

care programs and services, meaning it can hire the appropriate number of doctors, nurses, clinicians, and support staff to meet the demand for high-quality care for our veterans. Anything less is unacceptable.

I'd also like to acknowledge and commend Chairman DAVID OBEY and Chairman EDWARDS for their strong proactive leadership in putting in an advanced appropriation for VA health care in the fiscal year 2010 Military Construction and Veterans Affairs Appropriations bill.

I enthusiastically support H.R. 1016, and I once again want to thank Chairman FILNER for drafting a bill that would ensure the VA has sufficient, timely, and predictable funding.

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

Mr. BOOZMAN. Mr. Speaker, again I would ask that my colleagues vote for this bill. I appreciate Mr. FILNER's hard work on the bill. I think it's a great step in the right direction. And then also I would like to thank Ranking Member BUYER for offering a good amendment that I think helped the bill also.

So with that I urge adoption of the bill.

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

GENERAL LEAVE

Mr. FILNER. 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 material on H.R. 1016, as amended.

The SPEAKER pro tempore (Mr. KLEIN of Florida). Is there objection to the request of the gentleman from California?

There was no objection.

Mr. FILNER. Mr. Speaker, I think as we approach the July 4 holiday, this is an appropriate way to say thank you to our Nation's veterans. As I said earlier, this is one of the most significant steps, if not a revolutionary step, taken for veterans in the budgeting process. This will assure that one of the largest health systems in the world, if not the largest, will have, in fact, funding available on time and in the need that is required for our Nation's veterans.

So I urge my colleagues to unanimously support this bill, H.R. 1016, as amended.

Mr. BUYER. Mr. Speaker, I rise in opposition to H.R. 1016, as amended, a bill to amend title 38, United States Code, to provide advance appropriations authority for certain medical care accounts of the Department of Veterans Affairs, VA, and for other purposes.

In my view, it is premature for the House of Representatives to consider this legislation.

The bill was not considered by the Subcommittee on Health, to which it was referred, nor was there a full Committee legislative hearing, so the Administration has not provided its official analysis.

On April 29, 2009, we did hold a full Committee oversight hearing on the future funding of VHA. At this hearing, concerns were raised

about not including the "Information Technology Systems" and the "Medical and Prosthetic Research Accounts" in an advance appropriations bill.

The Secretary of Veterans Affairs, the Honorable Eric K. Shinseki, testified that information technology is very much integrated into the medical care activities and should be included so that VA is not hindered in its ability to provide health care services and operate new facilities.

Additionally, the Congressional Research Service, CRS, testified that funding information technology under a separate, annual appropriation could create a situation where VA would not be able to purchase computer software even though it had procured medical equipment that is reliant on such software.

CRS noted potential difficulty for VA in procuring the necessary IT infrastructure for the opening of new clinics, as well as difficulties that could arise in VA research due to a mismatch between accounts.

I was pleased that during the Committee markup, my amendment was adopted to include the IT, and medical and prosthetic research accounts to address these issues.

However, the Government Accountability Office, GAO, also expressed reservations about its possible role in an advance appropriations proposal. In a written response of June 17, 2009, to one of my hearing questions, GAO made a strong statement which leads me to believe that section 5 of the amended bill is not workable. This section would require GAO to obtain budgetary information from VA before the department makes its fiscal year budget request. GAO questioned whether it could conduct the required studies before the President's budget request is submitted to Congress. GAO cited significant challenges in obtaining, evaluating, reporting on the relevant budgetary and technical information.

GAO indicated that its role in the process would be inadvisable because executive agencies have consistently resisted releasing detailed information about the President's budget prior to its submission to Congress.

Again, VA's official views on this issue are currently unknown, and this issue should have been addressed before H.R. 1016, as amended, was reported to the House.

There is nothing before us to indicate that the administration is agreeable to this arrangement.

The failure to follow regular order and the unnecessary haste with which this legislation is being advanced results in the House being asked to pass obviously flawed legislation, and I urge my colleagues to oppose H.R. 1016, as amended.

Mr. MICHAUD. Mr. Speaker, I rise in strong support of the Veterans Health Care Budget Reform and Transparency Act of 2009.

I am here today as an original co-sponsor of this legislation. I would like to express my appreciation for all of the Chairman's hard work on it.

This bill accomplishes a simple, but a crucial goal we all share: To provide timely funding for veterans health care.

I represent a district in a state of 1.3 million people. Out of that number, I am proud that over 155,000 veterans call Maine home.

Maine is a state that works hard to honor its veterans.

The talented and dedicated professionals at Maine's Togus VA Medical Center do terrific

work. So do our community based outpatient clinics and all of VA's partners.

But too often in recent history, VA's ability to provide the best possible care has been hamstrung by the appropriations process.

In some cases, VA has not been funded until after the beginning of the fiscal year.

As a result, maintenance of facilities, cost saving investments in technology, and ultimately care for veterans was delayed or put in jeopardy.

This cannot be allowed to occur when we are dealing with the health care of our veterans.

There must be a timely, sufficient, and predictable funding stream. And that is exactly what this legislation is designed to achieve.

Passage of this legislation today is a huge step forward and will help make sure all veterans have access to the best possible health care.

I urge all of my colleagues to support this bill.

Mr. FILNER. Mr. Speaker, 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. FILNER) that the House suspend the rules and pass the bill, H.R. 1016, as amended.

The question was taken.

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

Mr. THOMPSON of Pennsylvania. Mr. Speaker, while I support the purpose of this bill, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

The point of no quorum is considered withdrawn.

□ 1245

WOMEN VETERANS HEALTH CARE IMPROVEMENT ACT

Mr. FILNER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1211) to amend title 38, United States Code, to expand and improve health care services available to women veterans, especially those serving in Operation Enduring Freedom and Operation Iraqi Freedom, from 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. 1211

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 "Women Veterans Health Care Improvement Act".

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

Sec. 1. Short title; table of contents.

TITLE I—STUDIES AND ASSESSMENTS OF DEPARTMENT OF VETERANS AFFAIRS HEALTH SERVICES FOR WOMEN VETERANS

Sec. 101. Study of barriers for women veterans to health care from the Department of Veterans Affairs.

Sec. 102. Comprehensive assessment of women's health care programs of the Department of Veterans Affairs.

TITLE II—IMPROVEMENT AND EXPANSION OF HEALTH CARE PROGRAMS OF THE DEPARTMENT OF VETERANS AFFAIRS FOR WOMEN VETERANS

Sec. 201. Medical care for newborn children of women veterans receiving maternity care.

Sec. 202. Training and certification for mental health care providers of the Department of Veterans Affairs on care for veterans suffering from sexual trauma and post-traumatic stress disorder.

Sec. 203. Pilot program for provision of child care assistance to certain veterans receiving certain types of health care services at Department facilities.

Sec. 204. Addition of recently separated women and minority veterans to serve on advisory committees.

TITLE I—STUDIES AND ASSESSMENTS OF DEPARTMENT OF VETERANS AFFAIRS HEALTH SERVICES FOR WOMEN VETERANS

SEC. 101. STUDY OF BARRIERS FOR WOMEN VETERANS TO HEALTH CARE FROM THE DEPARTMENT OF VETERANS AFFAIRS.

(a) **STUDY REQUIRED.**—The Secretary of Veterans Affairs shall conduct a comprehensive study of the barriers to the provision of comprehensive health care by the Department of Veterans Affairs encountered by women who are veterans. In conducting the study, the Secretary shall—

(1) survey women veterans who seek or receive hospital care or medical services provided by the Department of Veterans Affairs as well as women veterans who do not seek or receive such care or services;

(2) build on the work of the study of the Department of Veterans Affairs entitled "National Survey of Women Veterans in Fiscal Year 2007–2008";

(3) administer the survey to a representative sample of women veterans from each Veterans Integrated Service Network; and

(4) ensure that the sample of women veterans surveyed is of sufficient size for the study results to be statistically significant and is a larger sample than that of the study of the Department of Veterans Affairs entitled "National Survey of Women Veterans in Fiscal Year 2007–2008".

(b) **ELEMENTS OF STUDY.**—In conducting the study required by subsection (a), the Secretary of Veterans Affairs shall conduct research on the effects of the following on the women veterans surveyed in the study:

(1) The perceived stigma associated with seeking mental health care services.

(2) The effect of driving distance or availability of other forms of transportation to the nearest medical facility on access to care.

(3) The availability of child care.

(4) The acceptability of integrated primary care, women's health clinics, or both.

(5) The comprehension of eligibility requirements for, and the scope of services available under, hospital care and medical services.

(6) The perception of the personal safety and comfort of women veterans in inpatient,

outpatient, and behavioral health facilities of the Department.

(7) The gender sensitivity of health care providers and staff to issues that particularly affect women.

(8) The effectiveness of outreach for health care services available to women veterans.

(9) The location and operating hours of health care facilities that provide services to women veterans.

(10) Such other significant barriers as the Secretary of Veterans Affairs may identify.

(c) **AUTHORITY TO ENTER INTO CONTRACTS.**—The Secretary of Veterans Affairs shall enter into a contract with a qualified independent entity or organization to carry out the studies and research required under this section.

(d) **MANDATORY REVIEW OF DATA BY CERTAIN DIVISIONS WITHIN THE DEPARTMENT.**—

(1) **IN GENERAL.**—The Secretary of Veterans Affairs shall ensure that the head of each division of the Department of Veterans Affairs specified in paragraph (2) reviews the results of the study conducted under this section. The head of each such division shall submit findings with respect to the study to the Under Secretary for Health and to other pertinent program offices within the Department of Veterans Affairs with duties relating to health care services for women veterans.

(2) **SPECIFIED DIVISIONS OF THE DEPARTMENT.**—The divisions of the Department of Veterans Affairs specified in this paragraph are—

(A) the Center for Women Veterans, established under section 318 of title 38, United States Code; and

(B) the Advisory Committee on Women Veterans, established under section 542 of title 38, United States Code.

(e) **REPORTS.**—

(1) **REPORT ON IMPLEMENTATION.**—Not later than 6 months after the date on which the Department of Veterans Affairs publishes a final report on the study entitled "National Survey of Women Veterans in Fiscal Year 2007–2008", the Secretary of Veterans Affairs shall submit to Congress a report on the status of the implementation of the section.

(2) **REPORT ON STUDY.**—Not later than 30 months after the date on which the Department publishes such final report, the Secretary of Veterans Affairs shall submit to Congress a report on the study required under this section. The report shall include recommendations for such administrative and legislative action as the Secretary of Veterans Affairs determines to be appropriate. The report shall also include the findings of the head of each specified division of the Department and of the Under Secretary for Health.

(f) **DEFINITION OF FACILITY OF THE DEPARTMENT.**—In this section the term "facility of the Department" has the meaning given that term in section 1701(3) of title 38, United States Code.

(g) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to the Secretary of Veterans Affairs \$4,000,000 to carry out this section.

SEC. 102. COMPREHENSIVE ASSESSMENT OF WOMEN'S HEALTH CARE PROGRAMS OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) **IN GENERAL.**—The Secretary of Veterans Affairs shall conduct a comprehensive assessment of all health care services and programs provided by the Department of Veterans Affairs for the health care needs of women veterans. Such comprehensive assessment shall include assessments of specialized programs for women with post-traumatic stress disorder, for women who are homeless, for women who require care for substance abuse or mental illnesses, and for women who require obstetric and gynecologic care.

(b) **SPECIFIC MATTERS STUDIED.**—

(1) **IDENTIFICATION OF PROGRAMS.**—For each medical facility of the Department of Veterans Affairs, the Secretary of Veterans Affairs shall identify each of the following types of programs for women veterans provided by the Department and determine whether effective health care services, including evidenced-based health care services, are readily available to and easily accessed by women veterans:

(A) Health promotion programs, including reproductive health promotion programs.

(B) Disease prevention programs.

(C) Health care programs.

(2) **IDENTIFICATION OF RELEVANT ISSUES.**—In making such determination, the Secretary of Veterans Affairs shall identify, for each medical facility of the Department of Veterans Affairs—

(A) the frequency with which such services are available and provided,

(B) the demographics of the women veterans population,

(C) the sites where such services are available and provided, and

(D) whether, and to what extent, waiting lists, geographic distance, and other factors obstruct the receipt of any of such services at any such site.

(c) **AUTHORITY TO ENTER INTO A CONTRACT.**—The Secretary of Veterans Affairs shall enter into a contract with a qualified independent entity or organization to carry out the studies and research required under this section.

(d) **DEVELOPMENT OF PLAN TO IMPROVE SERVICES.**—

(1) **PLAN REQUIRED.**—After conducting the comprehensive assessment required by subsection (a), the Secretary of Veterans Affairs shall develop a plan to improve the provision of health care services to women veterans and to project the future health care needs, including the mental health care needs of women serving in the combat theaters of Operation Enduring Freedom and Operation Iraqi Freedom.

(2) **LIST OF SERVICES.**—In developing the plan under this subsection, the Secretary of Veterans Affairs shall list the types of services available for women veterans at each medical center of the Department.

(e) **REPORT.**—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to Congress a report on the assessment conducted pursuant to subsection (a) and the plan required under subsection (d). The report shall include recommendations for such administrative and legislative action as the Secretary of Veterans Affairs determines to be appropriate.

(f) **GAO REPORT.**—Not later than 6 months after the date on which the Secretary of Veterans Affairs submits the report required under subsection (e), the Comptroller General shall submit to Congress a report containing the findings of the Comptroller General with respect to the report of the Secretary, which may include such recommendations for administrative or legislative actions as the Comptroller General determines to be appropriate.

(g) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to the Secretary of Veterans Affairs \$5,000,000 to carry out this section.

TITLE II—IMPROVEMENT AND EXPANSION OF HEALTH CARE PROGRAMS OF THE DEPARTMENT OF VETERANS AFFAIRS FOR WOMEN VETERANS

SEC. 201. MEDICAL CARE FOR NEWBORN CHILDREN OF WOMEN VETERANS RECEIVING MATERNITY CARE

(a) **NEWBORN CARE.**—Subchapter VIII of chapter 17 of title 38, United States Code, is amended by adding at the end the following new section:

“§1786. Hospital care and medical services for newborn children of women veterans receiving maternity care

“In the case of a child of a woman veteran who is receiving hospital care or medical services at a Department facility (or in another facility pursuant to a contract entered into by the Secretary) relating to the birth of that child, the Secretary may furnish hospital care and medical services to that child at that facility during the 7-day period beginning on the date of the birth of the child.”

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 17 of such title is amended by inserting after the item relating to section 1785 the following new item:

“1786. Hospital care and medical services for newborn children of women veterans receiving maternity care.”.

SEC. 202. TRAINING AND CERTIFICATION FOR MENTAL HEALTH CARE PROVIDERS OF THE DEPARTMENT OF VETERANS AFFAIRS ON CARE FOR VETERANS SUFFERING FROM SEXUAL TRAUMA AND POST-TRAUMATIC STRESS DISORDER.

Section 1720D of title 38, United States Code, is amended—

(1) by redesignating subsection (d) as subsection (f); and

(2) by inserting after subsection (c) the following new subsections:

“(d) The Secretary shall carry out a program to provide graduate medical education, training, certification, and continuing medical education for mental health professionals who provide counseling, care, and services under subsection (a). In carrying out such program, the Secretary shall ensure that all such mental health professionals have been trained in a consistent manner and that such training includes principles of evidence-based treatment and care for sexual trauma and post-traumatic stress disorder.

“(e) The Secretary shall submit to Congress an annual report on the counseling, care, and services provided to veterans pursuant to this section. Each report shall include data for the year covered by the report with respect to each of the following:

“(1) The number of mental health professionals, graduate medical education trainees, and primary care providers who have been certified under the program required by subsection (d) and the amount and nature of continuing medical education provided under such program to such professionals, trainees, and providers who are so certified.

“(2) The number of women veterans who received counseling and care and services under subsection (a) from professionals and providers who received training under subsection (d).

“(3) The number of graduate medical education, training, certification, and continuing medical education courses provided by reason of subsection (d).

“(4) The number of trained full-time equivalent employees required in each facility of the Department to meet the needs of veterans requiring treatment and care for sexual trauma and post-traumatic stress disorder.

“(5) Any recommended improvements for treating women veterans with sexual trauma and post-traumatic stress disorder.

“(6) Such other information as the Secretary determines to be appropriate.”.

SEC. 203. PILOT PROGRAM FOR PROVISION OF CHILD CARE ASSISTANCE TO CERTAIN VETERANS RECEIVING CERTAIN TYPES OF HEALTH CARE SERVICES AT DEPARTMENT FACILITIES.

(a) IN GENERAL.—

(1) PILOT PROGRAM REQUIRED.—Not later than six months after the date of the enactment of this Act, the Secretary of Veterans

Affairs shall carry out a two-year pilot program under which, subject to paragraph (2), the Secretary shall provide child care assistance to a qualified veteran child care needed by the veteran during the period of time described in paragraph (3).

(2) FORM OF CHILD CARE ASSISTANCE.—Child care assistance under this section may include—

(A) stipends for the payment of child care offered by licensed child care centers (either directly or through a voucher program);

(B) the development of partnerships with private agencies;

(C) collaboration with facilities or programs of other Federal departments or agencies; and

(D) the arrangement of after-school care.

(3) PERIOD OF TIME.—Child care assistance under the pilot program may only be provided for the period of time that the qualified veteran—

(A) receives a health care service referred to in paragraph (4) at a facility of the Department; and

(B) requires to travel to and return from such facility for the receipt of such health care service.

(4) QUALIFIED VETERAN DEFINED.—In this section, the term “qualified veteran” means a veteran who is the primary caretaker of a child and who is receiving from the Department of Veterans Affairs one or more of the following health care services:

(A) Regular mental health care services.

(B) Intensive mental health care services.

(C) Any other intensive health care services for which the Secretary determines that the provision of child care would improve access by qualified veterans.

(5) LOCATION OF PILOT PROGRAM.—The Secretary shall carry out the pilot program at no fewer than three Veterans Integrated Service Networks.

(b) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary of Veterans Affairs \$1,500,000 for each of fiscal years 2010 and 2011 to carry out the pilot program under this section.

(c) REPORT.—Not later than six months after the completion of the pilot program, the Secretary shall submit to Congress a report on the pilot program and shall include recommendations for the continuation or expansion of the pilot program.

SEC. 204. ADDITION OF RECENTLY SEPARATED WOMEN AND MINORITY VETERANS TO SERVE ON ADVISORY COMMITTEES.

(a) ADVISORY COMMITTEE ON WOMEN VETERANS.—Subsection (a)(2)(A) of section 542 of title 38, United States Code, is amended—

(1) by striking “and” at the end of clause (ii);

(2) by striking the period at the end of clause (iii) and inserting “; and”; and

(3) by inserting after clause (iii) the following new clause:

“(iv) women who are recently separated veterans.”.

(b) ADVISORY COMMITTEE ON MINORITY VETERANS.—Subsection (a)(2)(A) of section 544 of title 38, United States Code, is amended—

(1) by striking “and” at the end of clause (iii);

(2) by striking the period at the end of clause (iv) and inserting “; and”; and

(3) by inserting after clause (iv) the following new clause:

“(v) recently separated veterans who are minority group members.”.

(c) EFFECTIVE DATE.—The amendments made by this section shall first apply to appointments made on or after the date of the enactment of this Act.

The CHAIR. Pursuant to the rule, the gentleman from California (Mr. FIL-

NER) and the gentleman from Arkansas (Mr. BOOZMAN) each will control 20 minutes.

The Chair recognizes the gentleman from California.

Mr. FILNER. Mr. Speaker, I yield myself such time as I might consume.

Mr. Speaker, this bill is a critical piece of legislation which expands and improves health care services available for women veterans through the Department of Veterans Affairs.

The bill will be explained in greater detail by the chairwoman of the Subcommittee on Economic Opportunity, Ms. HERSETH SANDLIN, as the person who introduced the bill and we thank her for her steadfast commitment to helping women veterans.

Mr. Speaker, we had a roundtable at our full committee, where we had representatives and women veterans from all around the country. It was searing testimony which revealed serious weaknesses in the culture of the VA.

The VA health care system, after all, was built to accommodate the war-related illnesses and injuries of male veterans. The increased percentage of female veterans that has been occurring, especially with the war in Iraq and Afghanistan, has led many women veterans to say that we need some changes in the culture of the VA. Women walk through the lobbies of VA hospitals and are given catcalls. There are not sufficient women doctors available for the women who want them. The male doctors don't yet seem to have the respect for the sacrifice of women veterans.

There was one woman who testified who had an amputation of one arm from combat. When she showed up at the doctor's office, he just assumed that it was lost from something else like cancer. He didn't even think that this could be a combat-related injury. And we can go on and on, but we need to change the culture and change the resources and change behavior, and that's what this bill by Ms. HERSETH SANDLIN starts to do.

There are about 1.8 million women veterans today, or 7 percent of the nearly 24 million veterans that we serve. Assuming that the current enrollments remain the same, the number of female veterans who use the VA system will double in the next 5 years, making female veterans one of the fastest growing subgroups of veterans. In this environment of organizational transformation and changing demographics, H.R. 1211 has the potential to lay the foundation for improved health care services for our women veterans.

I urge my colleagues to support the legislation.

I reserve the balance of my time.

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

Mr. Speaker, I rise in support of H.R. 1211, as amended, a bill to amend title 38, United States Code, to expand and improve health care services available to women veterans from the Department of Veterans Affairs and for other purposes.

I appreciate the hard work of the gentlelady from South Dakota (Ms. HERSETH SANDLIN) on this bill and in bringing it forward. Throughout history, women have played a vital role in supporting our national defense. Currently women make up 8 percent, about 8 percent of the total veteran population, and VA estimates that by 2020, women veterans will comprise about 10 percent of the veteran population.

Women are the fastest-growing segment of the veteran population, and it's essential to make sure that VA is providing specialized programs and services to meet their unique physical and mental health needs.

I want to thank again my good friend and colleague, the gentlelady from South Dakota, for introducing this legislation, and I am pleased to have joined with her as an original cosponsor for H.R. 1211.

This legislation would expand and improve benefits and services for our female veterans, especially our newest generation of women veterans serving in Iraq and Afghanistan. The VA would be required to conduct independent studies to look at the barriers women veterans face in obtaining VA health care, assist the services currently being provided, and develop a plan to better meet their needs.

In the past 5 years, there has been a 30 percent increase in the number of women veterans of child-bearing age enrolling in the VA health care system. H.R. 1211, as amended, would aid this population by authorizing VA to provide care to newborns of women veterans receiving maternity care through VA. Additionally, the bill would establish a pilot program to provide child care assistance for certain qualified veterans while they are receiving care at the VA.

Recognizing that the largest number of women veterans are serving in Operation Enduring Freedom and Operation Iraqi Freedom, the bill would also ensure that recently separated women veterans have a voice on the advisory committee on women veterans and minority veterans.

I urge my colleagues to support 1211, as amended.

I reserve the balance of my time.

Mr. FILNER. I am proud to recognize the gentlelady from South Dakota (Ms. HERSETH SANDLIN) for as much time as she may consume. She is the author of this very, very important piece of legislation.

Ms. HERSETH SANDLIN. Mr. Speaker, I rise today in strong support of H.R. 1211, the Women Veterans Health Care Improvement Act, as amended, which the Veterans' Affairs Health Subcommittee passed on June 4 and the full committee approved on June 10.

I would like to thank Chairman FILNER, Ranking Member BUYER, Subcommittee Chairman MIKE MICHAUD and Subcommittee Ranking Member BROWN for their leadership and support of this bill, as well as my colleague on

the Subcommittee on Economic Opportunity, the distinguished ranking member, Mr. BOOZMAN of Arkansas, for cosponsoring this important legislation.

I would also like to take a moment to give special recognition to Chairman FILNER for his leadership on this very important issue. He had mentioned the roundtable that the full committee hosted, his brainchild to bring all of the women who represent different veterans service organizations and women veterans themselves to speak to their experiences and to better inform and educate committee members about the extraordinary circumstances that they have faced time and time again as they have sought care in VA medical centers.

So I was extremely pleased to introduce this important legislation on February 26, 2009, proud of the bipartisan support the legislation has garnered. And the roundtable discussion hosted by Chairman FILNER illustrated even further how imperative the passage of this bill is for our women veterans.

Before I discuss the bill in greater detail and the needs of women veterans, I would also like to take this opportunity to thank the Disabled American Veterans for their continued leadership and the effort to address the needs of female veterans and their support for this important legislation.

I also want to thank Cathy Wiblemo and the rest of her team for the great work that they have done on the health subcommittee. Cathy and her staff did excellent work in assisting with this legislation and shepherding it through the legislative process.

Today women make up approximately 8 percent of veterans in the United States, and that percentage will continue to rise as more and more women answer the call to duty to serve their country. With an increasing number of women seeking access to care for a diverse range of medical conditions, the challenge of providing adequate health care services for women veterans is one that the VA must meet.

Unfortunately, services at VA facilities often fall short of properly providing for the health care needs of women. There is too much fragmentation of care and not enough clinicians with the correct training and experience.

Child care considerations aren't being met adequately for male or female veterans, and currently the VA does not cover care for the newborn child of an eligible veteran.

To answer these challenges and others, H.R. 1211 takes a number of important steps to help the VA provide the services and care that our women veterans need and sets the VA on a path toward providing even better care in the future.

H.R. 1211 authorizes the VA to conduct two important studies. First the VA will examine barriers to health care that women veterans experience within the VA system. The study will

examine the full range of barriers, including the lack of comprehensive primary care, the sensitivity of VA providers regarding gender-specific issues, the stigma of seeking mental health care services, and the availability of child care.

The second study is a comprehensive assessment of the VA's women's health program, with the task of developing a strategy to improve services at every VA medical center. The bill also works to enhance the VA's sexual trauma and post-traumatic stress disorder programs for women by requiring the secretary of the VA to ensure that all mental health professionals have been properly and consistently trained to help women veterans.

Female veterans who have suffered such attacks have already suffered enough. They need to know before they begin treatment that every VA mental health professional is prepared to help them, understands the best methods and practices, and can make them feel secure in seeking treatment.

Child care concerns also have emerged as a crucial issue for women veterans seeking care. Sometimes veterans without access to appropriate child care are forced to forego important health care appointments.

H.R. 1211 begins to address this issue by authorizing a child care pilot program for patients and requires the VA to carry out this study in at least three veterans service networks. Possible forms of child care assistance include stipends for child care centers, the development of partnerships with private agencies and collaboration with other Federal agencies that have similar programs.

H.R. 1211 also requires the VA to provide 7 days of medical care for the newborn children of women veterans. Currently the VA has no provision to provide care for these infants. However, 86 percent of Operation Enduring Freedom and Operation Iraqi Freedom women veterans are under the age of 40, and this benefit represents an important update of VA policy.

Finally, the bill requires the VA to add recently separated women and minority veterans to serve on key advisory committees, such as the advisory committee on women veterans. The VA must ensure adequate attention is given to women veterans programs so quality health care and specialized services are available for both women and men.

I believe my bill will help the VA better meet these specialized needs and develop new systems to better provide for the health care of women veterans, especially those who are sexually assaulted, suffer from PTSD or who need child care services. Congress must honor our Nation's commitment to all of our veterans, and this legislation furthers that aim.

Again, I want to thank Chairman FILNER for his outstanding leadership on this issue, and I urge all of my colleagues to support H.R. 1211.

Mr. BOOZMAN. I would also like to thank my colleagues on the Health Subcommittee, Chairman MIKE MICHAUD and Ranking Member HENRY BROWN of South Carolina, for their hard work on this bill. I would also like to thank Chairman BOB FILNER, Ranking Member STEVE BUYER, for working together to move this bill quickly and get it on this floor.

I would also like to acknowledge and thank Ms. HERSETH SANDLIN for her leadership and recognizing the problem and then moving forward with legislation that hopefully will be of great help to women veterans.

Mr. Speaker, I urge all of my colleagues to support H.R. 1211, as amended.

I yield back the balance of my time.

Mr. FILNER. Mr. Speaker, I yield 3 minutes to the gentlelady from Illinois (Mrs. HALVORSON).

Mrs. HALVORSON. Mr. Speaker, I rise in support of H.R. 1211, the Women Veterans Health Care Improvement Act.

I want to thank Ms. HERSETH SANDLIN for her dedication on this issue. As more women serve in the military, they are quickly becoming an important segment of VA users. Their numbers will double over the next 2 to 4 years, and many are under the age of 40.

This presents new challenges to the VA system, which historically was designed to serve male veterans. Significant changes to the VA need to occur to properly serve all veterans.

As we heard at the VA committee roundtable on women veteran issues, women veterans arrive at the VA with a variety of unique challenges. Many women veterans do not identify themselves as veterans and seek care outside of the system. Some feel stigmatized and are hesitant to speak out. Women who have sought care at VA facilities have complained that staff lacks understanding of the role of women in combat.

The most pressing of these challenges relate to mental health, including PTSD, depression, anxiety, and behavioral issues. A 2008 VA study reported that 15 percent of women in Iraq and Afghanistan experience sexual assault or harassment, and 59 percent of these women were at a higher risk for mental health problems.

□ 1300

These are tragic numbers and we need to act immediately to address them. The difficulty women face in accessing the VA system and the lack of women-focused health care is unacceptable.

These women have sacrificed so much for our country. This bill takes the first step to meet these challenges and follows up on recommendations provided by Veterans Service Organizations by requiring the Secretary of the VA to study the barriers women face as they seek VA services.

Similarly, H.R. 1211 improves training and education for VA professionals

to help treat women veterans. This education will help to address the concerns that many women veterans have that the VA doesn't understand their needs.

This is why I support H.R. 1211 and strongly urge my colleagues to vote "yes" on this important bill.

GENERAL LEAVE

Mr. FILNER. 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 material on H.R. 1211, as amended.

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

There was no objection.

Mr. FILNER. In closing, Mr. Speaker, I was listening to Ms. HERSETH SANDLIN talk about the need for pilot programs for child care. We've had testimony that if a woman veteran showed up with her child or children, they would be denied their appointment and sent home. I mean this is a way that the culture just must change, which this bill is the first step toward that change.

So I would urge my colleagues to support H.R. 1211, as amended.

Mr. FALEOMAVAEGA. Mr. Speaker, I rise today in strong support of House Resolution 1211. This piece of legislation will assist our women veterans in obtaining better health care.

First, I'd like to commend the chief sponsor of this resolution, Ms. STEPHANIE HERSETH SANDLIN. I would also like to recognize my other colleagues for their strong support and co-sponsorship of this piece of legislation.

Currently, there are an approximated 200,000 female troops in our Armed Forces serving to help protect our Nation. It is not only an important issue but a matter of responsibility that we ensure the fair and first-rate treatment of our brave female troops when they return and/or retire from the Armed Forces.

This resolution will benefit our women veterans by providing graduate education for them. I believe education is a keystone for every U.S. citizen and our government should provide the right to an education for our valiant troops returning home. This gives the opportunity for women veterans who enlisted right after high school to continue on with their education at higher levels.

This legislation will also train and certify mental health professionals so we can aid any of our veterans who are in need of help. It is imperative that we service our veterans in the best way we can. On a day-to-day basis, thousands of veterans suffer from conditions such as sexual trauma and post-traumatic stress disorder. The number of female veterans that tested positive for military sexual trauma was 8,705 and this was a climb in number. It is crucial that we take care of our female troops especially because around 20 percent of female veterans test positive for sexual trauma while only 1.8 percent of male veterans test positive.

The resolution is also beneficial to our veterans due to the fact that this piece of legislation provides for the study and analysis of any current problems that our women veterans

face in the current state of our system. It will help us make amends and additions to the structure of health care for our female veterans.

Another important piece of this legislation that will help Veterans Affairs greatly is including recently discharged women veterans in the Advisory Committee on Women Veterans and the Advisory Committee on Minority Veterans. This will only add more experience to the current committee because having recently discharged troops is important in knowing what health care issues recently discharged female military personal need.

Mr. Speaker, it is important that we take care of our veterans. These veterans put their life on the line to help protect all of us that live in this great Nation. It is of the essence to provide easy access to health care and to a better current health care system for our women veterans.

Again, I would like to thank my colleague Congresswoman STEPHANIE HERSETH SANDLIN for being the chief sponsor of this key resolution in aiding our women veterans. I strongly urge my other colleagues to support this resolution as well.

Mr. MICHAUD. Mr. Speaker, I rise in strong support of the Women Veterans Health Care Improvement Act.

This legislation will improve and expand health care for women veterans.

I would like to thank Congresswoman HERSETH SANDLIN for all of her hard work. She is a champion of our nation's veterans. I am honored to be a cosponsor of this legislation.

Women now make up approximately fourteen percent of the active military, and in the past recruiting class, they made up twenty percent.

Data released by the VA shows that the amount of women who are expected to use the VA health care system is expected to double within the next four years.

As a country, we must ensure that women veterans have a voice and that their needs are addressed.

Passing this bill into law will help identify and break down barriers faced by women veterans in accessing VA health care.

I urge all of my colleagues to support this crucial bill.

Mr. FILNER. 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. FILNER) that the House suspend the rules and pass the bill, H.R. 1211, as amended.

The question was taken.

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

Mr. BOOZMAN. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

HIGHER EDUCATION TECHNICAL CORRECTIONS

Mr. HINOJOSA. Mr. Speaker, I move to suspend the rules and concur in the