speed up construction and minimize costly change orders. That is exactly what we need in the VA, and I am committed to making sure that that happens.

Mr. DAVID P. ROE of Tennessee. Mr. Speaker, I have no further speakers, and I yield myself such time as I may consume.

I think this is commonsense legislation, and certainly we can avoid what happened in Denver. That thousand million dollars could have been spent on veterans' healthcare or benefits or other much-needed projects in the VA. We don't have an endless supply of money.

I certainly appreciate Mr. BANKS' work on this.

Mr. Speaker, I urge all of my colleagues to support this legislation, and I yield back the balance of my time.

Mr. TAKANO. Mr. Speaker, let me just say that, as a former community college trustee that had responsibility for overseeing many projects that were undertaken to build out the community college district, design-build was employed in those instances. And where appropriately used, I agree with the comments by my friends from the other side of the aisle that this can make future VA construction projects more efficient and more cost-effective for our taxpayers.

Mr. Speaker, I urge all of my colleagues to join me in passing H.R. 3996, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. TAKANO) that the House suspend the rules and pass the bill, H.R. 3996.

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.

FALLEN WARRIOR BATTLEFIELD CROSS MEMORIAL ACT

Mr. TAKANO. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1424) to amend title 38, United States Code, to ensure the Secretary of Veterans Affairs permits the display of Fallen Soldier Displays in national cemeteries.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1424

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 "Fallen Warrior Battlefield Cross Memorial Act".

SEC. 2. AUTHORIZATION FOR FALLEN SOLDIER DISPLAYS IN NATIONAL CEMETERIES.

Section 2403 of title 38, United States Code, is amended by adding at the end the following new subsection:

"(d)(1) Subject to standards established by the Secretary, the Secretary shall permit the display of a Fallen Soldier Display in any national cemetery.

"(2) In this subsection, the term 'Fallen Soldier Display' means a memorial monument in honor of fallen members of the Armed Forces that may include a replica of an inverted rifle, boots, helmets, and identification tag."

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

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Mr. TAKANO. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to insert extraneous material on H.R. 1424.

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

There was no objection.

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

Mr. Speaker, I rise in support of H.R. 1424, the Fallen Warrior Battlefield Cross Memorial Act, introduced by Representative ANTHONY GONZALEZ of Ohio.

This act permits the Secretary of the VA to allow the Fallen Soldier Display, also known as the Battlefield Cross Memorial, in national cemeteries.

Battlefield crosses honor fallen soldiers using symbols of their service. These symbols have evolved since their

initial use in the American Revolutionary War when they were used as a crude marker as the position of a fallen soldier. The cultural position remains today, as units in theater traditionally hold a remembrance ceremony in country to allow the unit to pay last respects to those killed in action.

These displays are meant to honor those who lost their lives in service by featuring replicas of inverted rifles, boots, helmets, and identification tags. A U.S. Army field manual states: “The helmet and identification tags signify the dead soldier. The inverted rifle with bayonet signals a time for prayer, a break in the action to pay tribute to our comrade. The combat boots represent the final march of the last battle.”

VA’s National Cemetery Administration currently allows for display of a cross, but it has not specifically addressed the Battlefield Cross Memorial. In fact, in 2017, a Battlefield Cross Memorial was removed from the Ohio Western Reserve National Cemetery.

Though the cemetery ultimately decided to restore the memorial, this legislation would ensure the Battlefield Cross Memorial would also be permitted at national cemeteries and prevent future misinterpretations.

Mr. Speaker, we recognize the sacrifices of the women and men who gave their lives in service to our Nation and the right of a community to honor its fallen heroes. I urge all Members to support H.R. 1424, and I reserve the balance of my time.

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

Mr. Speaker, I rise today in support of H.R. 1424, the Fallen Warrior Battlefield Cross Memorial Act. This bill would require the Department of Veterans Affairs’ national cemeteries to allow the display of the battlefield cross, which is a monument that depicts a fallen servicemember by an inverted rifle with a helmet and dog tags on top and a pair of combat boots at the bottom. We have all seen this.

In 2017, a VA employee misinterpreted VA policy and removed a battlefield cross from the Ohio Western Reserve National Cemetery, as well as two other similar memorials in cemeteries in Illinois and Michigan. The objection to the memorials were that they contained realistic depictions of firearms.

As one Ohio veteran described, this image is one that veterans “have seen in battlefields, on ships, on aircraft carriers, wherever we lost men. It’s a symbol of respect and thanks. . . . It means a lot to veterans.”

I could not have said it better myself, Mr. Speaker; although, I do note that the battlefield cross is a powerful symbol that is used to honor all of our fallen warriors, both men and women.

In response to veterans’ and congressional concerns over the incident, the Department reinstated the memorial monuments and clarified that VA

cemeteries can display this image. However, this bill is necessary to codify that policy and to ensure that VA does not ban this image ever again.

This bill has my full support, and I appreciate Congressman ANTHONY GONZALEZ from Ohio for introducing it and for his leadership on this issue.

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

Mr. TAKANO. Mr. Speaker, I have no further speakers. I am prepared to close, and I reserve the balance of my time.

Mr. DAVID P. ROE of Tennessee. Mr. Speaker, I yield 3 minutes to the gentleman from Ohio (Mr. GONZALEZ), the author of this bill. I appreciate the gentleman is a new Member, but it didn’t take him long to jump into gear and to recognize a wrong and to right that wrong.

Mr. GONZALEZ of Ohio. Mr. Speaker, H.R. 1424, the Fallen Warrior Battlefield Cross Memorial Act is the first piece of legislation I introduced as a Member of Congress, and it is fitting that we discuss it on the floor today, just one day after Veterans Day.

This bipartisan legislation would protect the display of these memorials at our national cemeteries and bar the Department of Veterans Affairs from removing these tributes, as they did in national cemeteries across the Midwest in 2017. This legislation comes straight from the veteran community and my northeast Ohio district.

Over the past several years, Elton Boyer, the president of the 555th Honors Detachment, made this bill his mission as he worked to erect a Battlefield Cross Memorial at Ohio Western Reserve National Cemetery in Seville. He and the honors detachments at Western Reserve collected the spent brass from the military funerals they oversaw at the cemetery with the goal to someday melt them down and form them into a heartwarming tribute to the fallen warriors laid to rest.

When Battlefield Cross Memorials were removed from the cemetery in the fall of 2017, Elton’s work was put at risk. Elton wrote my predecessor, Congressman Jim Renacci, for help, stating: “It has been said that the soldier’s cross is a symbol for caring, honoring, and remembering. ‘No one is left behind.’”

Elton passed away last month, but I know that he is looking upon this House today, proud of the vote we are about to take. His efforts were not in vain.

Battlefield Cross Memorials stand in cemeteries across our Nation as a tribute to the service of fallen soldiers who have given their lives for our country. They depict the soldier’s boots, helmet, dog tag, and inverted rifle, and have been a noncontroversial, time-honored tradition since at least the Civil War.

As Strongsville, Ohio, VFW Commander Tim Zvoncheck told me: “It’s imperative that this custom continues to be displayed for as long as the sons and daughters of this Nation are willing to give their lives in its defense.”

Michael Kuhn, a combat veteran from Massillon, Ohio, explained to me what this memorial means to him:

The battlefield cross encapsulates so many of the most important things to a combat vet: the rifle, the boots, the tags, and, most of all, the fallen comrade. It’s extremely important for us to have those things wrapped up in one memorial for us to kneel to, grieve with, and talk to our brothers in arms that have died the ultimate death in laying down their life for us and their country. As a combat vet, you relate to very little outside of that world and always feel like an outsider. Whenever you see that combat cross, it brings a somber, quiet feeling of peace for that moment that you have that direct line to your fallen comrade.

I thank Chairman TAKANO and Ranking Member ROE for bringing H.R. 1424 to the floor today and recognizing how important this legislation is to our veteran communities, and I urge my colleagues to vote in support of the bill, H.R. 1424.

Mr. DAVID P. ROE of Tennessee. Mr. Speaker, I have no further speakers. I am prepared to close, and I yield myself the balance of my time.

Mr. Speaker, I can think of no other time better than the day right after Veterans Day to bring this up and to vote on this legislation.

I have lost friends in combat in the Vietnam War and know many families, as most of us have visited with families who have lost members.

I also want to say that nowhere in the country—really, in the world—do we honor our cemeteries more than the VA does. The VA does a phenomenal job in our national cemeteries. And I have had an opportunity to travel to Europe and visit those cemeteries in Normandy, Flanders Field, Chateau-Thierry, and many others.

It is really a place of sacred honor, these cemeteries are, and it is only appropriate that we allow and have this symbol there codified by law.

I thank Congressman GONZALEZ for his first bill. He can take great pride in having this bill passed and signed into law by the President.

Mr. Speaker, I encourage all of our Members to support H.R. 1424, and I yield back the balance of my time.

Mr. TAKANO. Mr. Speaker, I wish to associate myself with the remarks of the ranking member regarding the beautiful work that our Cemetery Administration does for our veteran cemeteries and the National Battle Monuments Commission for the work they do with our cemeteries abroad. They are truly the pride of our country and fitting ways to show our gratitude and respect for those who have fallen in the service of our country.

Mr. Speaker, I thank Representative GONZALEZ for his work on this bill. I urge my colleagues to join me in passing H.R. 1424, and I yield back the balance of my time.

TAKANO) that the House suspend the rules and pass the bill, H.R. 1424.

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.

DEBORAH SAMPSON ACT

Mr. TAKANO. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3224) to amend title 38, United States Code, to provide for increased access to Department of Veterans Affairs medical care for women veterans, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3224

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Deborah Sampson Act”.

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

Sec. 1. Short title; table of contents.

TITLE I—VETERANS HEALTH ADMINISTRATION

Sec. 101. Office of Women’s Health in the Department of Veterans Affairs.

Sec. 102. Expansion of capabilities of women veterans call center to include text messaging.

Sec. 103. Requirement for Department of Veterans Affairs internet website to provide information on services available to women veterans.

Sec. 104. Report on Women Veterans Retrofit Initiative.

Sec. 105. Establishment of environment of care standards and inspections at Department of Veterans Affairs medical centers.

Sec. 106. Additional funding for primary care and emergency care clinicians in Women Veterans Health Care Mini-Residency Program.

Sec. 107. Establishment of women veteran training module for non-Department of Veterans Affairs health care providers.

TITLE II—MEDICAL CARE

Sec. 201. Improved access to Department of Veterans Affairs medical care for women veterans.

Sec. 202. Counseling and treatment for sexual trauma.

Sec. 203. Counseling in retreat settings for women veterans and other individuals.

Sec. 204. Improvement of health care services provided to newborn children by Department of Veterans Affairs.

TITLE III—REPORTS AND OTHER MATTERS

Subtitle A—Reports

Sec. 301. Assessment of effects of intimate partner violence on women veterans by Advisory Committee on Women Veterans.

Sec. 302. Study on staffing of Women Veteran Program Manager program at medical centers of the Department of Veterans Affairs and training of staff.

Sec. 303. Report on availability of prosthetic items for women veterans from the Department of Veterans Affairs.

Sec. 304. Study of barriers for women veterans to health care from the Department of Veterans Affairs.

Sec. 305. Report regarding veterans who receive benefits under laws administered by the Secretary of Veterans Affairs.

Sec. 306. Study on Women Veteran Coordinator program.

Subtitle B—Other Matters

Sec. 321. Anti-harassment and anti-sexual assault policy of the Department of Veterans Affairs.

Sec. 322. Support for organizations that have a focus on providing assistance to women veterans and their families.

Sec. 323. Gap analysis of Department of Veterans Affairs programs that provide assistance to women veterans who are homeless.

Sec. 324. Department of Veterans Affairs public-private partnership on legal services for women veterans.

Sec. 325. Program to assist veterans who experience intimate partner violence or sexual assault.

Sec. 326. Study and task force on veterans experiencing intimate partner violence or sexual assault.

TITLE I—VETERANS HEALTH ADMINISTRATION

SEC. 101. OFFICE OF WOMEN’S HEALTH IN THE DEPARTMENT OF VETERANS AFFAIRS.

(a) DIRECTOR OF WOMEN’S HEALTH.—Subsection (a) of section 7306 of title 38, United States Code, is amended—

(1) by redesignating paragraph (10) as paragraph (11); and

(2) by inserting after paragraph (9) the following new paragraph:

“(10) The Director of Women’s Health.”.

(b) ORGANIZATION OF OFFICE.—

(1) IN GENERAL.—Subchapter I of chapter 73 of title 38, United States Code, is amended by adding at the end of the following new sections:

§ 7310. Office of Women’s Health

“(a) ESTABLISHMENT.—(1) The Under Secretary for Health shall establish and operate in the Veterans Health Administration the Office of Women’s Health (hereinafter in this section referred to as the ‘Office’). The Office shall be located at the Central Office of the Department of Veterans Affairs.

“(2) The head of the Office is the Director of Women’s Health (hereinafter in this section referred to as the ‘Director’). The Director shall report to the Under Secretary for Health.

“(3) The Under Secretary for Health shall provide the Office with such staff and other support as may be necessary for the Office to carry out effectively its functions under this section.

“(4) The Under Secretary for Health may reorganize existing offices within the Veterans Health Administration as of the date of the enactment of this section in order to avoid duplication with the functions of the Office.

“(b) PURPOSE.—The functions of the Office include the following:

“(1) To provide a central office for monitoring and encouraging the activities of the Veterans Health Administration with respect to the provision, evaluation, and improvement of women veterans’ health care services in the Department.

“(2) To develop and implement standards of care for the provision of health care for women veterans in the Department.

“(3) To monitor and identify deficiencies in standards of care for the provision of health care for women veterans in the Department, to provide technical assistance to medical facilities of the Department to address and remedy deficiencies, and to perform oversight of implementation of standards of care for women veterans’ health care in the Department.

“(4) To monitor and identify deficiencies in standards of care for the provision of health care for women veterans provided through the community pursuant to this title, and to provide recommendations to the appropriate office to address and remedy any deficiencies.

“(5) To oversee distribution of resources and information related to women veterans’ health programming under this title.

“(6) To promote the expansion and improvement of clinical, research, and educational activities of the Veterans Health Administration with respect to the health care of women veterans.

“(7) To provide, as part of the annual budgeting process, recommendations with respect to the amount of funds to be requested for furnishing hospital care and medical services to women veterans pursuant to chapter 17 of this title, including, at a minimum, recommendations that ensure that such amount of funds either reflect or exceed the proportion of veterans enrolled in the patient enrollment system under section 1705 of this title who are women.

“(8) To provide recommendations to the Under Secretary for Health with respect to modifying the Veterans Equitable Resource Allocation system to ensure that resource allocations under such system reflect the health care needs of women veterans.

“(9) To carry out such other duties as the Under Secretary for Health may require.

“(c) RECOMMENDATIONS.—If the Under Secretary for Health determines not to implement any recommendation made by the Director with respect to the allocation of resources to address the health care needs of women veterans, the Secretary shall notify the appropriate congressional committees of such determination by not later than 30 days after the date on which the Under Secretary for Health receives the recommendation. Each such notification shall include the following:

“(1) The reasoning of the Under Secretary for Health in making such determination.

“(2) An alternative, if one is selected, to such recommendation that the Under Secretary for Health will carry out to fulfill the health care needs of women veterans.

“(d) STANDARDS OF CARE.—In this section, the standards of care for the provision of health care for women veterans in the Department shall include, at a minimum, the following:

“(1) Requirement for—

“(A) at least one designated women’s health primary care provider at each medical center whose duties include, to the extent practicable, providing training to other health care providers of the Department with respect to the needs of women veterans; and

“(B) at least one designated women’s health primary care provider at each community-based outpatient clinic of the Department who may serve female patients as a percentage of the total duties of the provider.

“(2) Other requirements as determined by the Under Secretary for Health.

“(e) OUTREACH.—The Director shall ensure that—