

LaMalfa Pearce
Lamborn Perry
Lance Petri
Lankford Pittenger
Latham Pitts
Latta Pompeo
LoBiondo Posey
Long Price (GA)
Lucas Reed
Luetkemeyer Reichert
Lummis Renacci
Marchant Ribble
Marino Rice (SC)
Massie Rigell
McAllister Roby
McCarthy (CA) Roe (TN)
McCaul Rogers (AL)
McClintock Rogers (KY)
McHenry Rogers (MI)
McKeon Rohrabacher
McKinley Rokita
McMorris Rooney
Rodgers Ros-Lehtinen
Meadows Roskam
Meehan Ross
Messer Rothfus
Mica Royce
Miller (FL) Runyan
Miller (MI) Ryan (WI)
Mullin Salmon
Mulvaney Sanford
Murphy (PA) Scalise
Neugebauer Schock
Noem Schweikert
Nugent Scott, Austin
Nunes Sensenbrenner
Olson Sessions
Palazzo Shimkus
Paulsen Shuster

NOT VOTING—9

Byrne Hanabusa
Campbell Huelskamp
DesJarlais Kingston
Poe (TX)

□ 1552

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the passage of the bill.

Under clause 10 of rule XX, the yeas and nays are ordered.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 228, nays 195, not voting 9, as follows:

[Roll No. 427]

YEAS—228

Aderholt Coffman
Amash Cole
Amodei Collins (GA)
Bachmann Collins (NY)
Bachus Conaway
Barletta Cook
Barr Cotton
Barrow (GA) Cramer
Barton Crawford
Benishek Crenshaw
Bentivolio Culberson
Bilirakis Daines
Bishop (UT) Davis, Rodney
Black Denham
Blackburn Dent
Boustany DeSantis
Brady (TX) Diaz-Balart
Bridenstine Duffy
Brooks (AL) Duncan (SC)
Brooks (IN) Duncan (TN)
Broun (GA) Ellmers
Buchanan Farenthold
Bucshon Fincher
Burgess Fitzpatrick
Calvert Fleischmann
Camp Fleming
Cantor Flores
Capito Forbes
Carter Fortenberry
Cassidy Foxx
Chabot Franks (AZ)
Chaffetz Frelinghuysen
Clawson (FL) Gallego
Coble Gardner

Simpson Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Southerland
Stewart
Stivers
Stockman
Stutzman
Terry
Thompson (PA)
Thornberry
Tiberi
Tipton
Turner
Upton
Valadao
Wagner
Walberg
Walden
Walorski
Weber (TX)
Webster (FL)
Wenstrup
Westmoreland
Whitfield
Williams
Wilson (SC)
Wittman
Wolf
Womack
Woodall
Yoder
Yoho
Young (AK)
Young (IN)
Miller, Gary
Nunnelee
Poe (TX)

Johnson, Sam
Jolly
Jordan
Joyce
Kelly (PA)
King (IA)
King (NY)
Kinzinger (IL)
Kline
LaMalfa
Lamborn
Lance
Lankford
Latham
Latta
LoBiondo
Rahall
Reed
Reichert
Renacci
Ribble
Rice (SC)
Rigell
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rokita
Rooney
Ros-Lehtinen
Roskam
Ross
Rothfus
Royce
Runyan
Ryan (WI)
Salmon
Sanford
Scalise
Schock
Schweikert
Scott, Austin

NAYS—195

Barber
Bass
Beatty
Becerra
Bera (CA)
Bishop (GA)
Bishop (NY)
Blumenauer
Bonamici
Brady (PA)
Braley (IA)
Brown (FL)
Brownley (CA)
Bustos
Butterfield
Capps
Capuano
Cárdenas
Carney
Carson (IN)
Cartwright
Castor (FL)
Castro (TX)
Chu
Cicilline
Clark (MA)
Clarke (NY)
Clay
Cleaver
Clyburn
Cohen
Connolly
Conyers
Cooper
Costa
Courtney
Crowley
Cuellar
Cummings
Davis (CA)
Davis, Danny
DeFazio
DeGette
Delaney
DeLauro
DelBene
Deutch
Dingell
Doggett
Doyne
Duckworth
Edwards
Ellison
Engel
Enyart
Eshoo
Esty
Farr
Fattah
Foster
Frankel (FL)
Fudge
Gabbard
Garamendi
Garcia
Gibson
Grayson
Green, Al
Green, Gene
Grijalva
Gutiérrez
Hahn
Hastings (FL)
Heck (WA)
Higgins
Himes
Hinojosa
Holt
Honda
Horsford
Hoyer
Huffman
Israel
Jackson Lee
Jeffries
Johnson (GA)
Johnson, E. B.
Jones
Kaptur
Keating
Kelly (IL)
Kennedy
Kildee
Kilmer
Kind
Kirkpatrick
Kuster
Labrador
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis
Lipinski
Loeb sack
Lofgren
Lowenthal
Lowey
Lujan Grisham (NM)
Luján, Ben Ray (NM)
Lynch
Maffei
Maloney
Carolyn
Maloney, Sean
Matheson
Matsui
McCarthy (NY)
McCollum
McDermott
McGovern
McNerney
Meeks
Meng
Michaud
Miller, George
Moore
Moran
Murphy (FL)
Nadler
Napolitano
Neal
Negrete McLeod
Nolan
O'Rourke
Pallone
Pascrell
Pastor (AZ)
Payne
Pelosi
Perlmutter
Peters (CA)
Peters (MI)
Pingree (ME)
Pitts
Pocan
Polis
Price (NC)
Quigley
Rangel
Richmond
Roybal-Allard
Ruiz
Ruppersberger
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes

Sensenbrenner
Sessions
Shimkus
Shuster
Simpson
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Southerland
Stewart
Stivers
Stockman
Stutzman
Terry
Thompson (PA)
Thornberry
Tiberi
Tipton
Turner
Upton
Valadao
Wagner
Walberg
Walden
Walorski
Weber (TX)
Webster (FL)
Wenstrup
Westmoreland
Whitfield
Williams
Wilson (SC)
Wittman
Wolf
Womack
Woodall
Yoder
Yoho
Young (AK)
Young (IN)

NOT VOTING—9

Byrne Hanabusa
Campbell Kingston
DesJarlais Miller, Gary
Nunnelee
Poe (TX)
Rush

□ 1602

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

THE JOURNAL

The SPEAKER pro tempore. The unfinished business is the question on agreeing to the Speaker's approval of the Journal, which the Chair will put de novo.

The question is on the Speaker's approval of the Journal.

Pursuant to clause 1, rule I, the Journal stands approved.

NOTICE OF INTENTION TO OFFER MOTION TO INSTRUCT CONFEREES ON H.R. 3230, PAY OUR GUARD AND RESERVE ACT

Mr. BARBER. Mr. Speaker, pursuant to clause 7(c) of rule XXII, I hereby give notice of my intention to offer a motion to instruct conferees on H.R. 3230, a conference report on the Veterans' Access to Care through Choice, Accountability, and Transparency Act of 2014.

The form of the motion is as follows:

Mr. Barber moves that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the House amendment to the Senate amendment to the bill H.R. 3230 (an Act to improve the access of veterans to medical services from the Department of Veterans Affairs, and for other purposes) be instructed to—

(1) recede from disagreement with section 701 of the Senate amendment (relating to the expansion of the Marine Gunnery Sergeant John David Fry Scholarship); and

(2) recede from the House amendment and concur in the Senate amendment in all other instances.

The SPEAKER pro tempore (Mr. RIBBLE). The gentleman's notice will appear in the RECORD.

MOTION TO INSTRUCT CONFEREES ON H.R. 3230, PAY OUR GUARD AND RESERVE ACT

Mr. GALLEGO. Mr. Speaker, I have a motion to instruct at the desk.

The SPEAKER pro tempore. The Clerk will report the motion.

The Clerk read as follows:

Mr. Gallego moves that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the House amendment to the Senate amendment to the bill H.R. 3230 (an Act to improve the access of veterans to medical services from the Department of Veterans Affairs, and for other purposes) be instructed to recede from disagreement with section 601 of the Senate amendment (relating to authorization of major medical facility leases).

The SPEAKER pro tempore. Pursuant to clause 7(b) of rule XXII, the gentleman from Texas (Mr. GALLEGO) and the gentleman from Florida (Mr. MILLER) each will control 30 minutes.

The Chair recognizes the gentleman from Texas.

Mr. GALLEGO. Mr. Speaker, we have all heard so much about the challenges that the VA faces and how it has totally, thoroughly, and completely failed many of our veterans.

This motion to instruct the conferees would be a motion to ask that we essentially recede to the Senate provisions on leases per VA facilities.

What this would do would be to provide and expand 26 VA facilities from across the country and improve access to care for our Nation's veterans, including the 1.7 million veterans from across Texas.

In the district that I represent, as an example, District 23, which comprises about 24 percent of the land area of Texas, it is 800 miles or so from one corner of the district to the other, and in that district are a very large number of veterans. The challenge is, first off, to be able to get the veterans who have served, who are from the rural areas, to get them access to the nearest VA facility.

From my hometown of Alpine, for example, to El Paso, where there is a VA clinic, it is some 220 miles. If you live further south in Brewster County, that distance is longer. If you live here in Eagle Pass, in Maverick County, for example, you have got to go all the way down to the Rio Grande Valley before you find the nearest veterans facility—actually, all the way down to Corpus.

The Senate provisions would allow for an additional 26 facilities, including a new facility in Lubbock and improvements and consolidations to facilities in San Antonio that are critical to veterans and their families. New facilities will help address the wait times for medical care where it is needed for veterans in our communities.

Frankly, these facilities will help open up appointment slots. According to an internal VA audit that has been released, there are more than 57,000 patients who have waited at least 90 days for their first appointment. Unfortunately, some VA facilities in Texas have among the highest average of wait times in the Nation, and that is totally inexcusable. It fails the people who stood up and served their country and did so much to maintain and protect our freedom.

While we need to explore all our options, including more contracted care

to address the backlog, we also have to make sure that the VA has the capacity to fill the needs of our vets, and especially for those who have unique health care needs.

I maintain that regardless of where you live in Texas or any other State, you have as much right to health care as any veteran from any other part of the State. And by creating an additional 26 facilities, you would actually be creating more slots and giving more access to more people.

For rural vets who face additional barriers—for example, if you are driving from Alpine to El Paso, that is 220 miles, and you need a driver, and that driver has to take time off from work; you need probably to spend the night in El Paso, that is a hotel room; and you have got to eat while you are there, so that is meals—all of those, additional expenses.

The other thing, frankly, is that many of the rural vets tend to be older, sicker, and poorer than the general population. These additional facilities may very well be lifesavers for that population.

These new facilities will help address wait times for medical care where it is needed, and they are crucial. Frankly, I know there has been a conversation on the House side with my colleagues on both sides of the aisle about creating more facilities than 26.

I know that my friends from Oklahoma, for example, would like to see an additional clinic in Tulsa that would serve Oklahoma. Oklahoma veterans, as Texas veterans, as veterans across the board in every State, deserve more access to health care and better access to health care.

This week, in fact, the Acting Secretary of the VA, Secretary Gibson, told members of the Senate Veterans' Affairs Committee that we need to increase the internal capacity at the VA. And while we need to do a lot more than just that, these additional facilities would help achieve that goal.

One thing is clear. We have a growing demand for care. As we draw down from all of the places where we are right now—Afghanistan, for example—as we change the shape of our military going into the future, we will have more and more veterans entering the health care system. They deserve better treatment than the veterans in our health care system have had.

Frankly, the entire system needs to be upgraded and to provide A-1 quality health care to each and every person who has served in uniform and their families. We must grow the capacity. We must continue to ensure quality and to meet the growing demand for our veterans.

These leases that I am talking about in some 18 States, they will help address some of the underlying problems that lead to treatment delays. If you look at it, we are funneling all of the veterans into a very few health care facilities across the country. If we accede to the Senate's suggestion for addi-

tional facilities, we will have community-based outpatient clinics, for example, or primary care clinics or specialty clinics. It will be a huge help to everyone, and that is incredibly important.

As you look at this map, it gives you some idea of just one microcosm in one congressional district in this country what difference additional VA facilities would make.

Look at the distance from the nearest facilities. If you live here along the Texas-Mexico border and you are trying to go up to the nearest facilities, which are either in El Paso or in Big Spring or over here in San Antonio, the distances are enormous. That is so much to ask of a World War II vet or a Korean war vet who is getting older, who is having to ask for help from somebody, for somebody to take time off of work to take them for a basic appointment, and then, frankly, as we have seen, to be unable to get the health care that he or she needs and deserves.

There is no part of the population in this country that is more deserving of health care than our veterans who have served in uniform in any conflict; or, frankly, even if they haven't been in conflict, they have stepped forward, they have put themselves at the Nation's disposal, and they have protected our freedom each and every day that they wore that uniform. They deserve much better than they have gotten over the course of history.

And I would point out, this isn't a new issue. There were more than 15 reports at the VA that have indicated that care was substandard. Congress has known about this for a long time.

The challenge with Congress is that it is a crisis management institution. Whatever the crisis of the day is, that is what Congress responds to. And if there is a subsequent crisis that takes the first crisis off of the front page, then suddenly Congress is reacting to the new crisis and forgets about the old one.

This is too important to forget about. This is too critical to our veterans. It has to be taken care of; it has to be resolved; and it has to be resolved once and for all so that there are not an additional 15 reports out there about problems at the VA, so that we don't hear every day from the American Legion or the Veterans of Foreign Wars or any of these other organizations that for years have been telling Congress that the VA has problems.

Let's step forward. Let's fix it. Let's fix it now, once and for all. And we can take that first step, as a body, Mr. Speaker and Members. We can take that first step as a body by making sure that there are at least—at least—26 new leased facilities across the country that will take care of this issue and that will provide additional service to our veterans across the country.

□ 1615

I point out that these additional facilities are in places like Texas, Louisiana, Florida, Puerto Rico, California, Connecticut, Massachusetts, Missouri, Tennessee, Illinois, Nebraska, South Carolina, Arizona, New Mexico, New Jersey, Georgia, Hawaii, and Kansas.

Whether you are a Democratic Member of this body or a Republican Member of this body, you should be in favor of additional VA facilities. You should be in favor of broadening up that funnel so that it is not so clogged up and we are not trying to put so many people through such a narrow slot and create all of these problems where people don't get the health care that they need and deserve.

New facilities, as I said, will help address the wait times for medical care where it is needed. And as a guy who represents a vastly rural area but who also represents urban areas in El Paso and San Antonio, I will tell you that this helps everybody. It helps every single veteran, whether you are a rural guy or an urban guy, whether you served in uniform in World War II or whether you are a serviceman or -woman from the most recent conflict. You deserve, and America has made a commitment to you, that you will get health care, and you will get quality health care.

This is the first step in that direction. It is incredibly important that, right, left, center, Democrat, Republican, or Independent, whatever you think you are, you ought to be in favor of additional facilities for the VA, you ought to be in favor of better health care for our veterans, and you ought to be in favor of using the Senate language.

Frankly, again, I know that there are some Members, my colleagues who are from Oklahoma, who would like to see additional facilities and who would want one in their State. I agree with that too. The more that we can do to help our veterans and to meet our commitment, the more we ought to do. And, frankly, we ought to do a lot more than we have been doing.

Again, I move that we instruct the conferees on H.R. 3230, the Veterans' Access to Care through Choice, Accountability, and Transparency Act of 2014, to recede to the Senate provisions on leases for VA facilities under title 6, section 601. It is incredibly important not only to me, not only to the 23rd, but it is important to 435 Members of this body, and it is important to every single veteran in every single one of our congressional districts.

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

Mr. MILLER of Florida. Mr. Speaker, I rise in opposition to the motion to instruct and yield myself such time as I might consume.

Mr. Speaker, while I can appreciate the work that has been done on the other side of this building over in the Senate, I would remind the House that

it has been the House committee that has conducted the oversight that has brought this issue to light. The corruption and the arrogance that has taken root at the Department of Veterans Affairs did not, as my colleagues say, did not happen overnight.

But I just want to tell my colleagues a little of the history about what brings us here today. From the 9th of June to July 24, the House Committee on Veterans' Affairs will have held 12 full committee hearings highlighting the problems that exist at the Department of Veterans Affairs. But beginning with the 112th Congress, the House Committee on Veterans' Affairs has held 196 hearings, of which 126 were oversight hearings, and in the 113th Congress alone, we have held 96 hearings to date. We are doing our work.

As a result of our work, both the House and the Senate correctly moved to address the problems that exist at the Department. And as is often the case, the bills we pushed through have reflected our good intentions, but there has been a vacuum while waiting for the CBO to score the bills.

It is important to remember that the current scandal at VA really entails two issues: timely access to the health care that veterans have earned, and accountability because of the culture of corruption that exists among far too many senior leaders who have put their own welfare ahead of those they are supposed to be serving.

The CBO finally provided us with a formal score on the Senate amendment on the 17th of July. Since that time, and even prior to that time, my staff has been in daily contact with our Senate counterparts, and we are making progress on the conference report.

There are differences of opinion as to what the final conference report, in fact, is going to say. That is the nature of our work. But to my knowledge, there is no impasse that has been reached at this point. Now, I am confident that the good will on both sides of the aisle and both sides of the Hill will present a report that both the House and the Senate can pass before the August recess, so it really makes no sense to take the Senate position on the leases at this time. In fact, some of the provisions in the Senate version are similar to the House bills that have been waiting in the Senate for months, and they could have been sent—any one of them—on to the President for his signature.

That brings me to the specifics of the motion to instruct today. On December 10, 2013, the House passed H.R. 3521 by a vote of 346-1. That bill contained provisions to authorize 27 VA community-based outpatient clinics. It includes the Tulsa, Oklahoma, clinic that my colleague referred to as not being in the Senate bill. And like nearly a dozen other House bills passed in a bipartisan fashion, they are stalled in the Senate. The Senate could pass and send the 27-clinic bill that we sent over to them in December today.

Mr. Speaker, I must point out that on a total of six different occasions, Senator VITTER from Louisiana and others, both Republican and Democrat, have gone to the Senate floor to request a vote on H.R. 3521 and have been blocked by the Democrats in the Senate. Perhaps the motion to instruct today should be revised to instruct the majority leader of the Senate or others in the Senate Democratic Caucus.

Again, Mr. Speaker, we are making progress on the conference report, and to recede at this point to the Senate position would be premature at best.

Now, let me spend a few moments talking about the VA budget needs. In each of our annual budget hearings, Members have repeatedly asked the Secretary of the VA: Do you have the resources that you need to get the job done? And every single time, the Secretary has said "yes." And now today, suddenly because of the oversight of the House Committee on Veterans' Affairs, Acting Secretary Gibson testified before the Senate that they will need approximately \$17.6 billion in additional resources to meet current demand for the remainder of this year and into 2017.

In his testimony, Acting Secretary Gibson stated that about \$10 billion of this money would go to purchase care and to hire 10,000 new clinical staff. He further stated that the purchased care would decline over time with a gradual shift back to reliance on internal VA care. He also said about \$6 billion would be spent on new infrastructure.

So, what the Acting Secretary is saying is, give us billions of more tax dollars to continue reliance upon care that will continue to force veterans to drive, as my colleague has said, in far too many cases hundreds of miles for the care that they have earned, and, oh, by the way, give us billions of more dollars to dump into our construction program that has been shown to be so ineptly managed to result in major projects being on average 35 months—not days—35 months behind schedule and at least \$366 million over cost.

Now, again, Mr. Speaker, why would we automatically stand up, salute, and write a check when the inspector general and the GAO have both said we cannot trust VA's numbers on multiple occasions? So the Department, which Rob Nabors describes as having a "corrosive culture," now asks for nearly \$18 billion.

Look, we can't allow the Department of Veterans Affairs to continue to consider itself a sacred cow above serious oversight on how the already significant resources we provide to the Department have been spent. Decades of a kid-glove approach by Congress to holding VA accountable has led us to the issues that confront us today. So I would urge my colleagues to oppose the motion to instruct.

At this time, I would like to yield as much time as he may consume to the gentleman from Florida (Mr. JOLLY).

Mr. JOLLY. Thank you, Mr. Chairman.

Mr. Speaker, I rise in opposition, respectfully, to this motion not because anybody here opposes expanded access to care. I believe we all do. But I oppose it today because it interferes, I believe, with the urgency of getting a clean bill out of conference.

Mr. Speaker, the chairman has done great work. There are bills over there that the Senate could approve tomorrow. But if we encumber our conferees and we encumber this conference committee any more, we risk delaying final passage of a bill that is intended to get health care to the veterans now to clear the wait list now. That is the urgency.

We all have ideas for long-term reforms. This Member has his own ideas for long-term reform. We have to work those through the process. I believe we should consider giving every veteran a Choice Card and let them choose where they want to go. I believe we should consider competitively awarding management contracts for many of our VA health care facilities so that veterans who want to stay in the VA health care system can do so but can rely on more efficient and more responsible management. I think we should consider streamlining DOD health with TRICARE, with the VA, and look for efficiencies there.

But those are all matters for another day, for another committee hearing, for another bill, and for another piece of legislation.

Mr. Speaker, we should not encumber our conferees any more than they already are in having to negotiate with the Senate. The fact is the Senate bill is encumbered with labor provisions and directed projects, and these labor provisions and these directed projects do absolutely nothing—nothing—to get the veterans off the wait list now.

Let's have the conferees agree to what we can agree to, which is, if you live more than 40 miles away from a VA facility, then give them immediate access to private care. If they are on a wait list, give them immediate access to private care. We can pass those now. The conferees can agree to that.

And here is the absolute absurdity to all of this. I am a new Member with a new perspective. I understand how this body works. But we have 2 to 3 weeks left before we go back to our districts for August recess. We have a President who, every single day, demands that this Congress provide funding for expanded health care to those who are coming here illegally right now. We cannot honestly have a dialogue and suggest that we need to immediately fund health care for those who are coming here illegally if we have a VA bill that is stuck in a conference committee and is encumbered by unnecessary provisions.

We should demand that our veterans receive the health care services that they deserve before we begin to have a conversation with the President about how we ever expand health care services to those who come here illegally.

So I appreciate my colleagues' concern for expanded care, and I agree with that. There is a bill that has been passed and is sitting in the Senate. The Senate should pick it up and pass it. But encumbering the conferees is not the right way to do this. Frankly, it complicates the process and delays the process. We need a VA reform bill back here from conference committee as quickly as possible to ensure that our veterans receive the health care that, frankly, this House supported with 390 votes when this bill passed. This is not a controversial measure.

Mr. Speaker, I appreciate the chairman's work on this, and I know that the chairman has the same dedication that my colleague does to expanded care. We will continue to work these issues. But the immediate need is to expand health care choices for our veterans today, and as I mentioned, before we ever begin to talk to the President about expanding health care for those who come here illegally.

Mr. Speaker, I thank the chairman.

□ 1630

Mr. GALLEGU. Mr. Chairman, I ask unanimous consent to reclaim the balance of my time.

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

There was no objection.

Mr. GALLEGU. Mr. Speaker, how much time remains?

The SPEAKER pro tempore. The gentleman has 18½ minutes remaining.

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

I am in my first term as a Member, and growing up as a kid in Alpine, Texas, I always heard the saying with respect to things that were really, really hard, and that saying was it takes an act of Congress to do that, and for the first time in my life, Mr. Speaker, I finally understand what that means because part of our challenge as an institution is that we are so wrapped up with who goes first, whether it is the House or the Senate.

The House passed a bill by 390 votes. That is great. The Senate version passed by 93-3, and here, we are discussing whether the House version or the Senate version is better, and in the meantime, we are failing our veterans.

My own view is that people across the political spectrum, veterans and nonveterans alike, are tired of the political blame game and the finger-pointing. Notice that not once did I ever really talk about the differences between Democrats and Republicans because, frankly, there are both Democratic veterans and Republican veterans and Libertarian veterans and Independent veterans and apolitical and nonpolitical veterans.

The issue of veterans should not be something that we pound each other over the head on. The issue of veterans is something that should bring us all together in a cohesive fashion, so that we can move forward as a country and

show the rest of America that Congress can actually function as intended, that it can actually work its will as a body and move a product forward.

The idea that we would have to wait for a clean bill, that we would have to wait for procedure to take its course and for things to happen is telling people we will get to it.

Along the border, there is a saying, and that saying is *mañana*. *Mañana* seems to be the busiest day of Congress' week. *Mañana*, we will do it tomorrow. Tomorrow seems to be the day that Congress takes action on every single issue, and veterans are too important to be left until tomorrow.

The American people view Congress as an institution that is very full of hot air, and they don't understand why we recess in August when it is hot here because we would fit right in with the rest of the environment in the month of August.

The approval ratings for Congress are lower than they have ever been since the Gallup organization started taking polls, and it would appear to me that there is good reason for that.

I have great respect for the chairman and the other Members of this body. Their work, I admire. I don't admire, though, how much time it takes for this Congress to move forward. Another day, another hearing, another conversation, another headline—all of that while another veteran waits, and another veteran waits, and another veteran waits.

My motion to instruct doesn't touch topside or bottom the rest of the Senate bill. My motion to instruct talks about one particular provision of the Senate bill, and that one particular provision deals with additional space—additional leases for additional facilities.

It doesn't talk about choice cards or private pay or the rates or any of those other things which are crucial issues and important. My motion just deals with this issue that I talked about earlier, which is the funnel. We have such a narrow opening in this funnel that we try to channel all of our veterans through, and there is not enough space.

There are not enough resources there. We don't have adequate health care providers in the mental health fields, for example. We don't have enough specialists. We don't have enough places to put them. We don't have enough facilities. People have to go too far in order to get their health care, and as a result, they are not getting their health care at all.

Mr. Speaker, *mañana* isn't good enough. *Mañana*, tomorrow, should not be the busiest day of our week. This is not an issue or question that should be left for tomorrow. This is an issue that Congress can decide now, immediately.

We can instruct our conferees not on the rest of the aspects of the bill because I understand that takes time and negotiation, but we can come together on one part of the bill. We can come together to the one part of the bill that

says we need additional facilities, not only in Texas—although Texas needs them—but in other States as well. That serves all of our veterans well.

This isn't about a Democratic position or a Democratic Senate versus a Republican position and a Republican House. This is about our veterans who served every day in uniform, who sacrificed every day, so that 435 people here in this body and 100 people in the body across the way could serve and do our jobs and vote and participate in the American democratic experiment.

We wouldn't be here participating in this American democratic experiment, but for the service and the sacrifices of our veterans. If we recognized that, if we truly recognized that, then we would step forward now, not tomorrow. We would step forward now and admit that we desperately need additional VA facilities.

We desperately need those 26 additional places. We could put off for the conferees and allow the conferees the latitude to discuss all of the rest of the bill, but we ought to be able to come together on that one thing, and that one thing is those additional 26 facilities.

Waiting for a clean bill, I can't tell you, Mr. Speaker, how many times in meeting with the VA or the VFW or the American Legion or any one of the number of organizations like the Vietnam Veterans, I can't tell you how many times they tell me they have been asked to wait another day—wait, you will get your bill; wait, we will take care of you; wait, we understand you are important.

They don't need a pat on the head. They don't need a pat on the shoulder. What they need is what they have earned, and what they have earned is health care. Those 26 additional facilities would help us get them their health care and help us get them exactly what they need and what our government has committed to them, regardless of party, regardless of rhetoric, regardless of partisanship, regardless of blame, regardless of whatever.

If I started by saying it takes an act of Congress to do this, this is a great opportunity for Congress to step forward and say, through an act of Congress, we understand how important the veterans are, and we are not saving that until tomorrow—you will get your 26 facilities, your 26 additional facilities.

We will broaden that pipeline, so that more veterans across this country will have access to health care, and we will do it now.

Mr. Speaker, I don't think that is too much to ask.

I reserve the balance of my time.

Mr. MILLER of Florida. Mr. Speaker, who has the right to close?

The SPEAKER pro tempore. The gentleman from Texas has the right to close. The gentleman from Florida has 18½ minutes remaining, and the gentleman from Texas has 10 minutes remaining.

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

It is curious to me that my colleague talks about not waiting, not waiting, not waiting—mañana.

The House passed a bill in December—in December. How much longer do veterans have to wait before the bill that resides in the Senate is passed? That is what we have been waiting for.

I cannot figure out what my colleague has against the veterans in Tulsa, Oklahoma, because that is the clinic that is missing out of the bill that he is wanting to instruct us to accept. Why would we not give access for care to the veterans in Oklahoma? It doesn't make any sense.

So when my colleague says mañana, saying that, for some reason, we are trying to delay access to care, I say, oh, no—oh, no. What this bill actually does is it expands care way beyond what VA has ever purported to be able to do.

The clinics that we are talking about authorizing may not even be necessary in future years—I am not talking about these specific clinics—because veterans will be able to go out into the private sector.

No longer will there be a bottleneck within the Department of Veterans Affairs providing access to care for the veterans. You see, that is what has happened with VA really since the 1940s.

They have been trying to force veterans to drive for hours to facilities to get their care in places that they don't want to have to get their care at, to get their care when VA says they will get their care, not when the veteran says they want their care, so let's change the formula a little bit. Let's give veterans their care where they want to get it and when they want to get it.

So I say to my friend that if we truly want to service the most veterans, you have got to ask the Senate to pass the bill that we passed in December because, for some reason, the Senate doesn't want to put a clinic in Tulsa, Oklahoma.

Mr. Speaker, we have no additional speakers at this time, and I urge my colleagues to oppose the motion to instruct.

I yield back the balance of my time.

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

Let me start by, in all sincerity, saying that I have the greatest respect for Chairman MILLER and the work that he has been doing. I follow his comments and his remarks and his committee regularly because the issue of veterans is an issue that is near and dear to my heart, as it is to so many of us, and I have great respect for his views and his expertise.

While I may differ in my opinion, I certainly would never, ever think that his motives are impure because they are not. He is very sincere and very driven to help, but here is what I don't

understand. For veterans across the country, they don't care, in my view, if the first two letters on a bill are H.R. or S.

That makes no difference, topside or bottom, to any veteran that I have ever talked to. I would urge my colleagues to talk to as many veterans as they can and to ask them specifically: Does it matter to you if this is a Senate bill or a House bill? I guarantee you that every veteran across the country will say, no, it doesn't matter.

So the idea that we are stuck here at this point in the process because the House wants a House bill and the Senate would like a Senate bill, frankly, that is ludicrous, and it is offensive to the veterans who have served our country.

Mr. MILLER of Florida. Will the gentleman yield?

Mr. GALLEGO. I am happy to yield.

Mr. MILLER of Florida. It is not a House bill or a Senate bill question because this is a House bill that the Senate amended, so it is not a matter of whether it is a House bill, House resolution, Senate bill, Senate resolution, it is a House bill that the Senate has amended.

I thank the gentleman for yielding.

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Mr. GALLEGO. Absolutely, Mr. Chairman, I am happy to yield.

I would point out that part of the conversation that we have had is asking the Senate to take action on a bill that the House sent over, when that is even a better argument for this motion, because the House bill is already back from the Senate in the House, and we can settle this question once and for all by instructing our conferees to accept that language.

I would urge that we have 26 additional facilities. I would commit to the chairman that I will do all I can to make sure that it is not just 26 facilities, that if it needs to be 27, I am happy to do that. I have worked in a very bipartisan fashion with the Democratic and Republican members of the Armed Services Committee, particularly the freshman members of the committee, in order to do that.

Mr. MILLER of Florida. Will the gentleman yield again?

Mr. GALLEGO. Mr. Chairman, I am always happy to yield.

Mr. MILLER of Florida. Thank you very much.

The problem we are going to have is that a conference report is a privileged report. It is not amendable. So you will not be able to add an additional clinic in the conference report.

Even if we recede to the Senate position, we will be stuck with 26 clinics. That is why it is critical that the House bill that has been languishing for 7 months that is over there be passed and sent to the President today.

Mr. GALLEGO. Mr. Speaker, again, I am always happy. I love the process, and I am a huge believer in the democratic system, but I will tell you that

the idea that we are stuck at 26 and we are stuck at 26 forever is not a credible argument because there are other vehicles in the process that would be just as rapid and just as fast if we would get over this idea, this pride of authorship, and if we would all work together on a bipartisan basis to fashion a solution that all veterans can live with. That is incredibly important. For me, this is a starting point, not an ending point.

It is important, it seems to me—and I hope to do that by example, Mr. Speaker, that we stay away from the finger-pointing and the blame game—that we not be guilty of the fiery rhetoric I have never understood.

As a west Texan, my instinct is always to put fires out. It is never my instinct to add additional fuel. So the partisan fires that rage in this building, it seems to me, need to be put out, and the interest of the American people and, in this case, the American veteran need to be put first and foremost and at the front and center of everything that we are doing.

We shouldn't stand and salute the VA, as the chairman has indicated—I agree with that—but we should stand and salute every single veteran who has served and every single veteran who deserves health care and who doesn't get it.

We should apologize, Mr. Speaker, to every single veteran who has stood in line for those months and months at the VA and not been able to make it through that small funnel, and we should apologize to them if we don't broaden that funnel to allow more people to get more care.

Yeah, there may be changes to the system, but those changes to the system are further down the hall, further down the way, further down the road, further down whatever. Today, here, we are talking about additional VA facilities. That one question we can settle, we can settle tonight or tomorrow, whenever the vote is on this, and we can make sure that we expand that pipeline, so that we don't try to push so many veterans through this really narrow pipeline, so that some of them get squeezed out of the system.

We should make that pipeline bigger so that more people get served, and each of us, each of us—Republican, Democrat, Independent, Libertarian, agnostic—each of us should be proud of that vote.

Stand up and salute our veterans, stand up and salute our people who served, and stand up and admit that they need access to health care. That is what this motion does, Mr. Speaker.

On that note, I yield back the balance of my time.

The SPEAKER pro tempore. All time for debate has expired.

The question is on the motion to instruct.

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

Mr. GALLEGO. 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, further proceedings on this question will be postponed.

HOUR OF MEETING ON TOMORROW

Mr. MILLER of Florida. Mr. Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at 9 a.m. tomorrow.

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

There was no objection.

NEW DATA ON MARCELLUS PRODUCTION

(Mr. THOMPSON of Pennsylvania asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. THOMPSON of Pennsylvania. Mr. Speaker, natural gas production in the Marcellus and Utica shale formations is projected to grow 36 percent by 2035, according to a recently released industry report from ICF International.

According to the report, which is released quarterly:

Well data from producers suggests ultimate recovery of gas in the Marcellus will average 6.2 billion cubic feet per well, up from 5.2 billion cubic feet per well in the last report.

According to a recent Energy Information Administration drilling report, gas production in Pennsylvania alone has more than quadrupled from 2009 to 2011.

Today, Bloomberg News reports:

Record natural gas production from the Marcellus is helping send U.S. output to an alltime high.

Another recent industry report from Morningstar, Incorporated, noted that Pennsylvania is now ranked third in the Nation for natural gas production and that the Marcellus is expected to account for nearly one-fourth of all U.S. gas output by 2015.

Mr. Speaker, natural gas continues to provide jobs and family-sustaining incomes that are much needed in the Nation's slow economic recovery. At the same time, we are moving closer to energy independence.

UNFUNDED LIABILITIES—THE GREATEST THREAT TO OUR FUTURE

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

Mr. SCHWEIKERT. Mr. Speaker, I yield to the gentleman from Illinois (Mr. SHIMKUS), I believe it is southeast Illinois.

CELEBRATING THE LIVES OF ALAN DIXON AND KENNY GRAY

Mr. SHIMKUS. Mr. Speaker, I want to thank my colleague for yielding.

I rise today to celebrate the lives of two extraordinary public servants, both considered from southern Illinois—one from deep southern Illinois—Senator Alan Dixon and Congressman Kenny Gray. Both passed within the last week or so, but our mourning has turned into remembrance and reverence for their undeniable commitment to all of us.

Senator Alan Dixon—or as he was commonly known, Al the Pal, as we from Illinois knew him, and eventually everyone else in this institution and in Washington knew him as that also—was a larger-than-life personality, with a can-do spirit, if you will.

He came to Washington to get things done, particularly for his beloved Illinois. From his beginnings in Belleville and St. Clair County to being State treasurer and secretary of State, he modernized the offices he served in to better serve the people of the State.

Elected to the U.S. Senate in 1980, he soon realized that Illinois lacked a cohesive message in Washington, D.C.

With Senator Chuck Percy, he began a monthly Illinois get-together that continues to this day. It brings together Members of the House and the Senate, downstate, Chicago, Republican, Democrat, conservative, moderate, and liberal. We sit around, and we talk about the Illinois agenda and how we can work together to advance it.

Our prayers and best wishes go out to his wife, Jody, and his family and friends.

I would also like to single out a couple of other people who were very special in his life. One was Gene Callahan and Scott Shearer. Their public service on his behalf is emblematic of that of all those who worked with my friend, Al the Pal.

Just as a side note to my colleague, we have a colleague here who is a Member of Congress, CHERI BUSTOS, who is the daughter of Gene; and there is that great connection of, in essence, a politically active family that continues to serve.

We will miss Al the Pal. He was a great friend and a great public servant.

Now, Mr. Speaker, let me turn to Kenny Gray. Kenny Gray was a very colorful Member of this Chamber, well known for spending many hours in the chair. He loved this House so much that, after he retired, he ran again and came back.

He was known as really a cult of personality. In a sea of Washington grey suits, white shirts, and red ties, Kenny stormed through this place in a flurry of colors that had never been seen before, but you dare not look away, as the Prince of southern Illinois was here, and he was determined to fight for his constituents.

Kenny made a big difference in southern Illinois. As the coal industry started suffering challenges, he worked hard. He was known as the Prince of Pork and the Prince of southern Illinois.