

hands around what is confronting the gulf region, and particularly cities like Houston that are impacted by a large number of Hurricane Katrina survivors. And I just want to cite that, though I heard a good number of responses on the floor about how much, how long, and too much, frankly I am going to encourage all of the Members of this body to visit the gulf region and to recognize that no matter how much, too much and how long, they will see that people are still not settled, not in houses, and still are receiving eviction notices.

Homeownership is a viable part of our dreams. But, at the same time, we have to be the "fix it" people. And unfortunately, there was much debate on this floor that didn't understand that hurricane recovery for Hurricanes Katrina and Wilma and Rita had not yet occurred. Therefore, I hope that as we go forward and more bills may come to the floor on dealing with Hurricane Katrina, we will be sensitive that this is one of the largest evacuations in the history of America, and that we must continue our work. And so for that reason, I support the underlying bill.

But, likewise, I hope that we will have a heart and recognize that we are, in fact, our brothers' and sisters' keeper, and that we will take some time to understand that we are still healing, we are still repairing, and we are still helping.

Ms. WATERS. Mr. Speaker and Members, I thank the gentlelady from Texas (Ms. JACKSON-LEE). She had been very passionate about what we were doing on the last legislation, and she took this opportunity, not only in support of this legislation, but to add some remarks for the record on behalf of the people of Houston, and I appreciate that.

Let me just say that I want to thank the chairman, Mr. FRANK, for helping to focus our agenda in my subcommittee and in our overall committee, dealing with these very important housing issues, many of them that have been left unattended for far too long.

I want to thank Mr. RENZI for his attention to housing not only for Hawaiian Native Americans, but for Native Americans in Arizona where I had the opportunity to visit with him, where he is doing an awful lot for housing.

And so I am very pleased and proud about our Subcommittee on Housing and Community Opportunity, about the overall committee, and the way that we have been able to move so quickly and to have an agenda that we could bring to this floor on behalf of people who need us desperately, housing crises that exist not only in Hawaii but in other parts of the United States. And this is a representation of the work that we will be doing on this issue.

I know, again, that Mr. ABERCROMBIE has been working very hard. Ms. HIRONO came here with this on her agenda, and I just thank them all for

being here on the floor with us this afternoon, and helping people to understand how appreciative they are for our help.

I would like to say that in addition to the work that he has done, he has invited many of us on more than one occasion not only to visit, but to understand that it is not just simply a beautiful island where people come to vacation. There are people who live there. There are people who live there. There are people who work there. There are people who need our assistance, people who have been without housing that they can afford for a long time.

And so, again, the work not only of our chairman and the members of my subcommittee, but the cooperation that we have had on the opposite side of the aisle, led by Mr. RENZI, is what gets us to this point today.

And I would urge all of my colleagues to please support this legislation. It is so important.

Mr. FALCOMVAEGA. Mr. Speaker, I rise today in strong support of H.R. 835, the Hawaiian Homeownership Opportunity Act of 2007. I want to commend my good friend, Mr. ABERCROMBIE, for introducing this bill in the House of Representatives to reauthorize the Native Hawaiian Housing Block Grant through 2012. I commend the gentleman for his hard work and his leadership in helping our Hawaiian community in both his district and in all the U.S. I also want to commend Ms. HIRONO of Hawaii as one of the original cosponsors of this bill and particularly Chairman FRANK of Massachusetts of the esteemed Committee on Financial Services for his diligence in moving this legislation. I would also be remiss if I did not recognize Chairwoman WATERS of California of the Subcommittee on Housing and Community Opportunity of the Financial Services Committee for her contributions to this important bill and as a stalwart on national housing issues.

Mr. Speaker, this important piece of legislation will reauthorize important funding for the Native Hawaiian Housing Block Grant until 2012. In 1996, Congress passed the Native American Housing Assistance and Self-Determination Act without any specific provisions addressing Native Hawaiian communities. However, in 2000, Congress in a bipartisan effort amended the Native American Housing Assistance and Self-Determination Act by including Title VIII, creating the Native Hawaiian Housing Block Grant.

This program is vital for the Native Hawaiian families with low-incomes by providing grants to assist with affordable housing and it would also guarantee loans for those residing on Hawaiian Home Lands that were set aside by Congress in 1921 with the Hawaiian Homes Commission Act. These Native Hawaiians are disqualified because of their unique status living on these Home Lands. Today, there are more than 495,000 Native Hawaiians in all of the U.S. making them the largest indigenous group in America. It is only fitting that we continue to support such programs to address such essential needs.

As a former resident of the state of Hawaii, I can bare witness of the benefits and the impact this program has achieved throughout the state. There is a national stereotype of Hawaii

as the islands with vast beautiful beaches and a remote vacation site but we fail to see the other side of Hawaii. With the growth in tourism and the rise in cost-of-living, Native Hawaiians have not been able to establish regular income to afford the high cost in housing within the state.

This legislation gives Native Hawaiians the opportunities for home ownership and will likely provide for more low-income families without making significant increases in federal appropriations. Mr. Speaker, with the support of the Native American Caucus, the Native American Indian Housing Council and Governor Linda Lingle of Hawaii, I am hopeful that we pass H.R. 835 today. I humbly request that my fellow colleagues support and pass H.R. 835 and again I thank my good friend from Hawaii for introducing this important legislation.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Ms. WATERS) that the House suspend the rules and pass the bill, H.R. 835.

The question was taken.

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

Mr. WESTMORELAND. 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 question will be postponed.

JOSHUA OMVIG VETERANS SUICIDE PREVENTION ACT

Mr. FILNER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 327) to direct the Secretary of Veterans Affairs to develop and implement a comprehensive program designed to reduce the incidence of suicide among veterans, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 327

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Joshua Omvig Veterans Suicide Prevention Act".

SEC. 2. SENSE OF CONGRESS.

It is the sense of Congress that—

(1) suicide among veterans suffering from post-traumatic stress disorder (in this section referred to as "PTSD") is a serious problem; and

(2) the Secretary of Veterans Affairs should take into consideration the special needs of veterans suffering from PTSD and the special needs of elderly veterans who are at high risk for depression and experience high rates of suicide in developing and implementing the comprehensive program under this Act.

SEC. 3. COMPREHENSIVE PROGRAM FOR SUICIDE PREVENTION AMONG VETERANS.

(a) IN GENERAL.—

(1) COMPREHENSIVE PROGRAM FOR SUICIDE PREVENTION AMONG VETERANS.—Chapter 17 of title 38, United States Code, is amended by adding at the end the following new section:

§ 1720F. Comprehensive program for suicide prevention among veterans

“(a) ESTABLISHMENT.—The Secretary shall develop and carry out a comprehensive program designed to reduce the incidence of suicide among veterans incorporating the components described in this section.

“(b) STAFF EDUCATION.—In carrying out the comprehensive program under this section, the Secretary shall provide for mandatory training for appropriate staff and contractors (including all medical personnel) of the Department who interact with veterans. This training shall cover information appropriate to the duties being performed by such staff and contractors. The training shall include information on—

“(1) recognizing risk factors for suicide;

“(2) proper protocols for responding to crisis situations involving veterans who may be at high risk for suicide; and

“(3) best practices for suicide prevention.

“(c) SCREENING OF VETERANS RECEIVING MEDICAL CARE.—In carrying out the comprehensive program, the Secretary shall provide for screening of veterans who receive medical care at a Department medical facility (including a center established under section 1712A of this title) for risk factors for suicide.

“(d) TRACKING OF VETERANS.—In carrying out the comprehensive program, the Secretary shall provide for appropriate tracking of veterans.

“(e) COUNSELING AND TREATMENT OF VETERANS.—In carrying out the comprehensive program, the Secretary shall provide for referral of veterans at risk for suicide for appropriate counseling and treatment.

“(f) DESIGNATION OF SUICIDE PREVENTION COUNSELORS.—In carrying out the comprehensive program, the Secretary shall designate a suicide prevention counselor at each Department medical facility other than centers established under section 1712A of this title. Each counselor shall work with local emergency rooms, police departments, mental health organizations, and veterans service organizations to engage in outreach to veterans and improve the coordination of mental health care to veterans.

“(g) BEST PRACTICES RESEARCH.—In carrying out the comprehensive program, the Secretary shall provide for research on best practices for suicide prevention among veterans. Research shall be conducted under this subsection in consultation with the heads of the following entities:

“(1) The Department of Health and Human Services.

“(2) The National Institute of Mental Health.

“(3) The Substance Abuse and Mental Health Services Administration.

“(4) The Centers for Disease Control and Prevention.

“(h) SEXUAL TRAUMA RESEARCH.—In carrying out the comprehensive program, the Secretary shall provide for research on mental health care for veterans who have experienced sexual trauma while in military service. The research design shall include consideration of veterans of a reserve component.

“(i) 24-HOUR MENTAL HEALTH CARE.—In carrying out the comprehensive program, the Secretary shall provide for mental health care availability to veterans on a 24-hour basis.

“(j) HOTLINE.—In carrying out the comprehensive program, the Secretary may provide for a toll-free hotline for veterans to be staffed by appropriately trained mental health personnel and available at all times.

“(k) OUTREACH AND EDUCATION FOR VETERANS AND FAMILIES.—In carrying out the comprehensive program, the Secretary shall provide for outreach to and education for

veterans and the families of veterans, with special emphasis on providing information to veterans of Operation Iraqi Freedom and Operation Enduring Freedom and the families of such veterans. Education to promote mental health shall include information designed to—

“(1) remove the stigma associated with mental illness;

“(2) encourage veterans to seek treatment and assistance for mental illness;

“(3) promote skills for coping with mental illness; and

“(4) help families of veterans with—

“(A) understanding issues arising from the readjustment of veterans to civilian life;

“(B) identifying signs and symptoms of mental illness; and

“(C) encouraging veterans to seek assistance for mental illness.

“(1) PEER SUPPORT COUNSELING PROGRAM.—(1) In carrying out the comprehensive program, the Secretary shall establish and carry out a peer support counseling program, under which veterans shall be permitted to volunteer as peer counselors—

“(A) to assist other veterans with issues related to mental health and readjustment; and

“(B) to conduct outreach to veterans and the families of veterans.

“(2) In carrying out the peer support counseling program under this subsection, the Secretary shall provide adequate training for peer counselors.

“(m) OTHER COMPONENTS.—In carrying out the comprehensive program, the Secretary may provide for other actions to reduce the incidence of suicide among veterans that the Secretary deems appropriate.”.

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by adding at the end the following new item:

“1720F. Comprehensive program for suicide prevention among veterans.”.

(b) REPORT TO CONGRESS.—

(1) REPORT REQUIRED.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to Congress a report on the comprehensive program under section 1720A of title 38, United States Code, as added by subsection (a).

(2) CONTENTS OF REPORT.—The report shall contain the following:

(A) Information on the status of the implementation of such program.

(B) Information on the time line and costs for complete implementation of the program within two years.

(C) A plan for additional programs and activities designed to reduce the occurrence of suicide among veterans.

(D) Recommendations for further legislation or administrative action that the Secretary considers appropriate to improve suicide prevention programs within the Department of Veterans Affairs.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. FILNER) and the gentleman from Florida (Mr. MILLER) each will control 20 minutes.

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Mr. FILNER. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 327, as amended.

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

There was no objection.

Mr. FILNER. Mr. Speaker, I yield myself 5 minutes.

Mr. Speaker and my colleagues, today we have the first bills that are coming out of the Veterans Committee this year. We are going to have an ambitious agenda for our committee, an agenda that in fact is demanded by the American people.

We have seen in the last few weeks enormous attention paid to the treatment, or lack thereof, that is given to our Nation's veterans, whether they are from World War II, Korea, Vietnam, the first Persian Gulf War or now from Iraq and Afghanistan.

We have seen the Washington Post articles which detailed the problems at Walter Reed. We have seen news magazines have cover stories on how veterans are falling through the cracks of the system. We have seen on ABC News, Bob Woodruff, do a very moving piece on how brain injuries are treated, or perhaps not treated. We have seen stories in the press of homeless, already, from veterans of Iraq.

The American people understand that we are not treating our veterans the way we claim to be. The American people, I think, understand that the treatment of our warriors is a part of the cost of war, and we simply have to provide for those brave men and women who have fought for our Nation's freedom.

So we have an ambitious agenda in front of us, Mr. Speaker. These first items today address some specific areas that demand attention. I thank the Members from across the aisle for their support not only of these bills, but I think for the agenda that we are going to pursue in the future.

And it is time, Mr. Speaker, that we say as a Congress and as a Nation, no matter where we are on this war in Iraq, that when those brave young men and women come back we are going to treat them with all the love and respect and honor and care that American veterans should have. And we make that pledge on both sides of the aisle.

As I said, one of the top priorities of our committee is to address the needs of returning servicemembers from Iraq and Afghanistan, especially in the areas of mental health.

□ 1520

I believe that if we send our citizens off to war, we have to address their health care needs when they return. We cannot say, support our troops, support our troops, support our troops, and then forget them when they come home.

It turns out, I think unsurprisingly, that veterans suffer a higher risk of suicide than the general population. The stress of combat combined with the stigma that exists for servicemembers and veterans seeking mental health care can have disastrous consequences. It has already occurred for returning veterans, maybe a couple

hundred. We must do everything possible to improve the VA's mental health services and its ability to detect and help those veterans most at risk.

This bill, H.R. 327, is an important step in the right direction. It comes to us from our colleague from Iowa (Mr. BOSWELL), who has taken the tragedy from a family in Iowa and turned it into constructive measures so that tragedy will not be repeated in other parts of the Nation. And we thank Mr. BOSWELL and his colleague, Mr. BRALEY from Iowa, for bringing this to our attention.

This bill will provide important tools to the Veterans Administration to assist the Department in strengthening suicide prevention, education, and awareness programs within the VA by mandating a comprehensive program for suicide prevention among veterans.

Again, I thank Mr. BOSWELL for introducing this bill. I thank Mr. MILLER and his colleagues for supporting it.

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

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

Mr. Speaker, let me take this opportunity first to thank the chairman of the Subcommittee on Health, Mr. MICHAUD; as well as the chairman of the full committee, Mr. FILNER; and Ranking Member Mr. BUYER for their leadership in bringing this legislation timely to the floor.

The heavy burden of some of our servicemembers that they bear in coping with the aftermath of combat is tragically evident in the death of Army Specialist Joshua Lee Omvig. Specialist Omvig was a member of the U.S. Army Reserve 339th Military Police Company from Davenport, Iowa. He took his life in 2005 after returning from a deployment to Iraq. H.R. 327 is aptly named to remember this brave young man.

VA must be vigilant with a proactive mental health strategy to help our veterans and returning servicemembers readjust to stateside duty after their exposure to combat. H.R. 327 would require VA to implement a comprehensive program to reduce the incidence of suicide among our veterans. Specific steps included in this bill are: a campaign to reduce stigma surrounding seeking help or training for VA staff in suicide prevention and education; the creation of peer counselors to understand risk factors and to assist families during the readjustment process; and a 24-hour counseling line so that veterans, especially those in rural areas, could seek help whenever they need it.

VA is already fulfilling many of the requirements of H.R. 327. The Secretary of VA developed and has started to implement a similar suicide prevention strategy that is based on public health and clinical models with activities both in VA facilities and within local communities. For example, VA is fulfilling requirements of H.R. 327 by providing training for both clinical and

nonclinical staff on how to assess and respond to patients that they may come in contact with that are at risk for suicide. And by April 1, the Department plans to have in place a Suicide Prevention Coordinator within each VA medical center.

The VA's Serious Mental Illness Treatment Research and Evaluation Center will be designated to guide prevention strategies and maintain data on suicide rates and risk factors. VA is also currently working to create a suicide prevention hotline by the end of this calendar year.

I urge my colleagues to join me in supporting H.R. 327. This legislation does put the full force of legal authority behind a comprehensive program to ensure that VA is taking all appropriate measures to prevent suicide among our Nation's veterans.

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

Mr. FILNER. Mr. Speaker, I yield 3 minutes to the chairman of our Subcommittee on Health, the gentleman from Maine (Mr. MICHAUD).

Mr. MICHAUD. Mr. Speaker, I thank the chairman very much for yielding, and I want to thank him for his leadership as we deal with Veterans' Affairs issues in this upcoming session. I also want to thank the ranking member, Mr. MILLER, for all his hard work on this legislation. I look forward to working with him over the next 2 years as we move forward with an aggressive Veterans' Affairs agenda.

I rise today in strong support of this important legislation.

One veteran taking their life is tragic. Joshua Omvig was one such veteran, and, sadly, he is not alone. There have been others such as Jonathan Schulze from Minnesota and many more, and that is unfortunate.

We must do everything we can to provide our veterans and their families with the support and care that they need to prevent more from going down the same tragic path to committing suicide.

H.R. 327, the Joshua Omvig Veterans Suicide Prevention Act, would assist the Department of Veterans Affairs in furthering its effort to identify veterans at risk of suicide.

Our returning servicemembers are under great strain and stress. H.R. 327 would improve early detection and intervention, provide access to mental health services for veterans who are in crisis, and help prevent the unnecessary deaths of the men and women who have served our Nation so greatly.

A recent study indicated that nearly one-third of OEF/OIF veterans seen at the VA facilities receive mental health and/or psychosocial diagnoses and that one in five have PTSD.

These veterans are at risk. According to reports, one in five suicides in this country is a veteran, even though veterans make up only 10 percent of our general population.

Joshua Omvig was one such veteran. Sadly, this legislation cannot help him,

but this bill can help other returning servicemembers.

I urge my colleagues to support H.R. 327. And, in closing, I also want to thank Congressman BOSWELL for his leadership in this area. He has been pushing this bill for the last couple of years. He is a true leader, an individual who cares for our veterans, and I want to thank Mr. BOSWELL for bringing this legislation forward.

Mr. MILLER of Florida. Mr. Speaker, at this time I would like to yield 3 minutes to a valiant supporter of our veterans, a retired Marine colonel and a member of the Armed Services Committee, Mr. KLINE.

Mr. KLINE of Minnesota. Mr. Speaker, I appreciate the gentleman's yielding.

Mr. Speaker, I rise today in strong support of H.R. 327, the Joshua Omvig Suicide Prevention Act.

I would like to thank my friend, the gentleman from Iowa, for bringing this important piece of legislation to the floor. This bill bears the name of a constituent of Mr. BOSWELL's, Joshua Omvig, who tragically took his life.

I wish that I could stand here today and say that Joshua was the last soldier, sailor, airman, or marine to fall through the cracks, the last young life to end prematurely because the system was unwilling or unable to assist them. But if that were true, the gentleman would not have had to introduce this bill, and we would not be here today discussing it.

In January of this year, this tragedy repeated itself when Jonathan Schulze, a young marine from my district who had served honorably in Iraq, took his life after seeking assistance from two VA medical facilities in Minnesota. The loss of such a promising young life has sparked both sadness and outrage throughout Minnesota and the Nation; outrage not only at the loss of a young life, but because the VA system in which he was enrolled had apparently and tragically failed him.

In the months since Jonathan's unnecessary death, the VA has launched two investigations to find out why this marine did not receive the care he so desperately needed. An initial medical inspector's investigation was inconclusive, but it is my sincere hope that the ongoing VA Inspector General's investigation will fully explain the circumstances that led to his death.

Along with the full accounting of the VA's action in Jonathan Schulze's case, I am hopeful the passage of this bill today will provide the professionals of the VA medical system with the tools necessary to prevent the tragic deaths of young veterans like Joshua and Jonathan.

Once again, Mr. Speaker, I commend the gentleman from Iowa for introducing this vital legislation. I urge my colleagues, all of them, to support H.R. 327.

Mr. FILNER. Mr. Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. HARE), who has picked up the

torch from the legendary defender of veterans' rights, Mr. Lane Evans, and is carrying that torch with distinction.

□ 1530

Mr. HARE. Mr. Speaker, I rise today in strong support of H.R. 327, the Joshua Omvig Veterans Suicide Prevention Act. I want to thank Congressman BOSWELL for introducing this important piece of legislation and Chairman FILNER for moving it through the Veterans' Affairs Committee. I would also like to extend my sincere gratitude to the family of Joshua, both for their tireless efforts to pass this legislation and for their son's service to our country.

Mr. Speaker, too many servicemembers return from war with invisible wounds. It is estimated that almost 1,000 veterans receiving care from the Department of Veterans Affairs commit suicide each year. This is a symptom of a larger problem.

A July 2004 Army study reported that one in six combat troops will suffer from post-traumatic stress disorder shortly after combat. Sadly, this is only a measure of the number of veterans who receive the help that they need. Many veterans suffering from post-traumatic stress and other mental problems don't seek assistance.

This bill strengthens cooperation between the U.S. Department of Defense and the U.S. Department of Veterans Affairs to provide better and more accessible mental health care for all of our veterans. This bill also creates a program to regularly screen and monitor all veterans for risk factors of suicide, and establishes a 24-hour counseling line so that veterans in rural and remote areas can receive the help whenever they need it.

Additionally, this legislation offers training in suicide prevention to medical personnel and support staff at our VA hospitals so they can identify veterans at risk. This bill also provides training and services to the families, helping them understand risk factors and working with them on the readjustment process.

Although our men and women come home safely, the war isn't over for many of them. Often the physical wounds of combat are repaired but the psychological scars can haunt a person for a lifetime.

I am proud to have had the opportunity to work on this legislation in the Veterans' Affairs Committee, and I will continue to do what I can to assure that we honor the sacrifices of our Nation's veterans.

I urge all my colleagues to join me in voting for the Joshua Omvig Veterans Suicide Prevention Act.

Mr. MILLER of Florida. Mr. Speaker, I yield 4 minutes to the gentleman from Minnesota (Mr. RAMSTAD), a strong supporter of veterans issues.

Mr. RAMSTAD. Mr. Speaker, I thank the ranking member, my friend from Florida, for yielding, and also thank the chairman of the Veterans' Affairs

Committee, Mr. FILNER, for his leadership, as well as the author of this important legislation, Mr. BOSWELL of Iowa, and all of those who have worked to bring this legislation to the floor.

I have talked, Mr. Speaker, to the mother and the stepmother of Marine Lance Corporal Jonathan Schulze of Minnesota. I have talked to the stepmother, who, along with Jonathan's father, took this young marine to the VA hospital seeking admission. Lance Corporal Schulze, back from the war in Iraq, was suffering from depression, post-traumatic stress disorder, alcoholism, and was suicidal.

I have talked to this mother and stepmother who, along with Jonathan's father, are absolutely heartbroken at the loss of their beloved son and this true American hero, Lance Corporal Schulze. He was told by the VA that he was number 26 on the waiting list and would have to wait several months to be admitted for treatment. Five days later, Lance Corporal Schulze hanged himself with an electrical cord.

This brave marine's tragic death demonstrates to all of us, to the Nation, the urgent need to provide greater access to mental health treatment for our returning troops and our veterans.

None of our brave troops, none of our brave troops, suffering from PTSD should ever be placed on a waiting list for treatment. It is absolutely, Mr. Speaker, outrageous, that mental health treatment is not readily available for our brave troops returning from war.

That is why I am proud and grateful to rise as a cosponsor of the Joshua Omvig Veterans Suicide Prevention Act. This legislation will provide necessary screening to our returning veterans for risk factors of suicide. It will make sure that those found to be at risk will receive the care that they need and deserve.

It is too late, Mr. Speaker, for Lance Corporal Jonathan Schulze of Minnesota, but it is not too late for thousands and thousands of other returning troops and veterans. It is time to pass this critical bill.

But we must do more. We must pass mental health and chemical addiction parity. There are 56 million Americans suffering the ravages of mental illness, most of whom are going untreated. There are 24 million Americans suffering the ravages of alcoholism and drug addiction, many, many veterans who are going untreated.

We must also, in addition to this important legislation, pass the Mental Health Equity Act to provide equitable treatment for people suffering from mental illness and chemical addiction; that is, to put them on the same footing as people suffering from physical diseases.

We also, Mr. Speaker, must pass the Lane Evans VA Reform Act, which is more comprehensive, provides more resources to the VA and more access to treatment for our veterans.

Mr. Speaker, as I said, it is too late for Lance Corporal Schulze of Minnesota. It is too late for Staff Sergeant Omvig of Iowa. But it is not too late for our other veterans.

Let's do the right thing. Let's pass this legislation.

I thank the gentleman for his leadership.

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

Mr. Speaker, I say to Mr. RAMSTAD, we thank you for your passion. On the Veterans Committee, we intend to use the concern of America now for PTSD of returning veterans to argue that we need parity for all mental health issues in America.

So we thank you for your leadership on this. Thank you for reminding us of Corporal Schulze. We will use this as a reminder of what we have to do for our veterans.

Thank you again for your passion.

Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. MCNERNEY), whose son now serves us in our Nation as a member of the Air Force Reserve.

Mr. MCNERNEY. Mr. Speaker, I applaud the chairman and the ranking member of the Veterans Committee and all members of the Veterans Committee for working together to provide our veterans with the services that they need.

The Veterans Administration health care system does, in most cases, provide outstanding health care to our Nation's veterans. Yet, as the brave men and women from our Armed Forces return home from Iraq and Afghanistan, we are seeing additional demands already being placed on the VA. Those demands include addressing the hallmark injuries of these conflicts, post-traumatic stress disorder and traumatic brain injury.

These conditions are often the root causes behind the large numbers of soldiers who have attempted or contemplated suicide. The Defense Department estimates that 114 Iraqi and Afghanistan veterans have already committed suicide, and that one out of every 100 veterans has considered suicide. We must quickly address this problem by equipping the caregivers at our VA facilities nationwide with the ability to recognize and prevent these needless tragedies.

I strongly support H.R. 327, the Joshua Omvig Suicide Prevention Act. It directs the Secretary of Veterans Affairs to develop and implement a comprehensive program to reduce the incidence of suicides among veterans. It trains VA staff to recognize the symptoms of PTSD and suicidal thoughts. It monitors veterans who receive medical care in the VA system for suicide risk factors. It provides for suicide prevention counselors at each medical facility, so that when the veterans need help they can get it immediately. And it establishes a suicide hot line for veterans to call.

Our brave men and women in uniform have served this Nation with honor. We

owe them more than a debt of gratitude. We must also provide them with the support and care they need to return to a healthy and productive civilian life.

Mr. MILLER of Florida. Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. TIM MURPHY).

Mr. TIM MURPHY of Pennsylvania. Mr. Speaker, I thank the gentleman from Florida for yielding, and Mr. BOSWELL for working on this important bill.

As a psychologist, I have treated more than my share of those who have suffered from significant depression and have had risk of suicide, many of those veterans of various conflicts. This bill is extremely important in what it does in providing access to care, but there are so many things that we must utilize here as part of this bill.

One is to make sure that it is used to provide proper screening for soldiers during basic training and also prior to deployment. Also to make sure that there is ongoing support and availability of that support in combat theaters. There must also be training for officers and leaders in the military to be aware of signs of problems and to be aware of treatment options. That training is vital.

There also must be access to trained personnel both while the person is in a combat theater and when they return home and after discharge and in the years to follow, because many times the signs of these problems may not actually show up for years.

It is important that all of us are aware, for our friends, our spouses, our loved ones who come back from combat, to recognize signs of post-traumatic stress disorder, depression, anger, and drug and alcohol abuse as all signs that there may be a deeper mental illness behind that.

But it is important, above all of this, that we eliminate the stigma of mental illness. It is indeed a problem which is associated with biological causes with very real symptoms and very real available treatments. But many times soldiers do not seek treatment because they have a fear of being looked down upon by their peers, they fear a loss of rank, they fear discharge or loss of a chance for promotion. They feel there is limited access for trained professionals, and many also think the cost is overwhelming.

We have to give hope to those with mental illness. For those who have seen significant problems in their life, some remain mired in those problems and remain victims and do not move forward. We can help them. There are some who are able to survive despite their problems and move forward and flourish and work. And there are others who thrive with their problems and turn these into a source of inner strength.

There is a great deal of hope and compassion that we can bring to our soldiers. This bill is a wonderful mechanism to bring that. I applaud all those

who helped on it, and I look forward to its passage.

Mr. FILNER. Mr. Speaker, I yield 2 minutes to the gentleman from Minnesota (Mr. WALZ), another new Member, who happens to be the highest ranking enlisted man, as a command sergeant major, ever to serve in the Congress. We thank you for your service.

Mr. WALZ of Minnesota. Thank you, Mr. Chairman, and a special thank you to my colleague, the gentleman from Iowa (Mr. BOSWELL) for introducing this important piece of legislation in honor of Joshua Omvig and his family and the heroics and sacrifice they made for our country, and for bringing it to the attention of this body and this Nation, this painful problem of suicide amongst our veterans.

Mr. Speaker, you have heard a lot of statistics today already. Ten percent of the population in America are veterans, yet one in five people who commit suicide is a veteran. Since May of 2003, 93 of our brave soldiers and warriors from the wars in Iraq and Afghanistan have taken their own lives. Beyond that, 35 percent of returning Iraqi veterans are seeking counseling within 1 year. Over 73,000 have been diagnosed as a risk factor, and 39,000 have been diagnosed with post-traumatic stress disorder. Despite all of this, 100 local VA clinics offered no mental health care as recently as last year.

But these are far more than numbers. These affect individuals. These are our children. These are our soldiers. These are our marines. These are the patriots that answered the call of duty for this Nation. And when they return home, we need to provide them with everything this Nation can provide.

Suicide amongst veterans, and mental health issues as a whole, require our urgent and immediate attention. H.R. 327 will direct the Department of Veterans Affairs to start screening and monitoring for the exact problems, provide education to all staff, contractors, and medical personnel, and make available 24-hour mental health care for veterans found to be at risk.

Just last week, I saw a unique teleconferencing technology at the Rochester, Minnesota, VA clinic. It allowed veterans in remote rural locations to speak with mental health professionals any time of the day. This technology is innovative and unique. H.R. 327 is a crucial step to ensure that this type of technology is not unique but it is available at any time for our veterans.

I urge my colleagues to support this important piece of legislation. America's servicemembers make a profound sacrifice when they go to war. We owe them nothing less.

But, Mr. Speaker, we must not stop here. In Minnesota, 2,600 National Guard soldiers have had their deployment extended, probably until late 2007. They will come back facing these same issues. We must prepare for them.

□ 1545

Mr. MILLER of Florida. May I inquire as to the time left on both sides.

The SPEAKER pro tempore. The gentleman from Florida has 10 minutes remaining. The gentleman from California has 6½ minutes remaining.

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

Mr. FILNER. Mr. Speaker, I am honored to yield 3 minutes to the author of the legislation, the gentleman from Iowa (Mr. BOSWELL), who, as I said, worked with the family of Mr. Omvig, who took their tragic situation and turned it into something that could help our whole Nation. We thank you, Mr. BOSWELL.

(Mr. BOSWELL asked and was given permission to revise and extend his remarks.)

Mr. BOSWELL. Thank you, Chairman FILNER, and all of you on the Veterans Committee that worked together on this, both sides of the aisle. We are doing the right thing, and we know that.

I would associate myself with all the comments that have been made from Chairman FILNER and Mr. MILLER and all the rest, so I will not try to repeat them. But I might just share a little bit to whoever might be watching about why this bill came to pass.

As we all know, a number of veterans returning from Afghanistan and Iraq, particularly Iraq, this phenomena is taking place, perhaps more so than ever before in our history. It is a concerning thing. All wounds are not visible. I think it has been a little hard for us to realize that we have to recognize this, and we are doing it.

I just want to share with you some many, many months ago, when I had the occasion to respond to the Omvig family in Grundy Center, Iowa, not too far from Waterloo, and you will be hearing from Mr. BRALEY shortly, I went and talked to them and realized the suffering they were feeling. This family, this father and this mother, Randy and Ellen, their son came home after 11 months, someone they loved very much, of course as all parents do, and they realized something was wrong, wasn't right. They wanted to do anything they could to help, but the frustration of not knowing what to do, trying to help, not knowing what to do, not having professional help, others reaching out in the community and so on, keeping Joshua as close as they possibly could, and knowing that things were not going well.

And then one tragic morning, as he left to go to work, and his mother was right there with him, and walked out to his pick-up truck, rolled up the window, with his mother standing just outside the window, and took his life. It should never have happened.

In this day of technology, we can test our young men and women going in and coming out of the services, and the technicians and the experts tell us that they can identify with a test they give that a person is suspect to this situation, the possibility of wanting to commit suicide. They say over 1 out of 100 give it consideration coming back from Iraq.

Now, if we have that ability to test, and we do, then it is appropriate that we take these steps that we are taking today to cause and affect our Veterans Administration to follow up and follow through and save every life we possibly can. We can't bring Joshua back, but we can do all we can possibly do to prevent it from happening to others.

So I am very appreciative today. I of course rise in strong support of this. And I do this in the name of Joshua, by the name of Randy and Ellen. I know the day I sat with them in a little restaurant in Grundy Center, we talked about what we were trying to shape into this bill. I wasn't sure I should, but then I asked them, I said would you mind if we named this after your son? They kind of looked at each other and talked about it, and they said they would be honored.

Now, they are continuing in their grieving, but they are reaching out to others. The calls they are getting to help others to get through this situation is a good thing. They are stepping forward and doing that, and I am very proud of them. So I hope we can get this message to them that we are responding, and the time is now.

Please support this bill. Thank you so very much.

With more and more veterans returning from tours of duty in Iraq and Afghanistan, many new issues have arisen regarding veterans' mental health care that has not received attention in the past.

Some estimates have found that almost 1,000 veterans receiving care from the Department of Veterans Affairs commit suicide each year and one out of five suicides in the United States is a veteran. We must do better for our veterans and I believe this legislation is a step in the right direction.

This legislation grew out of a great tragedy. Almost a year ago I learned of a young man from Grundy Center, IA, Joshua Omgig, who experienced undiagnosed PTSD after returning from an 11-month tour in Iraq. His friends and family, mother and father Ellen and Randy, knew he was having a hard time adjusting to civilian life but did not know how to help him. Help was not available. Then, in December of 2005, Joshua tragically took his life. He was only 22 years old. Over the past year I have learned that Joshua was sadly not a unique case. After I heard Joshua's story I was shocked to find that one in 100 Operation Iraqi Freedom veterans have reported thinking about suicide.

We treat their physical wounds; now it is time to also treat their mental ones. All wounds are not visible.

I'd like to say a few words about Joshua's parents, Randy and Ellen Omgig. Out of their personal loss they have championed a cause to help all veterans and their family members. I have met with the Omgigs on numerous occasions; most recently I saw them this past Sunday, and I'm so impressed by their commitment to help others—the young men and women who have served our country. They are true heroes.

I am proud to stand here in support of this bill and I encourage the House to pass H.R. 327 today and ensure all veterans receive the care they need. Not all wounds inflicted in

combat are visible, now is the time to treat them.

Mr. MILLER of Florida. Mr. Speaker, I continue to reserve the balance of my time.

Mr. FILNER. I would yield 1 minute to the gentlelady from California (Mrs. NAPOLITANO), who has been a fighter to elevate mental health to the consciousness not only to California, but our whole Nation for her whole career.

Thank you, Mrs. NAPOLITANO.

Mrs. NAPOLITANO. Thank you, Mr. FILNER and Mr. BOSWELL.

Mr. Speaker, I associate myself with the previous remarks of all my colleagues in regard to H.R. 327, of which I am in complete support. It is a bill designed to decrease suicide amongst our veterans. As you have heard, we have had the highest rate of suicide of any other war.

This is about soldiers like Michael, who returned from Iraq, went months on a waiting list from doctor to doctor without proper treatment, and when finally diagnosed, a week later he shot himself. This is about the two marines gathered at a muster in Long Beach just recently who were diagnosed on the spot with suicidal tendencies and were hospitalized immediately. This is about our local VFW seeing more and more young people seeking to get services for their mental well-being. This is also about our families becoming aware of signs to look for and where to find treatment. This is about providing the funding to help heal the mental wounds so that our warriors believe it is better to remain alive and not dead. What is more critical and more important?

I urge my colleagues to vote in support of 327.

Mr. MILLER of Florida. Mr. Speaker, I continue to reserve the balance of my time.

Mr. FILNER. I would yield 2 minutes to the gentleman from Iowa, the neighboring district to the Omgigs, and a new Member, Mr. BRALEY.

Thank you for being here today.

(Mr. BRALEY of Iowa asked and was given permission to revise and extend his remarks.)

Mr. BRALEY of Iowa. I thought it was important to come today and put a human face on the tragic story of Joshua Omgig. This handsome young man you see in this photograph is Joshua Omgig, and standing next to his headstone are his parents, Randy and Ellen.

It was Christmas in 2005 when I opened up the Waterloo Courier, my hometown newspaper, and saw the name Omgig, which jumped out at me right away because I have known Randy and Ellen for a long time.

Even though Grundy Center is just south of my district, I immediately was drawn to this tragic story. Joshua Omgig is not going to be reflected in any of the casualty totals from Iraq, but he and the other tragic stories you have heard today deserve to be included no less in the toll that has been taken on the lives of young men and

women of this country. We owe them more. That is why I was so proud that my colleague from Iowa took the initiative to push this measure onto the House floor into committee so that it can finally receive the proper attention it deserved.

I came here with some prepared remarks, but I chose instead to speak from the heart today. Because when I was out at Walter Reed for the oversight hearings on the problems and the backlog of disability claims and the Surgeon General of the Army, Lieutenant General Kiley, tried to justify that backlog by saying that the science of post-traumatic stress disorder was still evolving in 2003 and that was preventing them from processing these claims, I had enough. Because I knew what people like Randy and Ellen Omgig have been going through, and I knew that this ability to prevent these tragedies from happening has been around for many years. And so I told General Kiley, with all due respect, that's hogwash.

It is important for this body to stand up and say that post-traumatic stress disorder is real, which is exactly what General Schoomaker said that day. That is why I urge you all to support this important bill and honor the memory of Joshua Omgig.

Mr. Speaker, I rise today in support of H.R. 327, the Joshua Omgig Veterans Suicide Prevention Act. This bill is named in honor of 22-year-old Joshua Omgig, a member of the U.S. Army Reserves 3398th MP Co. from Grundy Center, IA, who tragically took his own life in December of 2005 after serving an 11-month tour of duty in Iraq.

This legislation is an important step in ensuring adequate mental health care for our troops who return home from serving in combat zones and who, like Joshua, may be suffering from combat-related anxiety, depression, or Post-Traumatic Stress Disorder (PTSD). This bill is a necessary and overdue step in reaching out to veterans of all ages, and their families, in order to prevent the tragic deaths of heroes like Joshua Omgig.

Nearly 1,000 veterans receiving care from the Department of Veterans Affairs, VA, commit suicide each year, a number which is startling and unacceptable. Army studies show that around 25 percent of the soldiers who have served in Iraq display symptoms of serious mental health problems, including depression, substance abuse, and PTSD. These figures are expected to rise, as PTSD an other mental health problems often do not surface for months after soldiers have returned home. These mental health problems put our service personnel at higher risk for suicide.

When Joshua returned home from Iraq with PTSD, his family knew that he was suffering, but they didn't realize how completely his illness would devastate him. They didn't realize he had PTSD, or that he was at risk for suicide. And they did not know how to help him, because they did not have the appropriate resources available to them.

The Joshua Omgig Veterans Suicide Prevention Act will help prevent suicides like Joshua's by requiring the VA to develop and implement a comprehensive program to reduce the incidence of suicide among veterans.

This program includes educating VA staff about how to identify risk factors for suicide, and training staffers in the appropriate ways to respond to crisis situations and prevent suicide among veterans. The bill also requires the VA to provide mental health care to veterans 24 hours per day, and requires that a suicide prevention counselor be available at every VA facility. These counselors will provide direct assistance to veterans, and will also work with local emergency rooms, police departments, mental health organizations, and veterans' service organizations to provide outreach to veterans who may be at risk for suicide.

Additionally, the bill requires the VA to provide outreach and education for veterans and their families to give them the necessary skills to cope with mental illness, to reduce the stigma associated with seeking treatment for mental illness, and to know when and how to seek suicide prevention assistance.

It is my fervent hope that the passage of this bill in the House of Representatives today means that the tragic death of young Joshua Omvig will not be in vain. I would like to commend Joshua's parents for their advocacy on the behalf of their son and all veterans, and thank Congressman LEONARD BOSWELL for his leadership on this issue. I strongly urge my colleagues to join me in voting for the Joshua Omvig Veterans Suicide Prevention Act, and I look forward to the passage of this critical legislation today.

Mr. MILLER of Florida. Mr. Speaker, I would inquire of the chairman if he needs additional time.

Mr. FILNER. I would ask for the courtesy of yielding 2 minutes to the gentleman from Colorado (Mr. SALAZAR).

Mr. MILLER of Florida. I yield 2 minutes to the gentleman from Colorado (Mr. SALAZAR).

Mr. SALAZAR. I thank the gentleman for yielding. And I thank the chairman of the Veterans' Affairs Committee for bringing this important issue up to our attention.

I have been a proud cosponsor of this legislation for 2 years, and I want to thank Mr. BOSWELL for his leadership.

This brings up an important point. It brings up an important point because we are now seeing some underfunding of the VA committee and of VA health care initiatives. We have heard today statistics of how now, today, Vietnam veterans are still being affected by post-traumatic stress disorder. We haven't even been able to touch the beginning of the iceberg.

So today, Mr. Speaker, it is important to make it clear what the leadership of this House, the people's House, has said. The leadership of this House today has said that the most important issue for the veterans to be addressed are the issues of health care, both shortfall and VA funding, and it is also an important issue that today we push forward for full funding of VA health care.

Mr. MILLER of Florida. I would urge all of my colleagues to support H.R. 327.

I thank Mr. BOSWELL for bringing this legislation to the floor. He is a fine

man, a great sponsor of this piece of legislation, and I urge all of my colleagues to vote in favor of it.

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

Mr. FILNER. Mr. Speaker, I just want to thank Mr. MILLER, the ranking member of the House subcommittee, for your courtesy today, for your leadership on these issues, and for bringing members of your caucus to the floor. I think it is very important that all of us have an understanding of these issues. And the more that we all understand it and communicate that to the American people, we are, I think, better as a Nation. So thank you for the cooperation and the support.

I think we all were moved by Mr. BOSWELL and Mr. BRALEY's presentations. In the name of Joshua Omvig, we ask for support from our colleagues.

Mr. LEVIN. Mr. Speaker, I rise in strong support of H.R. 327, the Joshua Omvig Veterans Suicide Prevention Act. I am proud to be a cosponsor of this important bill.

Estimates indicate that nearly 1,000 veterans receiving care from the Department of Veterans Affairs (VA) take their own lives each year. This should be a clear sign that more must be done to address the very serious and troubling issue of veterans' suicide. Many veterans continue to return from Iraq and Afghanistan with Post-Traumatic Stress Disorder (PTSD) and other mental health concerns, and we must equip the VA with the information and resources they need in order to ensure that our veterans receive adequate care.

When this legislation was first brought to my attention earlier this year, I happened to come across an Associated Press news story about a young man from Minnesota who served as a U.S. Marine in Iraq. Upon returning home from Iraq, he experienced nightmares and paranoia, often re-living his combat experiences in his sleep. On January 11, 2007, he told staff at a VA hospital that he felt suicidal. He mentioned this again over the phone the next day to VA staff. Despite these direct pleas for help, no action was taken, and 4 days later, he killed himself in his Minnesota home. He was 25 years old.

H.R. 327 takes a number of important steps towards reducing the incidence of suicide among veterans. This legislation directs the Department of Veterans Affairs to develop a comprehensive program to regularly screen and monitor all veterans for risk factors of suicide, set up a tracking and counseling referral system to ensure all veterans found to be a suicide risk will receive the appropriate help, and provide education and training for all VA staff, contractors, and medical personnel who have interaction with veterans. The legislation would also provide 24-hour mental health care for veterans who are believed to be at risk for suicide, so that veterans could seek assistance whenever they need it.

Our Nation's veterans fight for us overseas, and deserve proper care when they return home. This includes educating VA staff, veterans and their families about PTSD and suicide prevention in order to encourage service members to seek mental health assistance when necessary. Now more than ever, as service members return home with PTSD and other mental health issues, it is essential that we provide adequate mental health care that

can help prevent suicide among our Nation's veterans.

I urge my colleagues to join me in supporting H.R. 327.

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. 327, as amended.

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

Mr. FILNER. 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 question will be postponed.

IMPROVING COMPENSATION BENEFITS FOR VETERANS IN CERTAIN CASES OF IMPAIRMENT OF VISION INVOLVING BOTH EYES

Mr. FILNER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 797) to amend title 38, United States Code, to improve compensation benefits for veterans in certain cases of impairment of vision involving both eyes, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 797

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

SECTION 1. ENHANCED COMPENSATION BENEFITS FOR VETERANS IN CERTAIN CASES OF IMPAIRMENT OF VISION INVOLVING BOTH EYES.

(a) SHORT TITLE.—This section may be cited as the "Dr. James Allen Veteran Vision Equity Act".

(b) ENHANCED COMPENSATION.—Section 1160(a)(1) of title 38, United States Code, is amended—

(1) by striking "blindness" both places it appears and inserting "impairment of vision"; and

(2) by inserting before the semicolon at the end the following: " , where the impairment in each eye is to a visual acuity of 20/200 or less or of a peripheral field of 20 degrees or less".

SEC. 2. USE OF NATIONAL DIRECTORY OF NEW HIRES FOR INCOME VERIFICATION PURPOSES FOR CERTAIN VETERANS BENEFITS.

(a) USE OF INFORMATION IN NATIONAL DIRECTORY OF NEW HIRES.—Chapter 53 of title 38, United States Code, is amended by adding at the end the following new section:

"§5320. Use of National Directory of New Hires for income verification purposes

"(a) INFORMATION FROM NATIONAL DIRECTORY OF NEW HIRES.—(1) The Secretary shall furnish to the Secretary of Health and Human Services, on a quarterly basis or at such intervals as may be determined by the Secretary, information in the custody of the Secretary for comparison with information in the National Directory of New Hires maintained by the Secretary of Health and Human Services pursuant to section 453 of the Social Security Act (42 U.S.C. 653), in