

when medical facilities are constructed or renovated. During the consideration of this bill in full committee, I offered an amendment that was adopted without objection. It would require the Secretary of Veterans Affairs to conduct a study to examine the feasibility of coordination by the Department of Veterans Affairs with the Department of Defense's Naval Hospital Charleston and the pending construction of a new university medical center at the Medical University of South Carolina in Charleston, SC.

Our VA Hospital, located in downtown Charleston, was built in 1966. It was a good facility for its time, and the staff there does a great job, but it definitely needs a major facelift. The building is located right next to the Medical University of South Carolina (MUSC), a modern and growing facility that is in the process of a large expansion project. MUSC and the VA work well together in many areas, especially in providing outstanding patient care.

On the old Naval Base, which was closed as a result of the last BRAC, the Naval Hospital Charleston remains a few miles away. The Navy has considerably downsized this facility, which mainly serves military retirees now. It is my understanding that the building may shut down in the future and move to a new, consolidated clinic location at the Naval Weapons Station Charleston. The proposed site would be a single 156,000-square-foot facility valued at greater than \$30 million, but there are no plans that I am aware of to coordinate with the VA. It is clear that there is a tremendous opportunity for the VA, DOD and MUSC to work together for the good of our veterans and American taxpayers. I am certain that there are other similar examples throughout the United States.

I feel very strongly that this is the right thing to do for our active military personnel, retirees, and veterans. Earlier this year, we held a hearing on the Presidential Task Force Report, which focused heavily on VA-DOD resource sharing efforts. Both Undersecretaries McKay and Chu acknowledged that more could be done in this area, and Charleston was cited as one of many examples. The VA cannot afford to always go it alone in the future when planning and constructing new medical facilities.

For the sake of our veterans and the men and women who serve them in VA medical facilities, I urge my colleagues to support this bill.

Mr. KIRK. Mr. Speaker, I rise in strong support of the Veterans Health Care Facilities Capital Improvement Act of 2003. Every American knows that the face of health care has changed dramatically over the past decades. This is no less true for military and veterans' health care. This legislation is vital because it will improve, renovate, and update patient care facilities at Department of Veterans Affairs medical centers. More important, this legislation demonstrates the continued support of Congress for our nation's veterans by providing the best health service facilities possible.

My district is home to the North Chicago VA Medical Center. On June 19, 2001, the VA released its Capital Asset Realignment for Enhanced Services (CARES) study. The CARES study developed four options to improve veterans' health care in the Chicago area, each of which recommended the preservation of serv-

ices offered at North Chicago. The CARES study also recommended increasing the level of the cooperation between North Chicago VA and the Navy's Great Lakes Naval Hospital.

H.R. 1720 will assist the VA in cases where the department enters into resource sharing agreements with the DoD. H.R. 1720 is critical to this mission because the legislation includes a modest adjustment of the definition of what constitutes a "major" construction project. This legislation will raise the threshold for "major" construction projects to \$6 million, and thus allow cooperative sharing agreements between the VA and DoD continue moving forward with minor projects without being subjected to burdensome bureaucratic time tables. Avoiding delays and moving forward with capital improvements to VA health care facilities will save valuable resources and time, which will continue the quality of services offered our Nation's active and veteran population.

In the case of the North Chicago VA Medical Center and Great Lakes Naval Hospital, integration of the two medical facilities is practical and urgent. These facilities both sit underutilized and less than a mile away from each other. Combining these two facilities, state of the art, Federal health care center will maximize the use of tax dollars, enhance the training opportunities for young naval medical corps personnel, and, most important, bring the health care we promised our service men and veteran population into the 21st century. Changing the definition of "major" construction may allow the VA to move forward with plans to redesign and construct operating rooms and the emergency room at North Chicago.

I would like to thank the chief sponsor of this bill Representative ROB SIMMONS, and Chairman CHRIS SMITH of the VA Committee for their work and dedication to America's veterans.

Mr. Speaker, H.R. 1720 will allow the VA to continue moving forward by providing our Nation's veterans, and in some cases our active duty personnel, with new improved health care facilities. I urge my colleagues to support this legislation.

Mrs. SUSAN DAVIS of California. Mr. Speaker, I rise today in strong support of H.R. 1720, legislation to provide funding for a project crucial to the veterans' community in the San Diego region.

The Veterans' Affairs Medical Center in La Jolla, California serves one of the largest veterans communities in the nation. Nearly 240,000 retired military personnel in the San Diego area receive treatment from at the La Jolla hospital and nearby VA medical facilities.

I can't stress enough how important it is to ensure these facilities can provide veterans with the treatment they need even at times of disaster.

Just this week, the dedicated medical staff at area VA medical facilities worked hard to care for our veterans—despite the poor air quality and other dangers caused by the horrible wildfires burning in Southern California. It is crucial that they have the resources to continue their important work during such difficult times.

H.R. 1720 will help the VA prepare in case another type of disaster strikes. This legislation provides 50 million dollars to make necessary seismic corrections to the La Jolla VA medical center.

Mr. Speaker, this project will help ensure that both our veterans and the medical staff

will be safe if a large earthquake strikes. And it will ensure that the hospital can continue treating our veterans in the aftermath.

I encourage my colleagues to join me in supporting this legislation on behalf of our veterans' community and dedicated VA medical personnel in San Diego.

Mr. SMITH of New Jersey. Mr. Speaker, I yield back the balance of our time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. SMITH) that the House suspend the rules and pass the bill, H.R. 1720, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. SMITH of New Jersey. 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.

GENERAL LEAVE

Mr. SMITH of New Jersey. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H.R. 1720, as amended.

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

There was no objection.

CONFERENCE REPORT ON H.R. 2115, VISION 100-CENTURY OF AVIATION REAUTHORIZATION ACT

Mr. MICA submitted the following conference report and statement on the bill (H.R. 2115) to amend title 49, United States Code, to reauthorize programs for the Federal Aviation Administration, and for other purposes:

CONFERENCE REPORT (H. REPT. 108-334)

The committee of conference on the disagreeing votes of the two Houses on the amendment of the Senate to the bill (H.R. 2115), to amend title 49, United States Code, to reauthorize programs for the Federal Aviation Administration, and for other purposes, having met, after full and free conference, have agreed to recommend and do recommend to their respective Houses as follows:

That the House recede from its disagreement to the amendment of the Senate and agree to the same with an amendment as follows:

In lieu of the matter proposed to be inserted by the Senate amendment, insert the following:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) *SHORT TITLE.*—This Act may be cited as the "Vision 100—Century of Aviation Reauthorization Act".

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

Sec. 1. Short title; table of contents.